



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

*Approved May 17, 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	
	<b>Ex-officio</b>		
	Valle-Schwenk, Carla	x	
<b>Quorum = 4</b>			

Guests	
Stephen Williams	
Staff	
Brock-Getz, Petra	Llarena, Karla
Hernandez, Marlen	Martinez, Susy
Jones-Gonzalez, Peggy	Sastre, Francisco
Ladner, Robert	Sergi, Sandra

**I. Call to Order/Introductions**

Thomas Pietrogallo volunteered to chair the meeting since the chair was running late. He called the meeting to order at 10:11 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: Miguel Puente**

**Motion: Passed**

**IV. Review/Approve Minutes of March 15, 2016**

The committee reviewed the minutes of March 15, 2016 and accepted them as presented.

**Motion to accept the minutes of January 19, 2016 as presented.**

**Moved: Miguel Puente**

**Seconded: James Powell**

**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*

*Dr. Robert Ladner*

Robert Ladner reviewed the update to the in care analysis (copy on file). The document places the lost to care figures in perspective. For example, in FY 14-15 of the 9,655 clients served 1,891 did not receive services of which 362 had their cases closed. The case closures were examined for addressable causes and unavoidable causes. In addition, the analysis was also run for clients only receiving medical case management services and those who missed reassessments.

The workgroup discussed the systemic difficulties that by the time a client is identified as needing follow-up and is referred to outreach they are lost to care. Part of the new integrated plan goals are tighter assessments to reduce the probability of clients falling out of care. Improvements in viral load reporting have improved reported retention of clients. Case managers need to have some kind of contact with clients within 90 days. Tools will be implemented to assist providers in identifying possibly 'lost' clients. Acuity levels may be added to the case management system. It was suggested that possibly contacting clients via social media to have them contact their case management agency.

Peers should be used more to engage clients. As part of a SPNS project, Care Resource had peers train like case managers and they were able to learn new skills. Peers should not be doing clerical work. Peers sometimes have insight into a client's life that the case managers do not have.

Communication is important in engaging clients. There are free phones that are available to clients and maybe these can be used to communicate with clients. Time on the free phones is limited.

Additional data elements need to be examined before suggesting solutions. Part of work plan goals will examine other payer sources, what other details are known about clients, housing status, agency specifics, and demographic differences.

Some predictors for dropping out are mental health issues. FHQCs use the PHQ-9 questionnaire to assess depression in new clients; the PHQ-9 is effective and short. All clients are given the test and changes over time can be tracked. The results are reviewed by licensed psychologist but clinical staff can administer the PHQ-9. The PHQ-9 is the basis for a depression measure used by BSR in the Client Satisfaction and Text Intervention studies, but the County is concerned that without an adequate clinical protocol in place, a non-clinical person administering the scale may not know what to do if a client is significantly depressed or potentially suicidal. Such a protocol will need to be developed before the County is comfortable with the PHQ-9 as a research tool or a uniform assessment.

- *Selected Topics: New and Established Clients*

*Francisco Sastre*

Francisco Sastre indicated there was no update to provide at this time since the focus has shifted to those "not in care".

## **VII. New Business**

### ▪ *Final Report Discussions*

Marlen Hernandez reviewed the draft final report (copy on file). The workgroup's one year term will end in June. The objectives, purpose, accomplishments, goals, and recommendations were reviewed.

### ▪ *Integration Under Strategic Planning*

Ms. Hernandez indicated that since much of the work of the new Integrated Plan revolves around retention in care, that as part of the recommendations in the final report, it would make sense to shift the reporting for the Retention in Care committee to the Strategic Planning Committee rather than Care and Treatment. The structure and leadership of the workgroup would remain the same. It was suggested to add some of the items the group wanted to do from the provider vs. client perspective discussion last year. The presentation will be updated and presented for review next month.

## **VIII. Announcements**

Ms. Hernandez reviewed the new to care reports for March, fliers for the needs assessment and consumer input sessions, and May and June calendars (copies on file). Ms. Hernandez indicated that the Medical Care Subcommittee meeting on Friday, April 22 had been cancelled.

## **IX. Next Meeting**

The next meeting is Tuesday, May 17, 2016 at Behavioral Science Research.

## **X. Adjournment**

Mr. Jardon adjourned the meeting at 11:39 p.m.