



Strategic Planning Committee's Retention in Care Workgroup
Behavioral Science Research
2121 Ponce de Leon Blvd., Suite 230
January 17, 2017

#	Committee Members	Present	Absent
1	Gallardo, Enrique	X	
2	Gallo, Giselle	X	
3	Hill, Lileaus	X	
4	Hilton, Karen	X	
5	Hunter, Tabitha		X
6	Kenneally, Sarah	X	
7	Neff, Travis	X	
8	Powell, James	X	
9	Puente, Miguel	X	
	Ex-officio		
1	Valle-Schwenk, Carla	X	
Quorum = 4			

Guests	
Erbstein, Silvana	
Velasquez, Yuri	
Williams, Stephen	
Zayas, Matilde	
Staff	
Brock-Getz, Petra	Sastre, Francisco
Ladner, Robert	
Llarena, Karla	
Ross, Elizabeth	

I. Call to Order/Introductions

The chair, Sarah Kenneally, called the meeting to order at 10:05 A.M. She welcomed everyone and asked for introductions.

II. Resource Persons

Ms. Kenneally indicated Behavioral Science Research (BSR) staff as resource individuals. Elizabeth Ross reminded members that the workgroup meetings are recorded and the recordings are available to the public.

III. Review/Approve Agenda

The workgroup reviewed the agenda. There were no changes.

Motion to accept the agenda as presented.

Moved: James Powell Seconded: Lileaus Hill Motion: Passed

IV. Review/Approve Minutes of December 13, 2016

The committee reviewed the minutes of December 13, 2016.

Motion to accept the minutes of December 13, 2016 as presented.

Moved: Miguel Puente Seconded: James Powell Motion: Passed

V. Floor Open to the Public

Ms. Kenneally opened the floor to the public with the following statement:

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.

There were no comments from the public. Ms. Kenneally closed the floor for public comment.

VI. Standing Business

- *RIC-related activities to be discussed at February 10th SPC meeting* *Robert Ladner*

Robert Ladner, PhD, reported that at the last workgroup meeting, members agreed to request that the Strategic Planning Committee combine its February 10, 2017 meeting with the Retention in Care Workgroup meeting to designate time for the committee to discuss retention in care issues. The workgroup specifically recommended that the committee discuss retention in care activities outlined in the Miami-Dade County Integrated Plan for HIV/AIDS Prevention and Care (Integrated Plan).

Dr. Ladner reviewed seven activities in the Retention in Care section of NHAS Goal #2 and NHAS Goal #3 of the Integrated Plan (copy on file).

The seven activities that Dr. Ladner reviewed are listed below:

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

R1.1b: By December 31, 2017, develop, test and implement assessment measurements of HIV-related co-morbidities and acuity levels associated with dropping out of Ryan White Program OMC, and track and refine measurements in subsequent years.

R1.2a: By December 31, 2017, identify OMC providers with outstanding retention in care rates, independent of client demographics, co-morbidities or special need characteristics. Determine best program practices.

R1.3d: Identify at least one program-based Retention in Care Quality Improvement Opportunity per year (identify, pilot-test, evaluate, implement improvement).

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.

DR1.2a: 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 African female PLWHA retention rates.

DR1.3a: By December 31, 2017, (1) determine best practices of Part A/MAI agencies with higher than average PLWHA retention rates for Hispanics under 25 years of age and (2) risk factors contributing to low young Hispanic PLWHA retention rates.

Dr. Ladner asked the workgroup how it would like to review best practices of Part A/MAI agencies when the Partnership is not allowed to review data that reveals agencies' name.

Carla Valle-Schwenk explained that as the Ryan White Program grantee, the Office of Management and Budget-Grants Coordination (OMB-GC) has the responsibility to review agency-specific data. The Partnership's responsibility is not to evaluate specific agencies but to provide recommendations on behalf of the community to the Ryan White Program. Ms. Valle-Schwenk further stated that if the agencies' best practice requires disclosure of the agency's name then the agency name will be revealed.

Enrique Gallardo suggested that the workgroup and Strategic Planning Committee review the definition of "lost to care" to determine if the Ryan White Program can prevent current clients from being lost to care.

Ms. Valle-Schwenk suggested that the workgroup and Strategic Planning Committee review best practices of agencies that have high retention in care rates for special populations outlined in the Integrated Plan.

Travis Neff asked for an update on the workgroup's previous request to have the top five and bottom five Ryan White provider agencies who are performing the best and worst with retaining Ryan White clients in care. Ms. Ross explained that at its last meeting, the workgroup began discussion on potential discussion topics for the joint Strategic Planning Committee and Retention in Care Workgroup meeting in February so no decision was made about the top and bottom five provider agencies.

Ms. Ross informed the workgroup that the Strategic Planning Committee has other agenda items and that the workgroup will only have one hour to discuss and make recommendations on the retention in care specific activities. The workgroup had to decide which of the seven activities it would like discussed at the Strategic Planning Committee meeting. Ms. Ross emphasized that the committee and workgroup will need to make recommendations or take action on the activities that will be discussed.

Mr. Neff asked that the top five and bottom five Ryan White provider agencies (blinded), who are performing the best and the worst with retaining Ryan White clients in care, be on the February 10th Strategic Planning Committee meeting agenda.

Ms. Valle-Schwenk suggested that BSR also include data that the workgroup has reviewed in the last year and a half that showed factors impacting retention in care rates. Ms. Valle-Schwenk thought that activity R1.1a should also be discussed. Dr. Ladner and Petra Brock-Getz stated that the data for activity R1.1a is not complete and may not be accurate. Ms. Valle-Schwenk responded that the data reports given to the workgroup in the past should suffice.

After discussion, the workgroup decided to focus on retention in care activities R1.1a, DR1.1a and DR1.2a.

Motion that the workgroup host discussion on Integrated Plan activities R1.1a, DR1.1a and DR1.2a at the February 10th Strategic Planning Committee meeting.

Moved: Travis Neff

Seconded: Miguel Puente

Motion: Passed

Ms. Brock-Getz stated that BSR staff will distribute the data that will be presented to the Strategic Planning Committee ahead of the meeting. She encouraged members to review it once they receive it.

Stephen Williams asked if the Strategic Planning Committee is reviewing housing needs or homelessness as factors to address in order to retain clients in care. Dr. Ladner responded that the Strategic Planning Committee is using the Integrated Plan as its framework for addressing retention in care. The Integrated Plan is focusing on how to improve the administration of medical treatment in order to retain more clients in care. Dr. Ladner also stated that the Integrated Plan may require the committee to review analyses of

agencies who offer comprehensive services, including housing assistance, to determine if such agencies have higher retention in care rates than agencies who do not offer comprehensive services.

VII. New Business

- *Need to have a February meeting?* *All*

Karen Hilton asked workgroup members if they would like to keep its February 21st meeting scheduled.

The workgroup agreed to keep its scheduled February meeting so that the workgroup can discuss the February 10th combined workgroup and committee meeting. The workgroup should also discuss what was effective about having the joint meeting, what can be improved about the joint meeting and the joint meeting's productivity.

VIII. Announcements

Giselle Gallo announced that Catalyst Miami will be hosting a health fair on January 29th from 9:00 A.M. to 2:00 P.M. at the Harris Field in Homestead, Florida. Ms. Gallo stated that she will send Ms. Ross the flyer for the event to be distributed to the community.

Ms. Ross highlighted changes to the January and February Partnership calendars (copies on file). Francisco Sastre, PhD, gave a description of the Linkage to Care Team, which is meeting on January 31st. Ms. Valle-Schwenk asked BSR staff to make a note on the Partnership calendars for Quality Management trainings and meetings so members of the community do not confuse such meetings and trainings with Partnership related meetings and trainings.

IX. Next Meeting

The next meeting is Tuesday, February 21, 2017 at Behavioral Science Research.

X. Adjournment

The meeting was adjourned at 11:40 A.M.