



**Care and Treatment Committee Meeting
 United Way Ansin Building
 3250 SW 3rd Avenue, Ryder Conference Room
 February 4, 2016**

Approved April 7, 2016

#	Committee Members	Present	Absent
1	Avellaneda, Victoria	x	
2	Camacho, Angel	x	
3	Castillo, Teresita		x
4	Downs, Frederick	x	
5	Gallardo, Enrique	x	
6	Gonzalez, Victor	x	
7	Hunter, Tabitha	x	
8	Iadarola, Dennis	x	
9	Jardon, Thomas	x	
10	LaGrome, Arthur	x	
11	Puente, Miguel	x	
12	Siclari, Rick	x	
13	Wall, Daniel T.	x	
Quorum = 6			

Guests	
Ayush Morad Amar	
John Acevedo	
Yiovanni Alfonso	
Antonio Fernandez	
Joanne Miller	
Jasmine O’Neale-Lewis	
Rishi Patel	
Javier Romero	
Staff	
Hernandez, Marlen	
Ladner, Robert	

I. Call to Order/Introductions

The chair, Frederick Downs, Jr., called the meeting to order at 10:07 a.m. He welcomed everyone and asked for introductions.

II. Resource Persons

Thomas Jardon indicated Behavioral Science Research (BSR) staff as resource individuals.

III. Review/Approve Agenda

The ADAP Program Update was not on the agenda so it was added after the Part A update.

Motion to accept the agenda with the changed noted.

Moved: Thomas Jardon

Seconded: Miguel Puente

Motion: Passed

IV. Floor Open to the Public

Mr. Downs read the following:

Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any items 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.

No comments were made, and the floor was closed.

V. Review/Approve Minutes of January 7, 2016

Members reviewed and approved the January 7, 2016.

Motion to approve the January 7, 2015 minutes.

Moved: Miguel Puente

Seconded: Thomas Jardon

Motion: Passed

VI. Standing Business

▪ *Ryan White Program Update*

Dan Wall

The grant total is not known yet but there does not appear to be any major shifts nationally. Last month provisional award letters were sent out.

The County is working on contract amendments for sweeps and RSR reports.

The County is working on updating the service delivery guidelines which should be completed by the end of the month.

Expenditures for Part A/MAI as of February 3, 2016 were reviewed (copy on file). In Part A funding, 66.27% of funding has been expended and under MAI, 71.87% of funding has been expended.

The Part A Health Insurance provider as of the end of January 29 indicated there are 38 enrolled for a total client count of 494, so far. As of January 18, Medical Case Managers report 577 clients enrolled in Part A/ADAP wraparound of which the health insurance provider has only received co-pay assistance request for 137 clients. The difference may be due to pending paperwork.

Next week the CBO RFP will be released for \$14 million dollars in General County funds. The release will be at noon on February 12 and proposals are due by April 29th. The majority of categories fall into human and social services. The proposals are limited to 501 c (3) entities with a maximum cap of \$1 million dollars requested. There will be six pre-proposal conferences scheduled throughout the County.

▪ *ADAP Update*

Dr. Javier Romero

Dr. Javier Romero reviewed the ADAP report for January (copy on file). Expenditures for December and January are pending. In the month of January, there were 4,136 prescriptions dispensed to 2,631 clients. The CD4<200 indicator was 8.5% and undetectable VL was 84.60%. Table 5 indicates there were 4,092 enrolled in ADAP as of 2/4/2016. There are 74 new clients enrolled in the month of January. There have been payment delays with certain carriers applying 2016 payments to 2015 premiums. ADAP Premium Plus client conference calls are scheduled for this month. There were 1,142 clients identified by the ADAP program for wrap around services, but only 134 had enrolled by the cutoff date.

▪ *Medical Care Subcommittee Report*

Thomas Jardon

Thomas Jardon read the Medical Care Subcommittee report as indicated below. The Medical Care Subcommittee:

Heard updates from Part A, ADAP, and General Revenue.

Selected Tabitha Hunter as chair-elect of the subcommittee.

Welcomed Dr. Steven Santiago as chair.

Continued review of the medical care standards with comments provided by the Southeast AIDS Education and Training Centers (AETC). A final draft is expected to be completed shortly.

The subcommittee was queried regarding metoprolol, a cardiac medication on the formulary. Metoprolol comes in two formulations (succinate and tartrate). As currently written on the formulary, both could be dispensed but on the brand list only one formulation is listed. The subcommittee voted to add the clarification to the medication detailing both formulations and adding the corresponding brand drug (Toprol XL).

Motion to add clarification on formulations to metoprolol on the Ryan White Prescription Drug formulary as tartrate and succinate and add the referring brand Toprol XL.

Moved: Thomas Jardon

Second: Miguel Puente

Motion: Passed

Reviewed information on Genvoya (elvitegravir, cobicistat, emtricitabine, tenofovir alafenamide) and Vitekta (elvitegravir) which were recently added to the ADAP formulary. The combination pills offer a complete regimen which would reduce pill burden. The stand alone medication is intended as a booster to other HIV medications. The Subcommittee voted to add both life saving medications to the Ryan White Prescription Drug Formulary

Motion to add Genvoya and Vitekta to the Ryan White Prescription drug formulary.

Moved: Thomas Jardon

Second: Rick Siclari

Motion: Passed

Reviewed the outpatient medical care and prescription drugs performance measures.

The next subcommittee meeting is February 26, 2016.

▪ *Partnership Report*

Frederick Downs

Frederick Downs asked attendees to review the Partnership report (copy on file).

VII. New Business

▪ *Integrated Plan Input*

Dr. Robert Ladner reviewed the integrated plan goals and objectives (copy on file) and asked the committee to provide feedback on the goals. Below are the replies from the committee attendees:

PREVENTION

- Better education of OB/GYN informing pregnant women of HIV testing
- Use social media to promote HIV testing and prevention messages
- Issue of stigma is related to reluctance to discuss testing
- Suggest reviewing feasibility of changing laws to require testing (no opting out or consenting “in”)
- During routing visits, medical professionals should offer HIV testing

- More education on PrEP and PEP around the County
- Educate general public on stigma but use ‘softer tone’; be more proactive about health care
- Go to schools and homeless shelters to test
- Go out into the community to test and educate particularly to individuals in South Dade and Haitians
- Bombard the population with message that HIV is still important/relevant
- Get message of prevention through general media, movies, TV, etc. to get message across
- Use community resources such as community centers, health centers, hospitals, and such to provide appointments to test and educate at those locations “ ideas is to use non-traditional locations to access information/test”
- The School Board used to have a program that presented HIV prevention information along with testimonials about the PLWHA experience to students outside of a school setting (e.g. Caleb Center); children candidly asked questions of participants without worry about other teachers/peers. A similar presentation within a school (high school) did not allow children to openly ask questions.

LINKED TO CARE:

- Simplify the process to get clients into Ryan White
- Educated Ryan White providers and provide more training on service descriptions including quicker access for newly diagnosed patients with preliminary test which confirmatory is in process.
- Reduce the number of people who contact clients, newly diagnosed contacted by barrage of people which is overwhelming
- Improve interagency/intraagency communication e.g. so multiple people aren’t contacting same person
- Replicate a test and treat model where clients are tested and hand walked to doctor
- Re-establish a jail linkage program since there currently doesn’t exist one; there is no one to assist those who are released from jails currently.
- Outreach workers linking to peers quickly

RETENTION IN CARE:

- Importance of staying adherent
- Showcase “survivors” who have been living with the disease for a long time
- Stability of programs, possibly extend substance abuse treatment time
- From substance abuse treatment provide housing with wraparound services such as medical case management and continued substance abuse counseling
- Importance of adherence coaches to ensure clients make appointments and take medications
- “Cultural competence” of establishment is important e.g. MSM going to physician but not comfortable with them
- Homelessness creates problems because of lack of stability does not allow clients to focus on health

VIII. Announcements

Ms. Hernandez reviewed the 2016 Needs Assessment flyer, February and March calendars, and February vacancy report (copies on file).

IX. Next Meeting

The next meeting is Thursday, March 3, 2016 at the Ryder Conference Room, United Way Ansin building.

X. Adjournment

Mr. Downs adjourned the meeting at 11:26 a.m.