



**Care and Treatment Committee’s Retention in Care Workgroup Meeting
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 230
January 19, 2016**

Approved March 15, 2016

#	Committee Members	Present	Absent
1	Gallardo, Enrique	x	
2	Hill, Lileaus	x	
3	Hunter, Tabitha	x	
4	Jardon, Thomas		x
5	Kenneally, Sarah	x	
6	Orozco, Eddie		x
7	Pietrogallo, Thomas	x	
8	Puente, Miguel		x
9	Powell, James	x	
	Ex-officio		
	Valle-Schwenk, Carla		x
Quorum = 4			

Guests	
Connie Reese	
Judith Popkin	
Karen Hilton	
Staff	
Brock-Getz, Petra	Sastre, Francisco
Hernandez, Marlen	
Jones-Gonzalez, Peggy	
Martinez, Susy	

I. Call to Order/Introductions

Thomas Pietrogallo volunteered to chair the meeting. He called the meeting to order at 10:03 a.m. He welcomed everyone and asked for introductions.

II. Resource Persons

Mr. Pietrogallo indicated Behavioral Science Research (BSR) staff as resource individuals.

III. Review/Approve Agenda

The committee reviewed the agenda and accepted it as presented.

Motion to accept the agenda as presented.

Moved: James Powell

Seconded: Lileus Hill

Motion: Passed

IV. Review/Approve Minutes of December 15, 2015

The committee reviewed the minutes of December 15, 2015 and accepted them as presented.

Motion to accept the minutes of December 15, 2015 as presented.

Moved: James Powell

Seconded: Lileus Hill

Motion: Passed

V. Floor Open to the Public

Mr. Pietrogallo 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.

VI. Standing Business

▪ *Update to In Care Analysis*

Petra Brock-Getz

Petra Brock-Getz reviewed utilization behavior data using the HRSA 24-month definition of retained in care, and a modified 12-month definition of in care (copy on file). Based on HRSA definition of the 8,483 eligible clients, 1,643 (19.4%) were retained in care. There are various reasons for the client figures being low, including use of other payor sources including insurance, Medicaid, and Medicare. Using a modified definition of “in care,” of 9,453 eligible clients, 5,258 (55.6%) were retained in care. This higher figure is derived from the use of labs, insurance status and other proxies. The next steps are to examine the last three categories of in care – clients lost to care, returned to care and established but not in medical care. A demographic comparison of those clients in care and those not in care will be made to see if there are any trends as to what makes a client stay in care. It was suggest that a breakdown by agency may be helpful.

The Department of Health may be willing to do data sharing for those clients who have missing data in Part A. Ms. Kenneally will check the viability of sharing.

▪ *Continuum of Care*

Francisco Sastre

Francisco Sastre presented information on the continuum of care comparing Miami-Dade County data with the local Ryan White program data (copies on file). The treatment cascade measures the numbers of diagnosed clients, those linked to care, those retained in care, those on ART and those who have VL suppression. In reviewing the data, there are small differences between FDOH and RWP in the linked to care totals, with the DOH reporting 85% and the Ryan White program reporting 82%. The figures would indicate that the Ryan White program is doing slightly better on the other three measures. Data for the state and US were also reviewed, and the Ryan White program appears to be doing better than the state and national averages.

VII. New Business

▪ *Integrated Plan Input*

Francisco Sastre

Dr. Sastre reviewed the integrated plan goals and objectives (copy on file). The workgroup was requested to provide feedback on goals. It was suggested to add “at least” before 85% on objective one. Other replies included:

LINKED TO CARE

- Link to care at same location/time as preliminary HIV test results provided, using mobile vans. For example, a peer can be contracted to come to the van or outreach worker meets the client to take to the doctor.
- Make access easier for clients
- Outreach worker makes introduction to peers-personalize service
- Research best practice models
- Outreach needs to do home visits
- DOH needs to be sensitive to client expressed needs when testing is done, e.g. client wants to go to other agency but is referred an agency they don't want to go to.

- There should be no wrong door to service; system should facilitate your access to services
- At some agencies labs are drawn the same day as positive results received

RETENTION IN CARE

- Incentivize services, benefits of other services (note however, HRSA prohibition against incentives to encourage clients to enroll in funded services)
- Increase communication-phone access, allow providers to text clients
- Provide transportation access
- Enhance data sharing agreements
- Provide “good services”
- Reduce barriers to getting help, e.g. ID need (but DMV provides free ID to clients who have food stamp card)
- Cultural sensitivity for office staff whether or not on Part A contracts since they come into contact with clients.
- Reduce structural barriers to accessing services e.g. Barrier: three security checks to access psychiatrist at a location

VIII. Announcements

Ms. Hernandez reviewed the new to care reports for December; flyer for CDC campaign seeking transwoman of color living with HIV, and February and March calendars (copies on file).

IX. Next Meeting

The next meeting is Tuesday, February 16, 2016 at Behavioral Science Research.

X. Adjournment

Motion to adjourn.

Moved: Lileus Hill

Second: Sarah Kenneally

Motion: Passed

Mr. Pietrogallo adjourned the meeting at 11:16 a.m.