

Minutes

**Evaluation
Quality Assurance
& Planning
Committee Meeting**

Facilitator: Daniel Pierce

Date: 10/08/20

Time: 11:00 AM

Location: Teleconference

Monica Adelphouse
Health Planner

Attendance: Daniel Pearce, Dawn Jones, Deborah McCray, Carly Pyle, Rashemia Birks, Tara Woodruff, Danyelle Sheffield, Mary Sirmons, Greg Bowman, Jacqueline Clarke, Monica Adelphouse

1. Welcome/Introductions & Moment of Silence
2. Review and approval of agenda and meeting minutes. Ending the HIV Epidemic was tabled during this meeting.

3. **Updates**

A. Care Connection

Dawn: We had 12 intakes linked into care and we are at 95% for linkage.

B. Test & Treat, PrEP, PEP

Dawn: St Lucie has 4 Test and Treat, 24 PrEP clients, 2 PEP; Martin county had 4 PrEP, Indian River 16 Test and Treat , 27 PrEP, 2 PEP; and Okeechobee had 1 PrEP

Daniel: I am happy to hear about the PrEP clients.

Dawn: Retention is the issue. They are having issues with the retaining the clients and having them come back for labs.

Daniel: Is this due to lack of transportation or due to the people not making it to the appoints?

Dawn: I don't think its due to lack of transportation for the clients who have agree it to PrEP services. It's more due to people not attending their appointments.

Daniel: That's unusual because you get 90days worth of medicine and you don't get it renewed. So as I don't understand why people wouldn't come back. So maybe that's an area that we can look into see what people are saying about it and why they're not coming back if anybody has any thought of that.

Dawn: It's the follow up that's the issue.

Daniel: Yeah, right, but they don't get their medicine if they don't follow up around. And the rules for PrEP only 90 days (three months) and then you

have to see the doctor to renew your prescription. Do we know if there is a factor or side effect causing them to do want to do it? There is a lot of people on PrEP but they are not coming back. I think maybe we should try to have people answer questions, survey questions. I know its hard to have people answer survey questions, but we can at least try to work on getting people to stay. I don't have any solutions but I think this is something we should definitely look at.

Dawn: I don't have any solution but I think it's something that we should definitely look at that. Yeah, well for this group no but for the prevention we can look into it. Yes, the regional team is actually working with the providers and you know, I don't want to prolong this but you know, the information that I received from the providers is that it's not transportation. It is that teams for they have to come back for follow-up and they don't want to do it. You know as far as care is concerned, it's an issue when they have to come back for followup. But for PrEP, if they're healthy and they don't guess really perceive themselves as being at risk, you know, they might take the medication for 30 days and say "Hey I don't have time for this". I'm also looking into whether you know insurance is an issue. I know we have programs that that will pay for the medications. But sometimes not having insurance for labs can possibly be an issue. So that is an area of concern that we are already taking a look at

Daniel: That's great and if we have anything else to add we can email Monica or Dawn.

C. Other Updates

Daniel: Project Response is doing HIV Testing for National Latino Aids Awareness Day on October 15 from 9-6pm. It's on Project Response's website.

Mary: The Health Department has a drive-thru testing for HIV. We had 10 people walk up, we had 10 contacts, 5 tested, and 1 was positive. We will have an Outreach committee meeting this month. I put on the website already about the activity Project Response is having.

D. Work Plan

Updated workplan has been sent out.

G. Open Discussion

Mary: Yes, in this climate that of COVID does anyone have any different suggestions on how we can engage the community?

Daniel: Okay. I know one thing that they're doing here in Brevard County and area 7 is that we are a lot of things are going virtual. So if we can get some type of virtual thing and if we can get some type of the virtual meeting, then maybe we can make a video where everyone actually participates and say something about their agency. Then people can go back and look at the videos. Our testing has been almost cut in half because of the coronavirus but you know, people are still needing testing and proven by the fact that the drive-thru that you did the other last weekend. There was a positive test so there are still people being infected and we have to get out there. Other than in person, the only thing I can think of it some type of virtual thing.

Dawn: I am working with the 4 County Health Department's individually to try to get us back into the field to do field testing and you know, provide Outreach activities education, some of that will be virtual. As I meet with the County Health Departments, I will also offer the technical assistance to our contract providers as well as other community-based organizations to share protocols, safety protocols, etc. I will be happy to share that. With the outreach committee within the planning committee when you guys decide that you want to start moving forward with as far as virtual meeting. And we will be happy to assist you in setting those meetings up for Community engagement on the Department of Health side, and then on the Consortium side.

Daniel: Okay, that's great. And maybe we could do more situations of drive-thru testing, where people don't have to go into an office and don't have to physically get out of their car or they can walk up outside to a table and get their HIV test. That way we're protecting the front line workers ourselves and protecting those that are being tested. So that might be something we can look in to to do more of those drive up or drive through testing opportunities.

Greg: Is there any way to do like a virtual meet and greet or a question-and-answer online? Something along that line.

Daniel: So that's what I was talking about Greg, if we can get something like that. I think that would be a big asset to us in the long run because it would be available for people. Like dawn said, it is never going to get back to the way it was. There's no such thing as normal as we do it prior to this pandemic. So we're going to have to change our whole thinking or latitude and we were only going to have to work together and get our heads together and think of ways to get people to test.

Tara: One of the things we've been doing and I would like to suggest is adding testers to places that are already doing drive-up COVID testing. The testers have signs to showing available testing and they are donning PPE. So that's just an idea because people are kind of already in testing mode.

Daniel: So that's a great idea. I think that's perfect. I mean we should concentrate on that and bring up some suggestions at the next meeting how we can go about doing that because that you're right. I mean everybody is COVID testing that takes two minutes and HIV testing takes, two seconds to read it. To get the blood, the finger prick, takes 15 minutes to get the accurate test results. Thank you.

Dawn: Yes and making sure that there is a place that people can park their car to get wait a while. Dawn: It is my understanding that Alejandro, the prevention supervisor has been working on that to see it as possibly to do it at COVID testing sites. I will provide an update at the next meeting.

Jacqueline: Tara, which tests are you using the 15 minute test or the 1 minute test?

Tara: No, we are not using the one minute test. With the 15-minute, it's necessary to have been like a secondary parking waiting area so that the COVID testing doesn't get interrupted. And then with the 60 second test even though it's quicker, I believe Mary and I were speaking about this yesterday or the day before, the setup for the 60 second test can be a little cumbersome. So even with a finger prick, it takes 15 minutes, but they're still saying in their car and you need less workroom.

Daniel: We've been educated on that. It's a slice in the finger, it's actually like cutting yourself with a box cutter, and getting a lot of blood so I think an indoor setting would be more appropriate for that and I personally don't like the one minute testing.

Mary: Deborah, maybe you can talk to the pharmacy to get use the parking on the east side of the building, and use those last three parking lots.

Deborah: The pharmacy is under new ownership so I will email them to ask.

Meeting adjourned