

Requests for Proposals (RFP) for RWP staff support and quality management should be issued in the next couple of weeks, followed by RFPs for direct service subrecipients. The RFP for County funds is anticipated to be released by the end of the calendar year.

The annual RWP grant application is being completed by OMB and BSR staff with a due date of September 30, 2019. OMB and BSR staff are also working on the Ending the HIV Epidemic (EtHE) grant application due October 15, 2019.

OMB is taking back approximately \$36,000 from five subrecipients based on disallowed expenditures, lack of eligibility documentation, and other reasons.

The Health Resources and Services Administration (HRSA) has approved the RWP carryover funds request.

The HRSA site visit report is still pending; the report is expected to include some findings but no funds will need to be returned.

The Test and Treat/Rapid Access (TTRA) protocol shows 917 clients who are newly engaged or re-engaged in care as of August 30, 2019. Of those, 82% are on antiretroviral therapy, and of those, 33% are virally suppressed.

Mr. Wall participated in a Town Hall meeting at Jessie Trice Community Health Center organized by Congresswoman Frederica Wilson to address the Ending the HIV Epidemic initiatives. The meeting included other legislators as well as the Centers for Disease Control and Prevention Director Dr. Robert Redfield. Per Congresswoman Wilson's office, Dr. Redfield noted this was the best meeting of that sort he had ever attended.

VIII. New Business

▪ Integrated Plan: Implementation Progress Update: Disparities in Retention in Care & Treatment Outcomes

Petra Brock presented *Integrated Plan: Implementation Progress Update: Disparities in Retention in Care & Treatment Outcomes* (copy on file). Several Integrated Plan strategies are tied to Minority AIDS Initiative (MAI) funding for new initiatives. Since the RFP for MAI funding is pending, those initiatives have not been identified and can therefore not be measured at this time.

Ms. Brock noted the most common modes of transmission for disparity populations identified in the Integrated Plan: Black/African America Males, transmission mode is primarily Men who have Sex with Men (MSM); Black/African America Females, transmission mode is primarily via heterosexual sex, not drug use; and Hispanic MSM is the largest single risk factor for HIV transmission in Miami-Dade County.

The presentation provided subrecipient-specific results of clients receiving Medial Case Management (MCM) under the Ryan White Part A/MAI Program (RWP). The number of clients per subrecipient agency is determined by where the client is located when the data is generated, with the understanding that some clients may access care at multiple subrecipient sites.

The target populations for retention in care (RiC) are Black/African American males, Black/African American females, and Hispanic MSM. The target populations for viral Load (VL) suppression vulnerabilities are Black/African American males, Black/African American females, and Haitians. The presentation included percent of RWP MCM clients retained in care, percent prescribed antiretroviral treatment, and percent virally suppressed for each of the targeted disparity populations.

Agency specific recommendations will be discussed by the Clinical Quality Management Committee.

▪ **Ending the HIV Epidemic**

The Part A Program is charged with assisting with two of the four pillars of the Ending the HIV Epidemic initiative: Pillar Two: Treat people with HIV rapidly and effectively to reach sustained viral suppression; and Pillar Four: Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them. Members were tasked with thinking of creative ideas for EtHE funding initiatives. The following were suggested:

- AHF has a new “Back in Care” initiative; they will share data when it is available.
- Increase the number of MCM, peers, etc. who are the same race/ethnicity and speak the same language as the population being served. Some members said this did not make a significant difference. In one instance, University of Miami, Department of OB/Gyn noted a 10% increase in RiC and VLS in the Haitian population after they hired a Haitian social worker.
- Better data on *all* people with HIV in the county is needed since EtHE is not just for RWP clients.
- Expand use of peers; fund more peer positions.
- Continue TTRA and expand to hospital settings.
- Educate non-HIV doctors on protocols for getting people with HIV into immediate care, particularly in the hospital setting, and give non-HIV doctors who do not want to treat people with HIV the resources to link those clients to immediate HIV care.
- Eliminate “red tape” for RWP eligibility, streamline the process for newly diagnosed, particularly in hospital settings; expand RWP treatment to hospitalized clients.
- Promote general education about how “easy” HIV care is today vs. 10 years ago.
- Increase transportation assistance.
- Implement prevention and treatment programs targeting youth.
- Use peers/outreach to contact homeless and people with HIV who are unstably housed and known to be lost to care.
- Implement home visits and a community centered approach to care.
- Offer more expanded and non-traditional office hours.
- Use AETC resources to assist providers with collecting data so funding decisions are not based on anecdotal evidence. Focus on measurable data.
- Understand the entire client profile so that each doctor, MCM, etc. knows the whole history of the client (co-occurring conditions). It was noted clients routinely tell 100% of information to one provider, but may leave out important information to another, resulting in an incomplete picture of the client’s situation; particularly in clients with co-occurring conditions of mental health, domestic violence, and/or substance use. Educate providers on all available services.
- Make sure clients understand how their data will be shared across various providers.

IX. Announcements

Dr. Sheehan announced the Project D.A.I.L.Y. study at FIU which is seeking participants who are Hispanic/Latino, Male, age 18 to 34, and diagnosed with HIV. Flyers, in English and Spanish, promoting the study were available at the meeting (copies on file).

X. Next Meeting

Ms. Iglesias announced the next meeting is October 11, 2019 at the United Way.

XI. Adjournment

Ms. Gallo adjourned the meeting at 10:59 a.m.