

**Prevention Planning Group
Meeting Minutes Summary
April 3-4, 2012
Embassy Suites, Brandon/Tampa**

Tuesday, April 3, 2012

Bobby Davis welcomed the group to the meeting. Charles W. Martin conducted roll call and established a quorum. Bobby reviewed the meeting packet and asked the members to acknowledge a moment of silence especially for Theresa Rush and Gail Counts who recently passed away.

Bobby Davis asked the members to review the meeting summary from the November 2011 meeting and vote on approval of the minutes.

Prevention Update, Marlene LaLota, HIV Prevention Program Manager, HIV/AIDS & Hepatitis Program

Marlene Lalota provided the following HIV Prevention updates:

- Overview-good news in Florida, some challenging opportunities
- Additional prevention funding in FL-almost 15% increase
- Florida had historically estimated to have been underfunded \$100 million dollars
- Despite the limitations in funding, made great success in prevention efforts
- Competitive procurement process implemented by Surgeon General:
 - 1-800 Hotline provider-held up in legal department
 - Community Planning RFP to provide staff support for the planning meetings
 - Media and social marketing RFP
 - Policy initiatives and work RFP
 - TOPWA: RFA out, 12 proposals submitted, 6 providers beginning July 1st-new provider in Hillsborough County, two providers expanded in Broward County, the rest are the same.
 - MSM RFA: RFA out, 20 proposals submitted, 5 providers by top counties (\$100K each), Dade, Broward, Duval, Hillsborough/Pinellas, and Orange Counties-providers should be posted April 3rd.
- Community Based Organizations (CBO's), contracts end December 31, 2012. The new RFA will be competitive for contracts to be in place in January 2013. The RFA was written similar to the MSM RFA including similar language to support the RFA.
- Looking at releasing something in June and award funds similar to CDC, allocate the funding by area using a formula based methodology. There will be about \$3-\$4 million released. PACHA recently reported that about \$14m may be available for Southern States and Florida could potentially get a large percentage of that amount. If so, they will add it to the current amount and make it available to CBO's. The money does not include Miami Dade and Broward-since they will have their money from CDC. The Bureau is preparing to give them the option.
- If there is not a CBO from an area, (if someone does not compete or there is not a viable candidate) worst case scenario, money would go back into the money for the CBO's, not health departments. There is question about the requirements, established for length of time, cross county coverage, more than one area etc.

Ken Bargar suggested that for Miami Dade and Broward they should be required to gain community input.

Marlene LaLota explained that when the language is written, it would be strongly encouraged to follow the same criteria. She explained that Miami's large increase will occur in 2013; Broward received their large increase this year. The Bureau sent them the MSM RFA and put it out to the community.

Much discussion ensued in regards to the community input provided in Miami Dade and Broward.

James Talley raised the question about the definition of prevention, what defines, or would that be a deliverables list.

Marlene responded that the detail should be written in the proposal, they rely on the CBO's to know their area, and the contract is written based on the deliverables.

Shane Bailey asked that if the money was going to Broward and Dade, why it is not happening in the rest of the state.

Marlene explained that CDC determined that those two counties were selected for direct funding.

Shane explained that there has been CDC directly funded CBO's that were not included in the planning process and they don't know who they are since it was not written in their contracts.

Marlene explained that the contract managers are local and they need to be included in the local contracts. It is something they could strengthen to include.

Shane explained that the direction should come from the state and should be included in every contract.

Iris Clemmons commented on accessing services within different counties, it is a good idea since they have the capacity to provide the services. It would be especially helpful for those agencies that do the work in other counties.

Marlene explained that it will be determined by the way the agencies write for each of the counties.

Valerie Mincey commented that it is a good idea and supports the money following the epidemic and being formula based. However, she expressed that it should be based on experience and accountability including supportive data of their work.

Marlene suggested the use of weighting the agency based on experience and accountability, participation in local process, and relationships with other prevention providers.

Charles W. Martin explained that each RFA includes testing and at some point the agencies may reach capacity.

Marlene explained that there is a technical choice of the competitive process, RFA versus RFP, must require testing. Funding for CBO's will have testing. You can only test so many times and you will likely have to max out at some point. The Bureaus deliverable includes 150K tests per year. Expanded Testing Initiative is a numbers game. Each provider has to conduct 200 tests per month, less than 2% positivity rate. Marlene stated that they are proposing specific language to minimize the testing component, not to exceed their current requirements.

Much discussion ensued in regards to RFA and what to include.

Lisa Cohen asked who the target audience is going to be in the future, if we are shifting away from evidence based interventions and traditional prevention strategies.

Marlene explained that the money has to follow the epidemic, if you are in a high prevalence area; you have specific populations to choose from, if you are in a low prevalence area, you must begin to do prevention differently and partner services, prevention for positives, etc.

Marlene's Update continued:

- HIP (High Impact Prevention) as a result of National HIV/AIDS Strategy. Trainings will be held in May and June to learn about HIP and how it will be included in the RFA's.
- CDC shifting away from DEBI's/testing, to new/innovative ways. They are not interested in funding DEBI's in low prevalence areas.
- New Guidance was released by CDC-will be posted for comments, then released.
- Concurrence process will be different, the jurisdictional plan does HIP
- Money has to follow the epidemic, accountable

James Talley raised concern about the weighted scale for agencies with experience.

Charles W. Martin explained that new agencies still have to get into the community; however, if you are not doing the work, you should not be funded. But if you are doing the work; that should be weighed and demonstrated that they have the ability to do the work.

Shane Baily expressed that it should be written in the work that you are doing the work and should be demonstrating in the application. The points in earning should not come just based on your experience and how you demonstrate that. If we are going to say we are doing things new, than let's do things new.

Much discussion ensued in regards to documenting the work and getting the points based on an organization's track record. The summary is if you could prove you can do the work, than points should be given to support them.

Marlene's Update continued:

- Mid to late April the State laboratory will be implementing a new algorithm-4th generation test-test simultaneously for antigens (virus). The first test that the lab runs will be this new test. If negative, goes on to another test. If positive, western blot conducted. Antibody infected or acutely infected will be determined. Nucleic Acid Amplification Test (NAAT) will occur as well.
- STD will get the results next day to send the DIS out to the field to find these individuals. Training will be provided since these individuals are highly infectious individuals (high priority-highly infectious). They don't know they are infected, and having unprotected sex, likely transfer infection.
- New algorithm only works with blood. Agencies that use blood testing, have a better testing program and those agencies who use oral fluid, orasure and old western blot.
- The ideal is to rapid test via finger stick and if reactive, send blood specimen to the state lab.
- There will be no mandate from the state, but it is highly encourage if you have the capacity to conduct blood testing.
- The concern is that there are many sites that have the ability to do blood testing, and they are doing oral testing, they will not support them, especially a health department conducting oral testing when they could do blood testing.
- The window period is two weeks.
- A memo will be distributed to explain the process. There will be some minor changes to the health departments based on what they are currently doing. There should be no issues with eligibility in regard to patient care services. There will be ongoing webinars/trainings conducted to inform organizations of the process. Each program in the Bureau has to go through relevant trainings.

Donna Sabatino asked if they will be able to capture local reporting of the test. Marlene confirmed that they should be able to capture it.

Charles W. Martin raised concern regarding the cost of sending the tests into the labs, since most have to incur the costs. Marlene agreed to look at the issue.

Marlene Update continued:

- Testing for 2011-total is 420,000 tests, more than half-56% (235,000) were rapid tests
- Bureau is funding testing campaigns-Test Miami, Broward is Greater than AIDS, increased testing efforts. Small amounts were provided to Palm Beach, Orlando and Tampa Bay as well to support testing initiatives around National HIV Testing Awareness Day.
- Linkage: new money is used to implement a peer education program, corrections center for new inmates to receive
- In 2011, only 3 babies were infected-overall 97%-transmission rate of less than 1%
- Peer navigation programs-based in CHD's, 60K annual, help newly diagnosed and those fallen out of care, maintain staff adherence (Duval, Palm Beach, Alachua CHD)
- Interventions team: statewide condom distribution sites, included as a required intervention: Wrap Florida
- Amore Intervention: risk reduction HIV/AIDS intervention, photo novellas.
- Home grown intervention, Max Wilson-The Interdiction Project
- New condom posters to distribute
- PrEP webinar-April 26th, 2012 at 10AM
- Materials Review Panel-meeting in April
- Faces in AIDS-kick off in Tallahassee, Miami, Orlando, Tampa, St. Petersburg, and Jacksonville. Idea is anti-stigma, on Facebook, Twitter, YouTube, etc.
- Community Mobilization trainings-module 4-May 23rd, 2012-email April Hogan for more information.

Marlene's Update continued on Community Planning:

- Draft of community planning guidance-59 pages, very different, significant changes on how we do planning.
- CDC plan is to distribute for public comment (30 days)
- HIV Planning Group-still a co-chair and community co-chair process, emphasis to expand the members, key stakeholders to include: STD, TB, Hepatitis, Co-Infection, Substance Abuse.
- Engagement, plan for engagement, write the Jurisdictional Plan. It is the HD responsibility to write the plan, with input from the HPG members, and others stakeholders who may not necessarily be part of the process. Heavy emphasis on technology, webinars, Skype, conference calls, not so much face to face meetings.
- Concurrence process is out-old way is not required. They are very clear that the sole responsibility of the health department and not the community planning group.
- In the plan is High Impact Prevention-the final guidance is not distributed yet and there are a lot of questions. Transparency is very important, community input is very important, we will always have a process, may not be the official concurrence process, and still be in compliance with the guidance by CDC.

April Hogan commented that the group will be more involved in engaging new members to the process. They provided a summary of the differences with the old guidance versus the new guidance. That will be shared once it is officially distributed.

- One significant difference is the priority populations and no longer requiring the areas to determine their target populations.
- The plan needs a significant amount of revamping-now due in September 2012.
- The health department is part of the needs assessment responsibility-will also be looking at the scalability of the activities. They will look at the most cost effective and what can we scale up to meet the target populations.
- They need to understand what the guidance means before they can put an RFA out and it is a high priority to get clarification from CDC.

Ken Bargar asked if the HIV Planning Group name was set in stone.

Marlene suggested submitting a comment during the comment period to CDC.

Marlene explained that there is an emphasis to work with the other planning bodies (patient care, leadership, Hepatitis). Marlene explained the FCPN structure and the old process. Although the groups meet separately, they have specific timelines and the co-chairs were supposed to be meeting on a regular basis, however there has been very minimal working together.

Marlene explained that she agreed to work with Joe May, Patient Care Administrator to work together to make the integration more cohesive. Each will attend the other's meeting and by starting at the top, we need to make a better effort to work together and reconstitute the FCPN, possibly host monthly calls and conduct semi-annual meetings as needed. She explained that the CDC guidance encourages each individuals be working together with the other planning bodies.

Allison Herring explained that the CDC project officer was invited to this meeting and will hopefully attend the November meeting.

Budget questions/comments:

Juliette Love commented that it is not necessary to include budgets on all of the local areas. She expressed that she is only interested in receiving Broward County's information.

Charles W. Martin commented that since the RFA's/ITN's are coming out soon, he requested feedback on the process from the Bureau to provide strengths and opportunities for improvement.

**Ksena Zipperer, HIV/AIDS Prevention Education Coordinator, Florida Department of Education
Overview and Strategies for Providing HIV/AIDS Prevention Education to Florida's Youth**

A Power Point presentation was distributed to the members in addition to relevant brochures. The purpose of the presentation was to provide information on working with school districts in HIV prevention with youth and strategies for HIV prevention with school district buy-in. For additional questions or feedback, please contact Ksena Zipperer at ksena.zipperer@fldoe.org.

**Max Wilson, Statewide Evaluator, Florida Department of Health
Interdiction Program Update**

A Power Point presentation was distributed to the members. The purpose of the presentation was to discuss the clinic-based individual level prevention strategy for HIV+ individuals. TIP is collaboration between HIV/AIDS STD, and Health Services programs. For additional questions or feedback, please contact Max at Max_Wilson@doh.state.fl.us.

Presentation of Certificates/Co-Chairs

The Co-chairs presented certificates to the following outgoing members for the 2010-2012 term:

Area 1: Maria Thompson

Area 1 Alt: Cynthia McLaughlin

Area 3/13 Rep: Shane Bailey

Area 3/13 Alt: Amber Crossman

Area 9 Rep: Sandra White

Area 9 Alt: Eric Miller

Area 15: Eric Martinez

Area 11A: Kalenthia Nunally Bain

Substance Abuse Alt: Marlinda Jefferson

Bobby presented Charles W. Martin a plaque for his years of service as the Community Co-Chair. Charles expressed thanks to the group for the opportunity and that he will remain a part of the group as an active member of Area 11A.

Wednesday, April 4, 2012

Bobby Davis conducted roll call and established a quorum. Introductions of members and guests were made.

Juliette Love motioned to approve the November 2011 Meeting minutes. Iris Clemmons seconded the motion. Motion approved unanimously.

Nominations for Community Co-Chair Position

Charles Martin explained the roles and responsibilities.

- Co-chair the PPG meetings
- Actively participate on monthly Co-chair calls/webinars
- Assist in development and preparation of agenda for the next meeting
- Work closely with Bureau and The AIDS Institute to assist with communication/facilitation of announcement and preparations for the next meeting

Charles nominated Valerie Mincey, Sylvia Hubbard seconded. Motion approved unanimously.

Juliette called to close the nominations. Ken Bargar seconded. Motion approved unanimously.

Valerie Mincey was announced as the new Community Co-Chair.

**Dan Merkan, Behavioral Science Representative
Behavioral Science Update**

A Power Point presentation was presented. A copy was provided to the members.

Useful websites for finding interventions:

- The home of DEBI's www.effectiveinterventions.org
- CDC Prevention Research Synthesis www.cdc.gov/hiv/topics/research/prs/index.htm

For more information, contact Dan Merkan at DMerkan@jasmyn.org

Charles W. Martin, Area 11A Representative
Pre-Exposure Prophylaxis (PrEP)

Charles W. Martin provided a Power Point presentation that was prepared by Dr. Kevin Fenton from the CDC. The presentation was intended to inform the PPG about PrEP. A copy was requested to forward to members.

Much discussion ensued in regards to how PrEP is distributed.

Allison Herring, Statewide Community Planning Coordinator
Community Planning Survey

Members were asked to complete the membership community planning survey.

Local Community Planning Updates:

Area 2B-Sylvia Hubbard reported that they implemented a Peer Program that is working well and individuals attended the United States Conference on AIDS in Chicago. They enrolled 85 in ADAP program. They also implemented a peer program at Gadsden Correctional Institute-connecting inmates to providers as they leave the facility. Successful events were held for national HIV/AIDS Awareness Day events (World AIDS Day and National Women and Girls HIV/AIDS Awareness Day).

Area 3/13-Bobby Davis reported on the Sex-Ed through Texting through a Power Point presentation. For more information, feel free to contact Teresa White at Teresa.White@doh.state.fl.us.

Area 7-Iris Clemmons announced that they are currently working on the Testing Campaign for Test Orlando to kick off on National HIV Testing Day, June 27th. Recent collaboration on World AIDS Day there was a tree lighting ceremony where all of the health departments were including.

Area 8-Dan Mitton announced that they are working on a collaborative effort to seek mutual funding versus working against each other.

Area 9-Marlinda Jefferson reported that they are working on the Test Palm Beach efforts. They also had several representatives who participated with the Patient Care section to draft the comprehensive plan.

Area 10-Juliette Love announced multiple projects. They are preparing for the high impact prevention through hosting think tanks which have been in compliance with CDC's new direction. WAD events, well attended, testing was conducted, very successful event. Hosted a Latino retreat for members of the PPG and well attended transgender symposium was conducted. Recent SOS event. Became members of UCHAPS-recently attended a meeting in Atlanta. ***Juliette agreed to present on the prevention planning process in Broward at the next PPG meeting.***

Area 11A-Charles W. Martin announced that South Beach AIDS Project was recently named the host in Miami by the Black AIDS Institute to conduct treatment programs in the black community. He introduced Kira Villamizar who presented on ECHPP, executing contracts to conduct programs. Kira explained that they applied for year 2, convened the stakeholders to work on year 2 & 3. They are updating the plan to re-compete for year 3 and submit application. They also had several World AIDS Day events in Miami including a Take Control activity at the government center.

Area 11B-Derrick Traylor announced that they received the Prevention funds in the amount of \$10K and they conducted an RFP. The 1st ½ of year will support a media campaign and later in the year, they will support National Gay Men's HIV/AIDS Awareness day and a run with images displayed. Many June activities for AIDS Help, Inc. including Pride activities and gay film festival: We Were Here documentary. Fag Bug, Erin Davies, will be in Key West and be the grand marshal for the Pride parade.

Area 12-Laverne Bell reported that they have increased their PLWHA members and started a speaker's bureau and been training them to speak at events in the community. They just received a Southern Reach grant to support their work for 18 months.

Ken Bargar reported that the Consumer Advisory Group met in March and explained how some of the CAG members make up the Community Advisory Board which advises the CDC Medical Monitoring Project. Overall, it was a good meeting and the majority of the members were represented.

Phil Toal announced that the state has moved all Substance Abuse dollars to a managed care entity. He explained that all state dollars will be in this managed care entity. There will be a 30% reduction for Substance Abuse and mental health services. This is a major impact for both SA and MH care providers.

Discussion of Local Area Updates Template

Bobby Davis explained the discussion of the local area updates was to review the template that the group currently uses and seek feedback on revisions to the process.

Juliette Love suggested shortening the report and identifying who it goes to and who is responsible in compiling it.

Much discussion ensued about the information being compiled into one report and that one person should be responsible. It was also suggested to report only highlights or best practices from your area. It was recommended that it should not be optional.

April Hogan clarified that the FCPN is still in-tact and DOH reorganization will not impact the PPG. It is more integration of both planning bodies. She suggested including best practices and innovative updates in the local area updates.

Allison Herring reported that it should be a simple report, demonstrating best practices, and should be submitted by the representative.

James Talley motioned to adopt a Progress Report based upon the Prevention Planning Group Plan and responding in accordance with the timeframes. In addition, a separate section will be added for Innovative, Significant Events and/or Best Practices. This will be written and submitted by the PPG member. Motion seconded and unanimously approved.

Next Meeting/Wrap Up

Charles W. Martin distributed the official letters from the Bureau on the new member appointments.

Bylaw position discussion:

Bobby Davis explained the Bylaw and considering adding positions in regards to inclusion of other representations such as department of education, department of corrections, etc. He explained that given the limited number of current representatives, he was seeking feedback from the members on considering adding other positions.

Charles W. Martin agreed with the importance of seeking additional representatives; however expressed concern for getting the positions filled since we historically have had challenges with filling them.

It was suggested to possibly reduce the number of Department of Health or community members to ensure a department of education or corrections representative.

Bobby explained that due to funding limitations, we can't expand the membership. It was suggested that when we fill from other areas, we seek individuals that represent multiple areas of expertise or wear multiple hats and are willing to be open about the area of representations.

Allison Herring explained that at the last meeting the group agreed on the dates that were submitted to the Bureau for approval: **November 1 & 2, 2012-Thursdays/Friday.**

Valerie Mincey acknowledged Charles W. Martin for his service and thanked the members for voting her as their new community co-chair and agreed to do her best to serve in the position.

No further business to discuss, the meeting ended at 11:50AM.

Summary of Discussion	Action Items	Person(s) Responsible	Timeline
Power Point presentation follow-up to members.	The following Power point presentations from the meeting will be distributed to the members: 1. Ksenia Zipperer-Youth HIV/AIDS Prevention 2. Max Wilson-The Interdiction Project 3. Dan Merkan-Interventions 4. Charles W. Martin-PrEP presentation-need authorization from him to share presentation	The AIDS Institute/ HIV/AIDS & Hepatitis Program	Post meeting
Next 2012 Meeting Dates: November 1 & 2, 2012	Submit proposed 2012 meeting dates for approval. Proposed agenda topics: 1. Juliette Love-Broward Planning Group planning process	The AIDS Institute and HIV/AIDS & Hepatitis Program	Post meeting
<i>James Talley motioned to adopt a Progress Report based upon the Prevention Planning Group Plan and responding in accordance with the timeframes. In addition, a separate section will be added for Innovative, Significant Events and/or Best Practices. This will be written and submitted by the PPG member. Motion seconded and unanimously approved.</i>	Develop progress report template to distribute to members.	The AIDS Institute/ HIV/AIDS & Hepatitis Program	Prior to next meeting