

Motion to approve the agenda as presented.

Moved: Miguel Puente

Seconded: Eddie Orozco

Motion: Passed

IV. Floor Open to the Public

Dr. Zayas opened the floor to the public with the following statement:

“During the 2013 session, the Florida Legislature passed Senate Bill 50 which requires states, county and municipal boards to provide members of the public a ‘reasonable opportunity to be heard’ on items and matters before the board.

On items that are on today’s agenda, members of the public have an opportunity to be heard concerning each of the items. 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.”

The floor was opened to the public. There were no comments, questions, or concerns.

V. Review and Approve Minutes of January 13, 2017

Members reviewed the January 13, 2017 minutes. There were no changes.

Motion to approve the minutes of January 13, 2017 as presented.

Moved: Miguel Puente

Seconded: Mila Dedans

Motion: Passed

VI. Membership

Elizabeth Ross

New Committee Applicants

There are four new committee applicants: Lileaus Hill, Nicola Kemmerer, James Powell and Robert Troy, PhD.

Each applicant introduced him/herself to the committee.

Motion to accept Lileaus Hill, Nicola Kemmerer, James Powell and Dr. Robert Troy as members of the committee.

Moved: Carla Valle-Schwenk

Seconded: Karen Hilton

Motion: Passed

Partnership and Committee Vacancy Report

Committee members have a copy of the Partnership and Committees Vacancy Report for February (copy on file), which outlines the remaining vacancies on all standing committees, the Medical Care Subcommittee and the Partnership. There are seven vacancies remaining on the Partnership, of which two are designated seats for People Living With HIV/AIDS (PLWHA).

Since the committee accepted four new members, there is now only one vacancy remaining on the Strategic Planning Committee.

Ms. Ross stated that she and South Florida AIDS Network (SFAN) are working together to identify a prospective committee member representing SFAN.

VII. Standing Business

- **Ryan White Part A/MAI Program Update**

Carla Valle-Schwenk

Carla Valle-Schwenk reviewed the Ryan White Part A/MAI Expenditure Report for FY 2016 as of January 30, 2016 (copy on file). This report includes year-to-date paid reimbursements for FY 2016 Part A service months up to December 2016, as of January 30, 2017. Pending Part A reimbursement requests that have been received and are in process total \$1,524,084.69. This report reflects reimbursement requests that were due by January 20, 2017. January 2017 invoices are due by February 20, 2017.

Ryan White Grant Award	Allocation	Total Expenditures as of Date	% of Total Expenditures for direct services
Part A	\$24,723,321	\$17,442,234.46	70.55%
MAI	\$2,736,895	\$2,177,731.79	79.57%

The Partnership approved the sweeps proposed at the most recent Care and Treatment Committee meeting. The County has issued notices of sweep award; Ryan White Program service providers will have until the end of February to submit contract amendments.

The Office of Management and Budget-Grants Coordination (OMB-GC) is processing reimbursement requests.

At the January 24th Ryan White Service Provider Forum, providers were informed of new and upcoming changes to service delivery guidelines and billing protocols.

OMB-GC has conducted nine site visits at provider agencies and intends to complete site visits before the end of the Fiscal Year.

- **Partnership Report** Brian O'Donnell

Mr. O'Donnell reviewed the January 9, 2017 Partnership Report (copy on file). Ms. Valle-Schwenk stated that although the Partnership approved the Care and Treatment Committee's motion to *request a review of the food stamp limit in determining eligibility for food bank services, and to consider raising the limitation threshold to more than \$100 in food stamps in order for a client to be eligible to receive food bank services*, the Care and Treatment Committee will revisit this motion at its next meeting.

VIII. New Business

- **Retention in Care Workgroup Facilitated Discussion** All

Sarah Kenneally, the chair of the Retention in Care Workgroup, referenced the January 17, 2017 Retention in Care Workgroup minutes to discuss the purpose of today's facilitated discussion on retention in care specific activities listed in the Integrated Plan for HIV/AIDS Prevention and Care. At its December 2016 meeting, the workgroup requested that the Strategic Planning Committee combine its February 10, 2017 meeting with the Retention in Care Workgroup. The committee approved the workgroup's request at its January 13, 2017 meeting and has specifically requested to discuss with the committee Integrated Plan activities R1.1a, DR1.1a and DR1.2a. Ms. Kenneally stated that this agenda item is to be discussed for only one hour so it is imperative that the committee use its time wisely to review the data and then have a productive discussion on developing actionable steps to address any identified challenges to retain clients in the Ryan White Program.

Ms. Kenneally designated 20 minutes for discussion of each Integrated Plan activity.

Activity R1.1a: By December 31, 2017, identify People Living With HIV/AIDS (PLWHA) demographic background factors associated with dropping out of Ryan White Program OMC (Outpatient Medical Care), and track retention annually thereafter.

Petra Brock-Getz reviewed *Comparing the Demographic Characteristics of the Various Categories of Clients in Ryan White Care* (copy on file). Ms. Brock-Getz stated that these were the data that were presented to the Retention in Care Workgroup at its March 15, 2016 meeting. Essentially, the data do not show any significant population or demographic factors associated with the likelihood of dropping out of care. However, African American males, the younger client population and clients in a single-person household are more likely to drop out of care.

Ms. Brock-Getz stated that the data presented are not the most recent data possible, because year-end data changes are still underway for FY 2016-2017. She intends to present data from FY 2016-2017 to the Integrated Plan Review Team at its April 17, 2017 meeting.

Ms. Kenneally stated that with the information provided by Ms. Brock-Getz, activity R1.1a would be considered essentially completed. Ms. Brock-Getz stated that once she provides the updated data to the Integrated Plan Review Team, the activity will be considered fully completed.

Ms. Kenneally will ask the Retention in Care Workgroup if it wishes to proceed to activity R1.1b of the Integrated Plan.

Activity DR1.1a: By December 31, 2017, (1) determine best practices of Part A/MAI agencies with higher than average PLWHA retention rates for Black/African American males and (2) risk factors contributing to low Black/African American male PLWHA retention rates.

Activity DR2.1a: By December 31, 2017, (1) determine best practices of Part A/MAI agencies with higher than average PLWHA retention rates for Black/African American females and (2) risk factors contributing to low Black/African American female PLWHA retention rates.

Ms. Brock-Getz reviewed the *Disparities in Retention in Care Rates Among FY 25 Ryan White Program Black/African American Clients by Medical Case Management Agency* (copy on file).

Dr. Ladner highlighted the top five and bottom five agencies listed in the *Disparities in Retention in Care* data sheet and asked committee members to share successes and challenges with retaining in care Black/African American males and females.

Karen Hilton stated that the University of Miami's Comprehensive AIDS Program (UM-CAP) has had success with retaining in care Black/African American males but has been having challenges with retaining Black/African American females. UM-CAP makes great efforts to follow up with its female patients. UM-CAP's female PLWHA patients tend to drop-in for services rather than adhere to appointments.

Tabitha Hunter stated that Community Health of South Florida (CHI) has had difficulty with African American males because of incarceration. CHI has seen its greatest success with retaining clients in care when CHI's case managers have established rapport and a relationship with their clients. Ms. Hunter also stated that success also occurs when the case managers are attentive to the clients' needs and are actively listening to the clients' concerns.

Dr. Ladner stated that BSR will contact the bottom five agencies to find out what types of programmatic or personnel challenges they are experiencing that may be contributing to the below-average Ryan White Program client retention rates.

The committee suggested that BSR and the Ryan White Program should consider the following when assessing the low performing agencies:

1. Client caseload per agency
2. Medical case managers turnover rate
3. Demographics of the medical case managers and clients served at each agency
4. Compatibility or ethnic/cultural likeness of clients with their medical case managers
5. Determine whether or not the top five and bottom five agencies are located in urban or rural areas

Dr. Ladner responded that presently BSR is working on a medical case manager case load analysis.

The committee asked that an update on the aforementioned topics be provided at the March 10th meeting.

Ms. Kenneally asked committee members what they thought of the first joint meeting with the Retention in Care Workgroup. Committee members thought that having the full committee and workgroup members present provided a richer discussion and encouraged constructive actionable next steps to address retention in care issues. Members recommended maintaining good facilitation practices for the joint meetings to ensure productive discussion.

Ms. Kenneally reported that the workgroup, at its next meeting, will discuss today's joint meeting and decide how it wishes to proceed.

▪ **Facilitated Discussion on Mental Health Service Utilization & Its Impact on RIC**

Ms. Brock-Getz reviewed the *Effects of Mental Health Therapy/Counseling on Client Outcomes* (copy on file).

Overall, Ryan White Program clients who engage in mental health services are more likely to be retained in care.

Ms. Brock-Getz asked committee members if they knew of any reasons why Ryan White Program clients may not be accessing Ryan White Program mental health services. Committee members responded with the following:

1. Women in crisis may be fearful of the risk of losing their child(ren).
2. Clients may not want to schedule multiple appointments. Ms. Hilton suggested that 1) upon intake, the Ryan White Program providers should consider including a comprehensive eligibility screening of clients and 2) providers, who have the capacity, should implement a drop-in approach in which a client who may be enrolling for medical case management or medical care can be seen by a mental health therapist if he/she has been identified as depressed or in need of mental health services.

As a result, the committee suggested that the Ryan White Program consider modifying its client intake approach to follow the primary care/behavioral health integrated model. Rick Siclari stated that Care Resource Broward has implemented this model, which requires Care Resource to routinely assess every Ryan White Program client for medical and behavioral health needs at intake. Ms. Valle-Schwenk suggested that BSR staff contact Care Resource to ask if a representative can present at the next committee meeting, if feasible, on how Care Resource has implemented the primary care and behavioral health approach and Care Resource's client health outcomes after implementing this integrated approach. Ms. Valle-Schwenk also stated that after the committee hears Care Resource's presentation, the committee should discuss the feasibility of developing a local pilot integrating Care Resource's primary care and behavioral health approach, monitor the pilot for a period of time, then determine if the practice should and can be implemented at each Ryan White Program provider agency in Miami-Dade County.

Mila Dedans stated that South Florida AIDS Network also practices a similar integrated approach.

Lina Castellanos suggested that BSR determine if Ryan White Program agencies are in need of mental health training for their front office staff and medical case managers. Ms. Castellanos stated that South Florida Behavioral Health Network can provide free mental health training to Ryan White Program agencies.

▪ **Available Mental Health Programs and Resources**

Lina Castellanos

Ms. Castellanos referenced the *Consumer and Family Manual of Resources* that South Florida Behavioral Health Network publishes each year. Ms. Castellanos informed the committee that if anyone had any questions about the available mental health programs in Miami-Dade County, he/she should contact Pamela Ford, Peer Services Manager at South Florida Behavioral Network. Ms. Ford's email address is pford@sfbhn.org and her phone number is 305-858-3335 ext. 7472.

Ms. Ross stated that she will email Ms. Ford's contact information to committee members.

Ms. Valle-Schwenk suggested that once South Florida Behavioral Health Network publishes the latest *Consumer and Family Manual of Resources*, BSR staff should post it on AIDSNET.

▪ **List of Available Ryan White Program Data**

Petra Brock-Getz

Ms. Brock-Getz and Dr. Ladner referenced the Comprehensive Health Assessment, Client Registration/Eligibility, RSR and Financial Assessment screens of the Service Delivery Information System (SDIS) (copies on file). Ms. Brock-Getz stated that the aforementioned assessments are used by the medical case managers to document client information, including client demographics.

▪ **Setting of Agenda for March 10th**

All

Ms. Ross reviewed the *Agenda Topics to be Discussed in Year 2017* (copy on file). Committee members agreed to add to the March meeting agenda the following:

1. The Retention in Care Workgroup activities that it wishes to discuss with the committee.
2. Follow up on the committee's request regarding the committee's earlier discussion on mental health.
3. Rescheduling of cancelled meetings.

IX. Announcements

Ms. Ross announced that the Florida Department of Health in Miami-Dade County is hosting a Men who have Sex with Men (MSM) Collaborative Meeting on February 16th at 1:30 PM at the health department office located at 2515 West Flagler Street, Miami, Florida. High-impact program funded agencies are required to attend the MSM Collaborative Meeting. This meeting is an opportunity for organizations interested in outreach efforts at Winter Party and PRIDE weekend. For more information contact Sarah Kenneally at sarah.kenneally@flhealth.gov.

Dr. Ladner reviewed the *New Clients in Ryan White Care for November 2016* (copy on file).

Ms. Ross highlighted changes to the February and March Partnership calendars (copies on file).

X. Next Meeting

The next meeting is Friday, March 10, 2017 at United Way Ansin Building in Conference Room A.

XI. Adjournment

Motion to adjourn the meeting.

Moved: Lina Castellanos

Seconded: Miguel Puente

Motion: Passed

The meeting was adjourned at 12:16 P.M.