Strategic Planning Committee and Prevention Committee
Joint Integrated Plan (IP) for HIV/AIDS Prevention & Care Review Team Meeting
United Way Ansin Building, 3250 SW 3rd Avenue, Ryder Conference Room, Miami, FL 33129
February 11, 2019

Approved May 13, 2019

#	Members	Present	Absent
1	Bannister, Christina		x
2	Bennett, Brady		x
3	Branch, Rodney		x
4	Cardwell, Joanna	x	
5	Conyers, Tamar	x	
6	Duberli, Francesco	x	
7	Engram, Steven		x
8	Ferrer, Luigi	x	
9	Forrest, David	x	
10	Gallo, Giselle	x	
11	Goldberg, David	x	
12	Hess, Amaris	x	
13	Hilton, Karen	x	
14	Hunter, Tabitha	x	
15	Iglesias, Karen	x	
16	Kemmerer, Nicola	x	
17	Kubilus, Barbara	x	
18	Ledain, Ron	x	
19	Lee, Aquilla	x	
20	Messick, Barbara	x	
21	Monestime-Christie, Roselaine		x
22	Mooss, Angela	x	
23	Munoz, Doralba	x	
24	Neff, Travis		x
25	Puente, Miguel	x	
26	Quintero, Samuel	x	
27	Reynolds, Brandon		x
28	Richardson, Ashley	x	
29	Rodriguez, Belissa		x
30	Scott-Lightfoot, LaQuanna		x
31	Sheehan, Diana M.	x	
32	Suarez, Sarah	x	
33	Siclari, Rick		x
34	Valle-Schwenk, Carla	x	
35	Zayas, Matilde	x	
Quorum = 13			

Guests	
Bahamon, Monica	
Burger, Randi	
Bynoe, Jurmelle	
Coello, Erika	
Ebanks, Maurisha	
Estevez, Sandra	
Holden, Queen E.	
Javier, Jose	
Lanos, Alejandro	
Laws, Jen	
Lowe, Camille	
McGlocking, Andrea	
Mody, Hailey	
Munez, Virginia	
Romero, Javier	
Sabatino, Donna	
Schmuels, Diego	
Thomas, Jaquashia	
Williams, Myanthe	
Staff	
Brock, Petra	
Evans, Clarice	
Ladner, Robert	
Martinez, Susy	

I. Call to Order/Introductions

Prevention Committee Chair, Karen Iglesias, called the meeting to order at 10:10 a.m. She welcomed everyone and asked for introductions.

II. Resource Persons

Ms. Iglesias asked Behavioral Science Research (BSR) staff to identify themselves as resource individuals.

III. Floor Open to the Public

Strategic Planning Committee Chair, Giselle Gallo, 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."

There were no comments or questions, and the floor was subsequently closed.

IV. Review/Approve Agenda

Members reviewed the agenda.

Motion to approve the agenda as presented.
Moved: Barbara Kubilus **Seconded: Miguel Puente** **Motion: Passed**

V. Review/Approve August 13, 2018 Minutes

Members reviewed the meeting minutes from the August 13, 2018 meeting. Minutes were accepted without changes.

Motion to approve the August 13, 2018 minutes as presented.
Moved: Barbara Kubilus **Seconded: Karen Hilton** **Motion: Passed**

VI. Reports

Part A/Minority AIDS Initiative (MAI) Grantee Report *Carla Valle-Schwenk*

Carla Valle-Schwenk, Office of Management and Budget-Grants Coordination (OMB), reviewed the *Ryan White Part A/MAI Expenditure Report for Fiscal Year (FY) 2017* dated February 5, 2019 (copy on file).

OMB is working on an extension to existing Ryan White Program subrecipient contracts that end February 28, 2019; asking that current subrecipients continue providing services. Contracts will most likely be extended via an amendment.

Updated reporting instructions for the Ryan White HIV/AIDS Program Services Report (RSR) were sent to subrecipients. Reports are in progress and on target for the March 25 reporting deadline.

Site visits are completed to five (5) of 15 subrecipients; an additional three (3) visits will take place this week and the remaining seven (7) are to be done within the next two weeks.

The County received the FY 2019 Ryan White Program (RWP) Part A/MAI grant award of $26,596,944. The grant received a score of 98 (out of a possible 100) with no weaknesses noted.

The 2019 Program Submission and Program Terms Reports due to the Health Resources and Services Administration (HRSA) are on target for completion within 90 days of January 23, 2019.

As of February 4, 2019, the Test and Treat/Rapid Access (TTRA) protocol has served 391 clients; this is an increase from 282 clients reported last month. Of the 391 clients, 31 declined to start antiretroviral treatment (ART) for various reasons including client not being ready to start treatment or choosing to start within 30 days versus seven (7) days, client requesting ART counseling prior to treatment, and/or doctor waiting for genotype and/or lab tests. Of 267 clients prescribed ART, 151 have a suppressed viral load (<200 copies mL).

OMB obtained and reviewed the dental benefits lists from Medicaid's contracted dental insurance carriers (MCNA Dental, DentaQuest, and Liberty Dental). This information was added to the local Oral Health Care Formulary as a side-by-side crosswalk of services available under the respective carriers' insurance plans to help subrecipients identify dental procedures subject to RWP payer of last resort requirement. These lists are subject to change and will be reviewed quarterly.

The RWP and the Florida Department of Health in Miami-Dade County (FDOH) are still working to transfer Part A Affordable Care Act (ACA) clients from Part A to the AIDS Drug Assistance Program (ADAP) for payment of insurance premiums. Of the planned 519 clients to transfer to ADAP for 2019 premium payments, 452 clients have been approved.

VII. Standing Business

Membership Report — *Robert Ladner*

Dr. Ladner noted the Vacancy Report for February 2019 (copy on file) was in the meeting packets. There are vacancies on all committees and the Partnership and members are encouraged to promote membership opportunities.

VIII. New Business

BSR and FDOH presented data on the National HIV/AIDS Strategy (NHAS) goals as detailed in the Integrated Plan. Following data presentations, members and guests were separated into four (4) groups and given worksheets to evaluate how well the data is answering the evaluation questions. In the first session, groups were tasked with reviewing prevention strategies; for the second session, groups reviewed linkage, retention, viral load suppression and disparities. Following each session, a group spokesperson reported their feedback.

NHAS 2020 Goal #1: Reduce New HIV Infections (2018 Implementation)

Group 1: Strategy P1.2 Implement STD and HIV testing to raise prevention awareness among HIV-vulnerable populations

1. Was there an increase in HIV testing among persons at risk?
   - Do the data answer the Evaluation Question? YES
   - Notes: Zip Code and transgender data requested.

2. Was there an increase in the identification of HIV-negative persons at risk of HIV?
   - Do the data answer the Evaluation Question? YES

3. Was there an increase in the number of persons living with HIV who are aware of their HIV status?
   - Do the data answer the Evaluation Question? NO
   - Notes: Need newly diagnosed data by risk factor and Zip Code.

4. Are additional data needed to complete the Strategy? YES
   - Requested data: HCV; "Focus"; STD, HepC, percent of newly diagnosed and Gilead testing data by risk factor and residential Zip Code. Hepatitis C (HepC) data to compare with AIDS cases; look at how AIDS cases correlates with HepC. Gilead and other pharmaceutical company testing data requested.

Group 2: Strategy P1.3 Implement combined STD/HIV education to raise STD/HIV prevention awareness among HIV-vulnerable populations, including but not limited to IDU, Trans-identified persons, gay and bisexual men.

1. Was there an increase in the provision of risk reduction interventions for persons at risk for HIV and other STDS?
   - Do the data answer the Evaluation Question? NO
   - Notes: Additional data beyond baseline data are needed. What are the current locations and types of interventions taking place in Miami-Dade County (biomedical, mental health, etc.)? What are the demographics of the population receiving interventions?

2. Was there a knowledge change in participants attending educational sessions?
   - Do the data answer the Evaluation Question? NO
   - Notes: An instrument is needed to measure behavioral interventions by number of participants and demographics, as well as measurement of knowledge (pre- and post-testing).

3. Are additional data needed to complete the Strategy? YES
   - Requested data: Biomedical interventions and mental health education as prevention. Who provides education/intervention, who is receiving the interventions and what types of intervention/education is being conducted.

Group 3: Strategy P3.1 Increase number of OB/GYN healthcare providers engaging in HIV prevention activities with pregnant women.

1. Was there an increase in screening and active referral to prenatal HIV care among pregnant women living with diagnosed HIV?
   - Do the data answer the Evaluation Question? NO
   - Notes: Baseline and current data are needed on the number of women in prenatal care; of those, the number screened for HIV, the number with active referrals, and the number who test positive.

2. How many agencies are providing post-partum family planning services to women living with HIV?
   - Do the data answer the Evaluation Question? NO
   - Notes: Need baseline and current data on number of providers (RWP and others) providing post-partum family planning services, and the number of women using pre-/post-natal services.

3. Are additional data needed to complete the Strategy? YES
   - Requested baseline vs. current data: How many providers are engaging women in care; how many women are engaged in care and how many engaged in *HIV prevention* services? How many agencies (access points) are providing the services? Of the pregnant women who receive prenatal care, how many are tested, and of those, how many receive education?

Group 4: Strategy L1.2 Provide Partner Services to identified HIV+ individuals, allowing for the notification, screening and referral to appropriate services for partners of newly-diagnosed PLWHA.

1. Was there an increase in notification in HIV testing of partners identified through HIV partner services?
   - Do the data answer the Evaluation Question? YES
   - Notes: Increase from 48% to 58%.

2. What is the impact of Partner Services on engagement, testing, and linkage of PLWHA who are partners of persons diagnosed with HIV?
   - Do the data answer the Evaluation Question? NO
   - Notes: Partners should be surveyed to determine the impact, or to determine if "impact" can be measured. There is no data at this time. Are negative partners offered PrEP? How many new positives are found through partner services?

3. Are additional data needed to complete the Strategy? YES
   Requested data: Data on partners compared to clients; are partners being referred? To what services?

Group 4: Strategy L1.3 Identify and link to medical care at least 25% of the newly-diagnosed HIV+ persons identified through the FDOH-MDC Data To Care (DTC) initiative.

1. Was there an increase in linkage of persons to HIV medical care attributable to DTC?
   - Do the data answer the Evaluation Question? NO
   - Notes: A baseline for measurement is needed; the target of 25% is low.

2. Are additional data needed to complete the Strategy? YES
   - Requested data: Add an output on number of clients reengaged in care; reconsider the target of 25%.

NHAS 2020 Goal #2: Increase Access to Care and Improve Health Outcomes for PLHWA

Group 1: Strategy R1.1 Identify RWP client target populations who are at greatest risk for dropping out of care.

1. What are the most important factors affecting Retention in Care?
   - Do the data answer the Evaluation Question? YES
   - The most important factors are race (Black/African-American), age (13-24 years old), substance use and housing instability.

2. Examples of other factors that affect clients in RWP care: Men Who Have Sex With Men (MSM) and Injection Drug Use / Injection Drug User (IDU).

3. What data is needed?
   - Correlation between substance use and housing instability; clients unstably housed cycling in and out of care.

Group 2: Activity R1.1b Identify RWP client target populations who are at greatest risk for dropping out of care.

1. What are the most important factors affecting Retention in Care?
   - Do the data answer the Evaluation Question? YES
   - Further data on MSM/IDU, unstable housing, and Medicaid/Veterans Affairs/Medicare funding would be helpful; otherwise the data presented give a full picture of factors involved in clients remaining I care.

Group 3: Strategy R1.1 - Activity R1.1c and DR1.1, DR1.2, DR1.3 Identify RWP client target populations who are at greatest risk for dropping out of care.

1. Are Retention in Care rates better in larger agencies, or better in smaller agencies? Does this hold true for all disparity groups in DR1.1, DR1.2 and DR1.3?
   - Do the data answer the Evaluation Question? NO
   - Notes: Answers for each group may be different depending on the location and size/capacity of the subrecipient.
   - Requested data: Specify what constitutes a "large" vs. "small" agency: MCM caseload, overall agency population, agency budget; or group sites by "size". Data on acuity levels – complexities of client cases. List of available services at each provider site.

2. Are Retention in Care rates good for all disparity groups served by all subrecipients, or do some subrecipients have better Retention in Care levels for some disparity groups and not for others?
   - Do the data answer the Evaluation Question? YES
   - Notes: Some have better rates of retention than others.
   - Requested data: For agencies with multiple sites, break down the different disparity populations and data per site. Would like to know more about each agency – special projects, services available at each site, type of staffing, caseload (see #1 data request, directly above.)

3. What are next steps for determining best practices?
   - Do the data answer the Evaluation Question? NO
   - Notes: Group agencies by common criteria for better comparison. Add total RWP clients by site for additional clarity; smaller data sets increase variability; consider case load size for better comparison. Consider a "buddy system" for higher performing agencies to help lower performing agencies.

Group 4: Strategy V1.3 Expand the role of RWP MCM and OAHS subrecipients in detecting persistent unsuppressed viral loads (VL) and initiate appropriate responses – V1.3 and DV1.1, DV1.2, DV1.3.

1. Is persistent VL suppression for MCM and OAHS subrecipients still a concern?
   - Do the data answer the Evaluation Question? YES
   - Notes: Does not include new to care clients or those recently entering the care continuum through test and treat/rapid access; does not take into account those who have been in care for a year but have only one (1) VL on file. The goal is 75% suppression – work still needs to be done in prevention.

2. How do VL suppression rates compare across subrecipients?
   - Do the data answer the Evaluation Question? NO
   - Notes: Both MCM and OAHS should be reviewed since both are influential in a client's care. Risk group data would be helpful as well as knowing more about how practitioners are involved with clients.

3. What are next steps for VL suppression strategies?
    - Notes: Need to know who is responsible for VL suppression and where along the care team things could be improved for better results. Understand that "small" populations don't particularly mean there is less risk as those populations often have higher numbers of risk factors. Also, consider that young people, though a smaller subset, have a potential for more than 50 more years of sexual activity; it is important to weigh those factors when reviewing data and accomplishments.

IX. Meeting Evaluation

Attendees were given several minutes to complete their evaluation forms (copies on file).

X. Announcements

Dr. Forrest announced the passing of Keith Bromley, an advocate with the Health Crisis Center and a colleague of Dr. Forrest. Mr. Bromley passed away on February 5. Dr. Forrest offered to give information about services for Mr. Bromley to attendees after the meeting.

XI. Next Meeting

The next Joint Integrated Plan Review Team meeting is May 13, 2019, beginning at 10:00 a.m., at the United Way Ansin Building.

XII. Adjournment

Motion to adjourn the meeting.
Moved: Barbara Kubilus **Seconded: Miguel Puente** **Motion: Passed**

The meeting was adjourned at 1:21 p.m.