STAY CONNECTED
For Your Health

Retention Specialist Guide
February 2020

Stay Connected Retention Specialist Guide

INTRODUCTION

This guide outlines the role and responsibilities of the Retention Specialist in the *Stay Connected* intervention. The skilled Retention Specialist acts as a bridge between the patient and the HIV clinic by establishing a warm, collaborative relationship with the patient through three (3) face-to-face meetings and telephone calls between appointments. The Retention Specialist is caring and supportive, familiar with the clinic and staff, and knows the resources available to patients. Establishing a good connection with patients will help them stay in care when the Retention Specialist's work with them is finished. The Retention Specialist portion of the *Stay Connected* intervention should be presented to patients who are new or inconsistent attenders, specifically they:

(1) have had less than two visits at least 3 months apart during a given year,
(2) are newly diagnosed with HIV
(3) are not newly diagnosed, have received HIV-related care elsewhere and are new to the clinic, or
(4) are not newly diagnosed but have not previously received HIV-related care.

Note: The role and responsibilities of the Retention Specialist is one part of the broader *Stay Connected* intervention, which also includes training on clinic-wide messaging from non-clinical staff and clinical staff (primary care providers and clinical support staff). See the *Stay Connected* Implementation Guide for more information about the entire intervention.

How to Use This Guide

This guide outlines implementation considerations for Retention Specialists who deliver one-on-one personalized services to patients as part of the *Stay Connected* intervention. It also provides a detailed facilitator's guide for each of the face-to-face meetings and phone/text activities, specifically:

- **Face-to-face meetings**
  - Initial face-to-face meeting
  - Second face-to-face meeting
  - Final face-to-face meeting
- **Phone calls and texts**
  - Interim check-in phone call
    - First phone call, which is made midway between the patient's previous and next clinic appointments
  - Reminder phone calls and texts
    - Phone call to remind patients 7 days prior to clinic appointment

        - Phone call/text to remind patients 24 hours prior to clinic appointment
- **Missed appointment follow-up call 24 hours after missed appointment (if required)**

During the second face-to-face meeting, the Retention Specialist will let patients know the next face-to-face meeting will be the last. If patients do not demonstrate or feel confident that they will continue coming to clinic appointments without support from the Retention Specialist, the Retention Specialist should provide resources and referrals to help them get the support needed to make it to their appointments.

For each face-to-face and phone/text activity described in this guide, the following components are included:

- **Goals**: Describe the intent of the activity. By clarifying the activity goals, Retention Specialists can keep the conversation focused and relevant.
- **Time**: The approximate amount of time it should take to complete the activity.
- **Materials**: Lists all items Retention Specialists will need in advance to accomplish each activity.
- **Important Considerations for this Activity**: Contains necessary background information, common challenges, and effective strategies for the given activity of which Retention Specialists need to be aware.
- **Procedure**: Describes how to accomplish the activity with the patient. Includes detailed step-by-step instructions that are directed at the Retention Specialist's role. Note: These instructions are not to be given to the patients. Items in quotes are examples of possible dialogue that can occur between the Retention Specialist and the patient but should not be treated as a script that must be followed. A more natural conversation between the Retention Specialist and the patient that includes the same points is encouraged.

IMPLEMENTATION CONSIDERATIONS

Clinic Orientation and Training

As with any new staff person at your clinic, it is important to orient the Retention Specialist to clinical and non-clinical team members' roles and responsibilities, clinic policies, and procedures including reporting standards, and other key information about your clinic. The Retention Specialist will attend a 2-day training to build their knowledge and skills to implement the intervention with ease.

Room Set-Up

The room in which the intervention is conducted should be private with a door that can be closed so conversations cannot be heard by people passing by. Rooms created by dividers should not be used, and the room should be available for a minimum of 60 minutes for each session.

It is important to set up the intervention room in a way that is inviting. Suggested set up:

- Two chairs (one for the Retention Specialist and one for the patient) placed face-to-face with a comfortable amount of space in between them
- Posters hung on the wall (*Stay Connected* posters and other appropriate posters/pictures)

Confidentiality

The patient should be made aware of the confidential nature of their records and discussions with the Retention Specialist. The Retention Specialist should make patients aware that what they discuss is confidential within the clinic. A system must be in place to ensure that confidentiality is maintained for all clinic patients. All patients must also be clearly informed of the limits of confidentiality such that it excludes mandatory reporting laws (e.g., danger to self or others, child endangerment, threats against clinic staff, etc.).

Practice Time

Retention Specialists require advance practice time. Practice obtained through the Retention Specialist training should be followed up with individual practice. The Administrator/Champion should schedule time to meet with the Retention Specialist to practice with all materials available. Retention Specialists can rehearse sessions with another staff member who understands the intervention and can give constructive feedback. Retention Specialists should practice often to ensure they are following the procedures for each activity outlined in this guide, ensuring fidelity to the intervention.

Recruiting Patients

Clinic staff will determine a method to screen and recruit patients eligible to participate in the intervention. This can be accomplished by assigning a staff person to review patient charts or electronic medical records (EMRs) and appointment schedules to determine which people with HIV (PWH) are new or inconsistent attenders. This means patients who:

(1) have had less than two visits at least 3 months apart during a given year,

(2) are newly diagnosed with HIV,
(3) are not newly diagnosed, have received HIV-related care elsewhere and are new to the clinic, or,
(4) are not newly diagnosed but have not previously received HIV-related care.

A designated colored sticker can be placed in the patients' charts or an alert/identifier can be placed in patients' EMRs to indicate that they are eligible for the intervention. The review of patient charts and EMRs should be done regularly to identify patients to be recruited.

Delivery of Activities

The Retention Specialist component of *Stay Connected* is comprised of a series of activities conducted face-to-face and via phone/text. A conversational style based on the spirit and method of Motivational Interviewing (MI), rather than checklist communication, allows the intervention to be customized to each patient, and to feel more personal. The amount of time allotted to each activity is flexible and should be adapted to reflect the needs of the patient. Some patients may require more time exploring strategies to overcome barriers than others, and some patients may have limited time away from their jobs or other time restrictions.

During the second face-to-face meeting, the Retention Specialist should let patients know the next face-to-face meeting will be the last. If patients do not demonstrate that they will continue coming to clinic appointments without support from the Retention Specialist, the Retention Specialist should provide resources and referrals needed to help them continue to make their appointments.

Reminder Calls/Texts

Some patients may prefer to receive the 24-hour reminder via text. Retention Specialists should have a way to send texts using a specially designated cell phone or a computer-based texting program (e.g., Google's Mighty Text system). The use of personal cell phones is not recommended.

Taking Notes

The Retention Specialist should take notes during each session to ensure they have a way to review the patients' successes and barriers prior to face-to-face meetings and phone calls. It is important for the Retention Specialist to not be looking down and taking notes the entire time, as it can damage rapport with patients.

Tracking Patients

Clinics need to develop a system for Retention Specialists to keep track of which patients they are seeing and which days to make check-in and reminder calls. If there isn't a system available at the clinic, one can be developed in Excel, Outlook Calendar, or another method of your choice.

Debriefing with the Administrator/Champion and Clinical Supervisor/Champion

The Retention Specialist will meet with the Administrator/Champion on a set schedule to discuss the Retention Specialist's observations and patient needs, facilitation/implementation successes and challenges, and intervention progress. Policies and procedures related to issues that arise during the intervention can also be reviewed at this time. The Retention Specialist will meet with the Clinical Supervisor/Champion to receive support and debrief any patient sessions that the Retention Specialist may have found stressful or difficult. The Clinical Supervisor/Champion may also offer suggestions on how to best respond to patients overwhelmed by stigma or trauma. Clinical supervision can take place weekly but should not occur less often than twice monthly.

Policies and Procedures to Address Issues that Arise During *Stay Connected*

Any issues that arise during the intervention that the Retention Specialist cannot address should be brought to the Administrator/Champion's attention immediately.

Issues that should be brought to the Administrator/Champion's attention may include when patients:

- Become verbally abusive or threaten the Retention Specialist or other clinic staff with violence
- Disclose that they may be a danger to themselves or others
- Disclose personal issues that legally require reporting (e.g., child abuse or neglect)

Other issues that may arise that Retention Specialists should be equipped to deal with include when patients:

- Ask to borrow money, ask for home phone numbers, or other breaches of a professional relationship
- Request information about other patients in the clinic
- Ask for information or referrals that are beyond the scope of the Retention Specialist

FACILITATOR'S GUIDE TO ACTIVITIES AND GOALS

This section provides scripts and step-by-step instructions on how to facilitate *Stay Connected* with patients.

Initial Face-to-Face Meeting

The initial face-to-face meeting will take place before or after patients have an appointment scheduled with a provider at the clinic. The time the Retention Specialist will meet with patients will be determined by the management and administrative staff who establish systems for doing so according to clinic flow. It is likely that the Retention Specialist will need to be flexible about the timing the intervention is offered to patients. For example, if a patient is in the waiting room, the Retention Specialist may ask them to meet while waiting to see the provider. If patients cannot be seen prior to their appointment with the provider, the Retention Specialist can meet with them after their appointment.

Goals

- Create a safe, positive, and comfortable environment so patients fully engage in the relationship-building process
- Establish a warm and trusting relationship with patients to help keep them connected to care
- Help patients identify and address barriers to remaining in care

Time Up to 60 minutes

Materials

- Risk Reduction Screener
- My Plan to Stay Connected

Important Considerations for this Activity

- One of the keys to a successful intervention is establishing rapport in a safe and non-judgmental environment.
- You will use the Retention Risk Screener instrument in this activity
    - The manner in which you use the Retention Risk Screener will have a definite effect on the rapport you establish with the patients, and the amount and quality of information you receive from them.
    - A little effort on your part can transform the Retention Risk Screener from a questionnaire or checklist to a guided conversation in which you uncover barriers that cause patients to miss medical appointments, as well as the reasons, health beliefs, and motivation for attending such appointments.
    - Other problems and obstacles to clinic attendance will also be revealed, such as uncomfortable communication with care providers; lack of organizational skills; limited ability to solve problems; attitudes about healthcare, the clinic, and the providers; and barriers such as substance abuse, mental health disorders, inadequate housing and/or transportation, inability to pay for treatment, and incarceration.
- Once you are finished completing the Retention Risk Screener, you will work with patients to complete My Plan to Stay Connected where they identify their biggest barriers and strategies to overcome them. It is important that both you and the patient have a copy of this document for reference.

Procedure

1. **Give introductions**
    - Welcome the patient using their name.
        - For example: “Hi John. Thank you for coming in today. I’m happy to meet you, and I look forward to working together.”
    - Introduce yourself and your role in the clinic.

    - For example: “I’m Susan, and my job is to help patients keep their clinic appointments in order to stay healthy.”

2. **Give the patient affirmations about coming in for the appointment today**
    - For example:
        - “Thanks for coming in today. It’s good you’re taking an active role in your health."
        - “I know it can be hard to make it to appointments sometimes, so thanks for coming in today.”
        - “I appreciate you coming to today’s appointment. I’m looking forward to getting to know you and working together.”
3. **Ask the patient for permission to have a discussion and review confidentiality clauses**
    - Let patients know why they have been selected to take part in the intervention and refer to the posters they have seen around the clinic.
        - For example: “Did you get a chance to look at the posters hanging up around the clinic? They’re part of a clinic-wide effort to encourage patients to make all their appointments and stay healthy. We noticed that you’ve missed your last few appointments. We can work together to figure out how best to help you make your clinic appointments and remain in care.”
    - Show patients that you respect their time.
        - For example, you can say: “I know you don't have a lot of time, but can we talk while (you're waiting to see your doctor, you're waiting for your prescription to be filled, you're waiting to have your lab work taken)?"
    - To ensure patient sense of safety and confidentiality, clinics should have private rooms where the Retention Specialist can meet with patients to discuss their personal barriers to remaining in care and strategies to overcome those barriers.
    - By virtue of participation in this intervention, patients will be disclosing their HIV serostatus. Clinics must know their state laws regarding disclosure of HIV serostatus to sex partners and drug injection-equipment sharing partners; clinics are obligated to inform patients of the organization’s responsibilities and the organization’s potential duty to warn. Clinics also must inform patients about state laws regarding the reporting of domestic violence, child abuse, sexual abuse of minors, and elder abuse.
4. **Put the patient at ease by getting to know each other**
    - Ask patients to tell you about themselves: what they do (school, work, etc.), what they like to do in their spare time, what they want out of life, etc.
    - Tell the patient, “I want to know about you as a person, not just about your medical history.”
    - If patients mention something important to them (e.g., going to college, getting a promotion, raising children), follow it up with a positive statement about their

future, such as, “It’s great that you want that. We can work together on ways to stay healthy and get the care you need so you can get what you want out of life.”

- Before moving on, ask:
    - “What else do you want me to know about you?”
    - “Do you have any questions for me?”

5. Describe the goal and activities of the intervention

- Let patients know the purpose of the session by saying:
    - “We’re meeting today because I want to get to know you and make sure the clinic is meeting your needs. We care about you and want you to have a positive experience here.”
    - “We can work together to find ways to help you remember your appointments, and to address any other issues that make it difficult for you to remain in care.”
    - “I would like to meet with you each time you come in for an appointment, and I want to keep in touch over the phone in between your appointments. I can help by calling you to remind you of your appointments 1 week before and 1 day before your appointment.”
    - “Good care is a team effort, and you’re the most important player on the team.”
- Tell patients that there will be a total of three face-to-face sessions.

6. Conduct the Retention Risk Screener

- Begin by telling the patient:
    - “In order to give you the best medical care at this clinic, we need to know about the things that help you keep your medical appointments and some of the things that may make it hard for you to keep them. I’d like to ask you some questions that will help us identify any problems or barriers you may have with coming to the clinic.”
- Seek consensus before you start asking questions:
    - “Is that okay? Do you have any questions for me before we begin?”
    - “Feel free to ask me any questions you might have as we talk.”
- Ask for permission to take notes:
    - “I’m going to be taking some notes while we talk to help me remember the things we discussed, alright?”
- Ask the questions outlined in the Retention Risk Screener, taking short notes based on the patient’s response. The questions in the Retention Risk Screener should be used as a guide and incorporated into the conversation.
    - You can fill in more details of what the patient told you after they leave, while it is still fresh in your mind.

Tips for using the Retention Risk Screener:

- Keep your notes as brief as possible and focus on the patient in the manner of a conversation. You can complete the screener after the session.
- Look up from the Retention Risk Screener frequently, make eye contact with the patient, and use a friendly, relaxed tone of voice.
- Remain calm and non-judgmental, regardless of the answers you receive; no one wants to give personal information to someone judgmental.
- Give patients sufficient time to pause, reflect, and consider their answers. Don't interrupt or make them feel that you're in a hurry to get through with business as quickly as possible. The rapport you establish with patients may become a significant factor in their desire to keep appointments and return to the clinic.
- You may want the patient to expand on some answers.
    - Using open-ended questions (questions that begin with who, what, when, and how) will get you more information than asking "why?" which can sound judgmental, and is frequently answered with, "I don't know."
    - You can also get more information by saying, "Tell me more about that."
- Remember that the purpose of the Retention Risk Screener is to gather information that will be used specifically to assess barriers that negatively impact keeping medical appointments, and these will guide you to the areas you will work on with the patient (organization, problem solving, and communication) during future sessions.

7. Introduce My Plan to Stay Connected

- Review the Retention Risk Screener and say, "It looks like the things that get in the way of you keeping your appointments are (review barriers that the patient indicated). Does that sound right?"
- Show the patient My Plan to Stay Connected.
- Tell the patient, "This plan is a place for us to record your challenges with getting to appointments and strategies you can use to overcome them."
- Ask the patient, "From the list of barriers we just reviewed, what are the biggest ones that get in the way of you making it to your appointments?"
- Record each of the barriers the patient identifies in a different row of the first column in the chart ("Reasons for Missing Appointments" column).

8. Discuss strategies to address barriers uncovered in the Retention Risk Screener and make appropriate referrals

- Go through each barrier and ask patients to think about strategies to overcome barriers that will work for their particular situation. For example, say, "It sounds like finding child care can make it difficult to get here. Let's talk about some of the people who might help you with that."
- Have patients identify one strategy that they might use to address each barrier identified. Highlight or circle that strategy.

9. **Make a copy of My Plan to Stay Connected.**
    - Give the original to the patient and keep a copy for your files.
10. **Tell the patient about check-in calls and reminder calls/texts and make note of preferences**
    - Inform patients that you will call them a few times before the next appointment to check in to see how they are doing with what you discussed today.
    - Mention that you will ask how the identified strategies are working for them.
    - Ask, “What should I do if you don’t pick up? Can I leave a message on a machine? What if someone else picks up? What would you prefer that I say?”
    - Make a note of what to do if the patient doesn’t pick up in your files so you can refer to it when you make the calls.
    - Let them know about the reminder calls/texts:
        - You will call one week before the appointment to talk about whether they think they can make it.
        - You will also call or text one day before the appointment to remind them that it is coming up.
    - Ask, “Would you prefer being called or have me send you a text the day before your appointment?”
    - Note their preference so you have it when you need to make those calls/texts.
11. **Close the session**
    - Thank the patient for coming in to meet with you.
    - Tell patients that you will be calling them before the next appointment to:
        - Check in to see how things are going
        - Remind them of the date and time of the upcoming appointment
        - Help problem solve if there are any barriers to keeping the appointment.

Initial Face-to-Face Meeting

Goals:

- Create a safe, positive, and comfortable environment so patients fully engage in the relationship-building process
- Establish a warm and trusting relationship with patients to help keep them connected to care
- Help patients identify and address barriers to remaining in care

1. Give introductions
2. Give the patient affirmations about coming in for the appointment today
3. Ask for permission to have a discussion and review confidentiality clauses
4. Put the patient at ease by getting to know each other
5. Describe the goal and activities of the intervention
6. Conduct the Retention Risk Screener
7. Introduce My Plan to Stay Connected
8. Discuss strategies to address barriers uncovered in the Retention Risk Screener and make appropriate referrals
9. Make a copy of My Plan to Stay Connected
10. Tell the patient about check in calls and reminder calls/texts and make note of preferences
11. Close the session

Retention Risk Screener

Introduce the Retention Risk Screener to patients in the following way:

- "In order to give you the best possible medical care, we need to know about the things that help you keep your medical appointments and some of the things that may make it hard for you to keep them. I am going to ask you some questions that will help us identify any problems or barriers you may have with coming to the clinic."
- "Is that okay? Do you have any questions for me before we begin? Let's get started."
- "I'm going to be taking some notes while we talk to help me remember the things we discussed, alright?"

QUESTION 1 – FACILITATORS TO REMAINING IN CARE

Step 1: Ask the following question:

- "What are some of the things that have helped you keep medical appointments in the past? These could be appointments for any type of medical care including dentist or vision."

Step 2: If needed, provide the following examples to probe the patient:

- **Support from others:** "Which friends or family members remind you to come to the clinic, or drive you to your appointments?"
- **Attitudes or motivations about health care:** "What motivates you to keep doctor appointments? What are your personal beliefs about sickness and wellness? About HIV?"
- **Attitudes about provider or medical center:** "How do you feel about your treatment at this clinic? What kind of relationship do you have with your doctor? What about other people in the clinic?"
- **Having a regular provider:** "Do you see the same doctor or care provider every time you come here?"

Step 3: Write summary of patient's response below

QUESTION 2 – BARRIERS TO REMAINING IN CARE (DISCUSSION)

Step 1: Ask the following question:

- For patients who have **already had HIV-related medical care**, either at this clinic or elsewhere:
  - "What problems or difficulties might cause you to miss your HIV-related medical appointments?"
- For patients who **have not had HIV-related medical care**, new patients:
  - "What problems or difficulties might cause you to miss your medical appointments?"

Step 2: If needed, provide the following examples to probe the patient:

- Lack of support from others
- Logistical problems (e.g., nobody to provide child or elder care, no transportation, work/job)
- Attitudes or motivations about health care, including feelings of stigma about having HIV
- Attitudes about provider or medical center
- Not having a regular provider

Step 3: Use checkboxes below to record problems or difficulties mentioned.

- Record details next to barriers in the checklist.
- If barriers are shared that are not captured in the checklist, note them at the end of the checklist.

Step 4: When the patient finishes answering QUESTION 2, go through ALL checkbox items with the patient to make sure that all potential problems are identified by stating the following:

- For patients who have **already had HIV-related medical care**, either at this clinic or elsewhere:
  - "Please tell me if any of the following are reasons you may have missed an HIV-related medical care appointment in the past."
- For patients who **have not had HIV-related medical care**, new patients:
  - "Please tell me if any of the following are reasons you may have missed a medical care appointment in the past."

Common Reasons for Missing Appointments

- ___ Trouble getting a medical appointment at a time that was convenient for you
- ___ Problems getting someone to answer the phone when you called to schedule a medical appointment
- ___ Problems making appointments for medical care because you did not have a telephone
- ___ Forgot about your medical appointment
- ___ Don't put appointments on calendar
- ___ Life is busy and chaotic so it is difficult to keep appointments
- ___ Something unexpected came up and you missed your medical appointment
- ___ Other needs come before your medical care
- ___ Had trouble talking with your medical provider
- ___ Had bad experiences with medical provider
- ___ Too sick to come to your medical appointment
- ___ Felt well and didn't think you needed to see the doctor
- ___ Felt sad and depressed and didn't want to go to your medical appointment
- ___ Just didn't feel like going to your medical appointment
- ___ Afraid that people might see you coming to this clinic
- ___ Problems arranging child care
- ___ Had to take care of someone else
- ___ Transportation problems
- ___ Didn't have someone to help you get to your medical appointment
- ___ Could not take time off work
- ___ An unexpected event happened that caused you to miss your medical appointment

⎯ You were under the influence of alcohol or drugs and missed your medical appointment

⎯ You were in jail or prison

⎯ Had housing problems or were homeless

⎯ Had payment issues

⎯ Other problem or difficulty (indicate below)

My Plan to Stay Connected

Name: Date:

REASONS FOR MISSING APPOINTMENTS	SOLUTIONS	COMMENTS/NOTES
If I have this problem getting to my medical appointments…	…I will do this	How is this strategy working ?

Retention Barriers and Strategies

This list outlines common barriers that patients experience to engaging in care and strategies that could be implemented to address the barriers.

Barriers	Strategies
Forgetfulness	• Put a reminder on their calendar or an alert in their phone • Determine if there are friends or family members to remind them or help them remember appointments • Write notes with reminders
Location of Services	• Explore services in locations that are more easily accessible by the patient
Transportation	• Determine if there are friends or family members who can take them to appointments • Explore available free transportation programs
Competing Life Activities	• Prioritize health (“I need these services to live a long, healthy life.”) • Reschedule appointments if required
Social Support	• Brainstorm who is in the social support network
Appointment Scheduling	• Ask for support scheduling appointments for times that work for the patient
Clinic Experience	• Suggest talking to the provider about negative experiences at the health center
Symptoms	• Remind patient that keeping appointments are especially important when experiencing symptoms • Ask for help from friends or family during difficult times • Reschedule appointments if the patient is feeling too sick to get to appointments
Issues with Providers	• Suggest switching to a new provider
Insurance	• Help patient apply for Medicaid or other insurance programs
Stigma	• Create an open and inviting environment where patients can feel welcomed, using rapport building and MI skills • Provide messages about how the clinic values the patient (“We all care about your health and want to you be able to live a long, healthy life.”)
Housing	• Obtain a referral to and access to housing services
Mental Illness	• Obtain a referral to and access mental health services
Substance Use	• Obtain a referral to and access substance use services

Midway Check-In Phone Calls

The check-in phone calls will take place in between the appointments that patients have scheduled with providers. The calls will take place midway between the patients' previous and next appointments.

Goals

- Continue to build the relationship with the patient
- Identify and address barriers to remaining in care

Time 10 minutes

Materials

- Notes from the initial face-to-face meeting
- Copy of the patient's My Plan to Stay Connected from the initial face-to-face meeting

Important Considerations for this Activity

- The first phone call should take place midway between the patient's previous and next appointment.
- Review your notes about what the patient wants you to do if the patient does not pick up or someone other than the patient picks up to ensure you respond in the manner the patient indicated that they wanted you to during the initial face-to-face meeting (e.g., leave a message or do not leave a message and try to call back later).
- Review patients' My Plan to Stay Connected from the initial face-to-face meeting about them and their facilitators and barriers to care.

Procedure

1. **Greet the patient**
   - Say hello and reintroduce yourself.
   - Ask the patient how they are doing and if this is a convenient time to talk for a few minutes.
   - Bring up something that you discussed during your last meeting to check in about to personalize the conversation (e.g., How is your dog? Are you feeling better than when I saw you last?).

2. **Continue to build rapport by saying:**
   - "I just wanted to let you know that I've been thinking about you and look forward to seeing you the next time you come into the clinic on (date)."
   - "If you have any questions or concerns between now and then, please feel free to call me."
3. **Discuss barriers that may have come up during the face-to-face meeting and progress on barriers mentioned in the face-to-face sessions**

- Ask about how the patient is doing at addressing barriers to getting to appointments. For example:
    - "How are you doing finding child care for your next appointment?"
- If patients express that they are still struggling with overcoming barriers to getting to the next appointment (e.g., finding child care), you can say something like:
    - "It sounds like finding child care can make it difficult to get here. Let's talk about some of the people who might help you with that."

4. **Confirm whether the patient can make it to their next appointment**
    - Ask patient if they can still make that appointment.
    - Reschedule the appointment if necessary.
5. **End the call by saying:**
    - "I'm looking forward to seeing you and talking about (whatever the patient's focus is)."
    - "I will call you a week before your appointment to check in and remind you of your appointment."
    - "Thanks for taking the time to talk with me today."

7-Day Reminder Phone Call

This phone call will take place 7 days prior to the appointment to remind the patient about the upcoming appointment.

Goals
- Remind the patient of the upcoming appointment at the clinic
- Continue to build the relationship with the patient
- Identify and address barriers to going to the next scheduled appointment

Time 5 minutes

Materials
- Notes from the initial face-to-face meeting

Important Considerations for this Activity
- Review your notes about what the patient wants you to do if the patient does not answer the phone or someone other than the patient answers to ensure you respond in the manner the patient indicated that they wanted you to during the initial face-to-face meeting (e.g., leave a message, try to call back later, etc.).

Procedure

1. **Greet the patient**
   - Say hello, reintroduce yourself, and ask the patient how they are doing.
   - Bring up something that you discussed during your last meeting to check in about to personalize the conversation (e.g., How is your dog? How was the concert you went to? Are you feeling better than when I saw you last?).
2. **Remind the patient of the upcoming appointment**
3. **Ask the patient if they think that they can make the appointment and address barriers, reschedule, and/or make referrals if they cannot make it**
   - If the patient says no, ask:
     - What is getting in the way of going to this appointment?
     - What strategies can be used to overcome barriers?
   - If it seems like the patient cannot keep the appointment, reschedule the appointment for a time the patient thinks they can make it.
   - If the patient requires referrals (e.g., mental health, substance use, etc.), make the appropriate referral.
4. **End the call and tell the patient that you are looking forward to seeing them**

24-Hour Reminder Call/Text

This phone call or text will take place 24 hours prior to the appointment to remind the patient about the upcoming appointment. Confirm whether you will be calling or texting

to remind them 1 day before the appointment. Make a note if they change how they want to be contacted.

Goals

- Remind the patient of the upcoming appointment at the clinic
- Continue to build the relationship with patients; say that you are looking forward to seeing them
- Identify and address barriers to going to the next scheduled appointment (if phone call is preferred)

Time 5 minutes

Materials

- Notes from the initial face-to-face meeting
- Notes from the second face-to-face meeting

Important Considerations for this Activity

- In the initial face-to-face meeting, you and the patient will have established whether they prefer a reminder call or text. During the 7-day reminder call, you will have confirmed how they want to be contacted for this call. Be sure to use the preferred method the patient expressed for the 24-hour reminder call.
- Review your notes about what the patient wants you to do if the patient does not pick up or someone other than the patient picks up to ensure you respond in the manner the patient indicated that they wanted you to during the initial face-to-face meeting (e.g., leave a message, try to call back later, etc.).

Procedure - Phone Call

1. **Greet the patient**
   - Say hello and reintroduce yourself.
   - Ask patients how they are doing.
   - Bring up something that you discussed during your last meeting to check in about to personalize the conversation (e.g., How is your dog? Are you feeling better than when I saw you last?).
2. **Remind the patient of the upcoming appointment**
3. **If the patient expressed challenges making it to the appointment during the 7-day reminder call, check in about those challenges**
   - Ask, “How you are feeling about your ability to make it to this appointment?”
   - If the patient expresses that there are still challenges with making it to the appointment:
     - Ask, “What is getting in the way of you making it to this appointment?”
     - Help the patient come up with strategies to overcome barriers.
     - If it seems like the patient cannot keep the appointment, schedule an appointment for a time the patient thinks they can make it.
4. **End the call**
   - Tell patients that you are looking forward to seeing them.

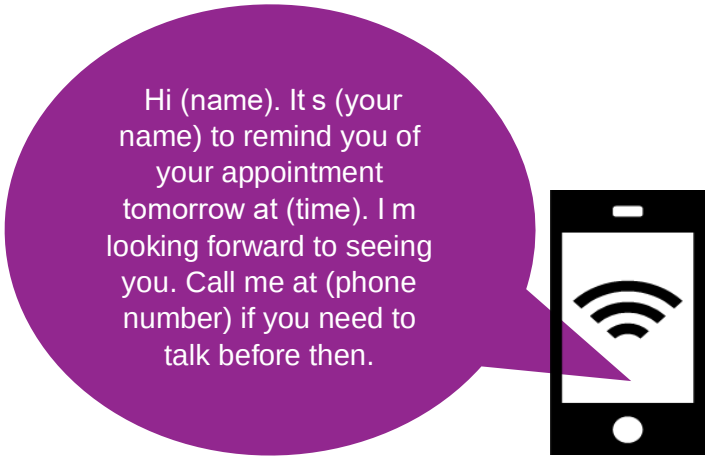
Procedure – Text Message

1. **Send a text message to remind the patient of the appointment**
    - For example, “Hi (name). It’s (your name) to remind you of your appointment tomorrow at (time). I’m looking forward to seeing you. Call me at (phone number) if you need to talk before then.”

Interim Phone Calls, Check-In Calls, Reminder Calls/Texts

Midway Check In Calls	Reminder Calls
Goal: Continue building the relationship with the patient, as well as identify and address barriers to remaining in care	**Goal:** Remind patient of their upcoming appointment, continue building the relationship with the patient, identify and address barriers to remaining in care
1. Greet patient	1. Greet patient
2. Continue building rapport	2. Remind patient of the upcoming appointment
3. Discuss barriers	3. Ask patient if they think that they can make the appointment
4. Confirm whether patient can make their next appointment	4. Address barriers, reschedule, and/or make referrals if they cannot make it
5. End the call	5. End the call

If your patient prefers a text instead of a phone call, send a text message that looks like:



Missed Appointment Follow-Up Phone Calls

If the patient did not come in for their appointment, the Retention Specialist will make a phone call within 24 hours to address the reasons for the missed appointment and schedule a new appointment that the patient is confident that they can keep.

Goals

- Continue to build the relationship with the patient
- Determine the barriers that the patient experienced that made them unable to go to the scheduled appointment
- Schedule a new appointment for the patient they feel confident they can keep

Time 10 minutes

Materials

- None

Important Considerations for this Activity

- Be sure to conduct interim check-in phone calls and the reminder calls/text prior to the new appointment date.
- Review your notes about what the patient wants you to do if the patient does not pick up or someone other than the patient picks up to ensure you respond in the manner the patient indicated that they wanted you to during the initial face-to-face meeting (e.g., leave a message, try to call back later, etc.).

Procedure

1. **Greet the patient**
   - Say hello and reintroduce yourself. Ask the patient how they are doing.
   - Bring up something that you discussed during your last meeting to check in about how to personalize the conversation (e.g., How is your dog? Are you feeling better than when I saw your last?)
2. **Ask the patient, "What got in the way of you making it to your appointment (today or yesterday)?"**
   - Help the patient come up with strategies to overcome barriers.
   - Remind the patient that people who keep their appointments live longer and do better, and you want them to have a long, healthy life.
3. **Schedule a new appointment time the patient feels confident they can keep**
4. **End the call and tell the patient that you are looking forward to seeing them**

Second Face-to-Face Meeting

Goals

- Create a positive and comfortable environment so patients fully engage in the relationship-building process
- Continue to build the relationship established with patients to help keep them connected to care
- Remind patients that everyone at the clinic cares and wants them to keep coming back
- Identify and address barriers to remaining in care

Time Up to 60 minutes

Materials

- Notes from the initial face-to-face meeting and phone calls
- The patient's completed Risk Reduction Screener for reference
- Copy of the patient's My Plan to Stay Connected from the initial face-to-face meeting

Important Considerations for this Activity

- Review your notes, including the patient's My Plan to Stay Connected, from the face-to-face meeting about patients and their facilitators and barriers to care.
- This face-to-face meeting should be spent continuing the relationship-building process, addressing barriers to care by helping the patient come up with strategies, and enhancing facilitators to remaining in care.
- If anything has changed that impacts retention (e.g., mental health, substance use, etc.), make referrals to auxiliary services that may be required to help the patient stay in care (e.g., the social worker, the mental health counselor, case manager, etc.).
- Based on the patient's identified barriers, compile some useful referrals for the patient to address these barriers, (make sure referral list is up to date).
- If more research is needed prior to making referrals, these referrals should be compiled in between the second and final face-to-face meetings, so they can be given during the final meeting.

Procedure

1. **Welcome the patient back and review the last session.**
   - Say, "It's good to see you again. Thank you for keeping your appointment today. It's great that you're taking an active role in (getting/staying) healthy."
2. **Use MI to talk about barriers identified in the initial face-to-face meeting by saying:**
   - "What's been going on since I last saw you?"
   - "How have you been doing with (figuring out child care, transportation, whatever other barriers were uncovered in the risk screener and identified on the My Plan to Stay Connected)?"

3. **Revise strategies for barriers identified in the initial face-to-face meeting, if required**
4. **Discuss new barriers and strategies and record them on the patient's My Plan to Stay Connected**
   - Ask, "Are there any other barriers that you would like to address?"
   - Record new barriers on the My Plan to Stay Connected.
   - Go through each barrier and ask patients to think about strategies to overcome barriers that will work for their particular situation. For example, say, "It sounds like finding child care can make it difficult to get here. Let's talk about some of the people who might help you with that."
   - Have the patient identify one strategy that they might use to address each barrier identified. Highlight or circle that strategy.
   - If the plan is full and you need another copy, staple a blank one to the one completed in the initial face-to-face meeting.
5. **Compile useful referrals for the patient to address these barriers**
   - Refer the patient to referrals. These can be for prevention interventions, partner counseling and referral services, and health department and community-based organization (CBO) prevention programs for PWH. Referrals may include, but are not limited to, auxiliary services such as mental health, substance use, housing, etc.
6. **Make a copy of My Plan to Stay Connected**
   - Give the original to the patient and keep a copy for your files.
7. **Describe what will happen at the next face-to-face session**
   - Let them know the next session will be the last one. For example:
     - "It looks like you are coming to your appointments and managing your care well. The next time we meet face-to-face will be our last official meeting, but you are welcome to come by and say hello or ask me questions whenever you are here at the clinic. If you are still having difficulty during our last session, I can provide you some useful referrals."
8. **Remind the patient that you will be calling to check in and making reminder calls/texts**
   - Tell the patient that you will be calling them before the next appointment to:
     - Check in to see how things are going
     - Remind the patient of the date and time of the upcoming appointment
     - Help problem solve if there are any barriers to keeping the appointment
9. **Close the session, and thank the patient for coming in to meet with you**

Second Face-to-Face Meeting

Goals:

- Create a safe, positive, and comfortable environment to help PWH engage in the relationship-building process
- Continue to build the relationship and keep patient connected to care
- Remind patient that everyone at the clinic wants them to keep coming back
- Review barriers identified by the patient and discuss successfulness of strategies
- Identify and discuss additional strategy

1. Welcome the patient back and review the last session
2. Use MI to talk about barriers identified in the initial face to face meeting
3. Revise strategies for barriers identified in the initial face to face meeting, if required
4. Discuss new barriers and strategies and record them on the patient s My Plan to Stay Connected
5. Compile some useful referrals for the patient to address these barriers
6. Make a copy of My Plan to Stay Connected
7. Describe what will happen at the next face to face session
8. Remind the patient that you will be calling to check in and make reminder calls/texts
9. Close the session and thank the patient for coming in to meet with you

Final Face-to-Face Meeting

Goals

- Create a positive and comfortable environment so patients fully engage in the relationship-building process
- Continue to build the relationship established with the patient to help keep them connected to care
- Remind the patient that everyone at the clinic cares and wants them to keep coming back
- Identify and address barriers to remaining in care
- Provide the patient referrals as necessary

Time Up to 60 minutes

Materials

- Notes from the initial and second face-to-face meetings and phone calls
- The patient's completed Risk Reduction Screener for reference
- Copy of the patient's My Plan to Stay Connected from the initial and second face-to-face meetings
- Referrals pertinent to the patient collected at the conclusion of the second face-to-face session.

Important Considerations for this Activity

- Review your notes, including the My Plan to Stay Connected
- This final appointment should be spent continuing the relationship-building process, addressing barriers to care by helping the patient come up with strategies, and enhancing facilitators to remaining in care.
- If anything has changed that impacts retention (e.g., mental health, substance use, etc.) or if the patient does not demonstrate an ability to make it to appointments without the Retention Specialist's support, make referrals to auxiliary services that may be required to help the patient stay in care (e.g., the social worker, the mental health counselor, case manager, etc.).

Procedure

1. **Welcome the patient back and review the last session**
2. **Use MI to talk about barriers identified in the initial and second face-to-face meetings by saying:**
   - "What's been going on since I last saw you?"
   - "How have you been doing with (whatever other barriers were uncovered in the risk screener and identified on the My Plan to Stay Connected)?"
     - If necessary, revise strategies for the previously identified barriers.
3. **Discuss new barriers and strategies**
   - Ask, "Are there any other barriers that you would like to address?"
   - Record new barriers on the My Plan to Stay Connected.

- If the plan is full and you need another copy, staple a blank one to the one completed in the initial face-to-face meeting.
- Go through each barrier and ask the patient to think about strategies to overcome barriers that will work for their particular situation. For example, say, “It sounds like finding child care can make it difficult to get here. Let’s talk about some of the people who might help you with that.”

4. **Have patient identify barriers and strategies and record them on My Plan to Stay Connected**
   - Have the patient identify strategies that they might use to address each barrier identified. Highlight or circle that strategy.
   - Note: It is important to continue to identify barriers with the patient. Although this is your last session with the patient, they will continue receiving care with the rest of their care team and bringing up barriers in their last session will help them identify strategies to stay in care moving forward.
5. **Make a copy of My Plan to Stay Connected. Give the original to the patient and keep a copy for your files.**
6. **Summarize the patient’s strengths and provide affirmations.**
7. **Provide the resources to the patient as needed**
   - Provide the referral list to the patient that you compiled in between sessions.
   - Discuss best practices on accessing the referrals mentioned. For example: If there is a certain person to talk to in the office identify that person to the patient.
   - Make any necessary introductions for the patient to facilitate an easy transition.
8. **Close the session and remind the patient that this is their last appointment by saying:**
   - “Remember this is our last official meeting, but you are welcome to come by and say hello or ask me questions whenever you are here at the clinic.

Final Face-to-Face Meeting

Goals:

- Create a safe, positive, and comfortable environment to help PWH engage in the relationship-building process
- Continue to build the relationship and keep patient connected to care
- Remind patient that everyone at the clinic wants them to keep coming back
- Identify and address barriers to remaining in care
- Provide the patient referrals, as necessary

1. Welcome the patient back and review the last session
2. Use MI to talk about barriers identified in the initial and second face to face meetings
3. Discuss new barriers and strategies
4. Have patient identify barriers and strategies and record them on My Plan to Stay Connected
5. Make a copy of My Plan to Stay Connected
6. Summarize the patient's strengths and provide affirmations
7. Provide the resources to the patient as needed
8. Close the session and remind the patient that this is their last appointment