



Strategic Planning Committee’s Retention in Care Workgroup
Behavioral Science Research
2121 Ponce de Leon Blvd., Suite 230
February 21, 2017

Approved May 16, 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	
Conley, Rokecia	
Orozco, Eddie	
Williams, Stephen	
Staff	
Brock-Getz, Petra	Sastre, Francisco
Ladner, Robert	Singh, Hardeep
Levy, Mireille	
Ross, Elizabeth	

I. Call to Order/Introductions

The chair, Sarah Kenneally, called the meeting to order at 10:03 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: Miguel Puente Seconded: Giselle Gallo Motion: Passed

IV. Review/Approve Minutes of January 17, 2017

The committee reviewed the minutes of January 17, 2017.

Motion to accept the minutes of January 17, 2017 as presented.

Moved: Miguel Puente Seconded: Giselle Gallo 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

There was no standing business.

VII. New Business

- *Discussion on Joint Meeting with the Strategic Planning Committee* *All*

Ms. Kenneally reported that the Strategic Planning Committee and the Retention in Care Workgroup convened its first joint meeting on February 10th. Overall, the Strategic Planning Committee thought that the joint meeting was productive and the committee would like to continue joint meetings with the workgroup.

Ms. Ross reported that two of the Retention in Care Workgroup members, Lileaus Hill and James Powell, were accepted as new members of the Strategic Planning Committee leaving only two workgroup members not represented on the committee.

Robert Ladner commented that he thought the committee meeting was productive and that committee members fully considered the data and provided constructive and reasonable action steps.

Overall, workgroup members thought that convening joint meetings with the Strategic Planning Committee is a good idea, but the workgroup would like to continue its meetings until its term expires in July. The workgroup thinks the remainder of the workgroup's term can be used for the workgroup to refine talking points that will be discussed at the joint Strategic Planning Committee meetings.

- *Next Steps (activity R1.1b and mental health activities)* *All*

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

During FY 25, of the 9,671 Ryan White Program clients served, 13.9% had missing retention in care data (no references either to an OMC visit or a viral load lab report in the patient file), and of the total 2,912 Black/African American Ryan White Program clients served, 16.8% of them had missing retention in care data in the Service Delivery Information System (SDIS).

The Quality Management Team at BSR and the Ryan White Part A/MAI Program grantee provided significant assistance to the Part A/MAI providers to ensure that viral load data is uploaded to SDIS. As a result, the Ryan White Program's missing viral load percentage has decreased from 14.1% to 6.1%. Ms. Brock-Getz referenced the *Missing Viral Load Analysis by Site 2016-2017* (copy on file).

Additionally, the Ryan White Program grantee has issued a new policy requiring that medical case management agencies input clients' viral load data into SDIS in order to receive Ryan White Part A reimbursement for medical case management. The Ryan White Program notified all of the program agencies of this policy six months ago.

Ms. Brock-Getz stated that she will inform the Strategic Planning Committee next month that the last presented data on disparities in retention in care is old and BSR provided technical assistance to those agencies that had the highest percentage of missing viral load data. Ms. Brock-Getz will give the committee updated (Fiscal Year 26) data on disparities in retention in care at its May meeting so that BSR and the committee can move forward on the recommendations that the committee provided on February 10th.

Ms. Kenneally reminded members of the three Integrated Plan activities that were discussed at the Strategic Planning Committee meeting. They were:

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

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 American female PLWHA retention rates.

Now that Ms. Brock-Getz has provided data on activity R1.1a to the Strategic Planning Committee, Ms. Kenneally suggested that the workgroup request that Ms. Brock-Getz progress to Integrated Plan activity R1.1b.

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 Outpatient Medical Care, and track and refine measurements in subsequent years.

Ms. Brock-Getz gave a presentation on *Ryan White Program FY 25 Co-Morbid Complexity Factors* (copy on file). Overall, special populations like African Americans, Haitians, MSM, Hispanics, substance abusers, women of child bearing age (15-44) and younger (less than age 25) Hispanics tend to have more complexity factors.

Dr. Ladner clarified the *incidence of co-morbid complexity factors among special needs populations* table in the presentation and highlighted that mental illness and substance abuse were the two leading complexity factors that were associated with Ryan White Program special populations dropping out of care.

Ms. Ross reminded the workgroup that members must consider Ms. Brock-Getz's data to address Integrated Plan activity R1.1b.

Dr. Ladner stated that R1.1b includes acuity levels. Acuity levels are not yet available.

Members discussed the purpose of activity R1.1b and decided that it would like to focus on mental illness and substance abuse as the two co-morbidities to review and refine assessment measurements. The intention of completing this activity would be to accurately capture how these co-morbidities are being measured to assess the Ryan White Program's ability to retain in care clients who are substance abusers or have a mental illness.

Ms. Brock-Getz agreed to present to the Strategic Planning Committee at its March 10th meeting the FY 26 data of the *incidence of co-morbid complexity factors among special need populations* with focus on

mental illness and substance abuse. This table should assist the committee with discussing refinement of measurements used for substance abuse and mental illness so that the Ryan White Program can best identify those who are not being retained in care. The workgroup also suggested that BSR complete an analysis on the impact that complexity factors have on retention in care rates and viral load.

Ms. Kenneally suggested adding incarceration as a complexity factor. The workgroup agreed to request that the Strategic Planning Committee discuss the feasibility of adding questions in the Comprehensive Health Assessment about incarceration of clients.

The workgroup requested that BSR staff distribute the data to committee and workgroup members ahead of the March 10th Strategic Planning Committee meeting to allow members time to review the data. Ms. Ross responded that she will follow up with members as she did for the last committee meeting.

- *Joint Committee Meeting Again?* *All*

Workgroup members thought convening joint meetings with the Strategic Planning Committee is a good idea, but the workgroup would like to continue its meetings until its term expires in July. The workgroup thinks the remainder of the workgroup's term can be used for the workgroup to refine talking points that will be discussed at the joint Strategic Planning Committee meetings.

VIII. Announcements

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

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

Ms. Ross announced that her last day with BSR is March 10th and Hardeep Singh will be replacing her.

IX. Next Meeting

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

X. Adjournment

The meeting was adjourned at 11:45 A.M.

Motion to adjourn.

Moved: Miguel Puente

Seconded: Karen Hilton

Motion: Passed