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**Clinical Case Management**

(Revision Date: xx/xx/xx)

HRSA Service Category Title: <b>RWGA Only</b>	<b>Medical Case Management</b>
Local Service Category Title:	<b>Clinical Case Management (CCM)</b>
Budget Type: <b>RWGA Only</b>	<b>Unit Cost</b>
Budget Requirements or Restrictions: <b>RWGA Only</b>	Not applicable.
HRSA Service Category Definition: <b>RWGA Only</b>	<i>Medical Case Management services (including treatment adherence)</i> are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client’s and other key family members’ needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.
Local Service Category Definition:	<b>Clinical Case Management:</b> Identifying and screening clients who are accessing HIV-related services from a clinical delivery system that provides Mental Health treatment/counseling and/or Substance Abuse treatment services; assessing each client’s medical and psychosocial history and current service needs; developing and regularly updating a clinical service plan based upon the client’s needs and choices; implementing the plan in a timely manner; providing information, referrals and assistance with linkage to medical and psychosocial services as needed; monitoring the efficacy and quality of services through periodic reevaluation; advocating on behalf of clients to decrease service gaps and remove barriers to services helping clients develop and utilize independent living skills and strategies. Assist clients in obtaining needed resources, including bus pass vouchers and gas cards per published HCPHES/RWGA policies.
Target Population (age,	Services will be available to eligible HIV-infected clients residing in

<p>gender, geographic, race, ethnicity, etc.):</p>	<p>the Houston EMA with priority given to clients most in need. All clients who receive services will be served without regard to age, gender, race, color, religion, national origin, sexual orientation, or handicap. Services will target low income individuals with HIV/AIDS who demonstrate multiple medical, mental health, substance use/abuse and psychosocial needs including, but not limited to: mental health counseling (i.e. professional counseling), substance abuse treatment, primary medical care, specialized care, alternative treatment, medications, placement in a medical facility, emotional support, basic needs for food, clothing, and shelter, transportation, legal services and vocational services. Services will also target clients who cannot function in the community due to barriers which include, but are not limited to, mental illness and psychiatric disorders, drug addiction and substance abuse, extreme lack of knowledge regarding available services, inability to maintain financial independence, inability to complete necessary forms, inability to arrange and complete entitlement and medical appointments, homelessness, deteriorating medical condition, illiteracy, language/cultural barriers and/or the absence of speech, sight, hearing, or mobility.</p> <p><i>Clinical Case Management</i> is intended to serve eligible clients, especially those underserved or unserved population groups which include: African American, Hispanic/Latino, Women and Children, Veteran, Deaf/Hard of Hearing, Substance Abusers, Homeless and Gay/Lesbian/Transsexual.</p>
<p>Services to be Provided:</p>	<p>Provision of Clinical Case Management activities performed by the Clinical Case Manager.</p> <p><i>Clinical Case Management</i> is a working agreement between a client and a Clinical Case Manager for a defined period of time based on the client's assessed needs. <i>Clinical Case Management</i> services include performing a comprehensive assessment and developing a clinical service plan for each client; monitoring plan to ensure its implementation; and educating client regarding wellness, medication and health care compliance in order to maximize benefit of mental health and/or substance abuse treatment services. The <i>Clinical Case Manager</i> serves as an advocate for the client and as a liaison with mental health, substance abuse and medical treatment providers on behalf of the client. The Clinical Case Manager ensures linkage to mental health, substance abuse, primary medical care and other client services as indicated by the clinical service plan. The Clinical Case Manager will perform <i>Mental Health</i> and <i>Substance Abuse/Use Assessments</i> in accordance with RWGA Quality Management guidelines. Service plan must reflect an ongoing discussion of mental health treatment and/or substance abuse treatment, primary medical care and medication adherence, per client need. <i>Clinical Case Management</i> is both office and community-based. Clinical Case Managers will interface with the primary medical care delivery system</p>

	as necessary to ensure services are integrated with, and complimentary to, a client's medical treatment plan.
Service Unit Definition(s): <b>RWGA Only</b>	One unit of service is defined as 15 minutes of direct client services and allowable charges.
Financial Eligibility:	Refer to the RWPC's approved <i>Financial Eligibility for Houston EMA Services</i> .
Client Eligibility:	HIV-infected individuals residing in the Houston EMA.
Agency Requirements:	<p><i>Clinical Case Management</i> services will comply with the HCPHES/RWGA published Clinical Case Management Standards of Care and policies and procedures as published and/or revised, including linkage to the CPCDMS data system</p> <p><i>Clinical Case Management Services</i> must be provided by an agency with a documented history of, and current capacity for, providing mental health counseling services (categories b., c. and d. as listed under <i>Amount Available</i> above) or substance abuse treatment services to PLWH/A (category a. under <i>Amount Available</i> above) in the Houston EMA. Specifically, an applicant for this service category must clearly demonstrate it has provided mental health treatment services (e.g. professional counseling) or substance abuse treatment services (as applicable to the specific CCM category being applied for) in the previous calendar or grant year to individuals with an HIV diagnosis. Acceptable documentation for such treatment activities includes standardized reporting documentation from the County's <i>CPCDMS</i> or Texas Department of State Health Services' <i>ARIES</i> data systems, Ryan White Services Report (RSR) for 2012, SAMSHA or TDSHS/SAS program reports or other verifiable <u>published</u> data. Data submitted to meet this requirement is subject to audit by HCPHES/RWGA prior to an award being recommended. <b>Agency-generated non-verifiable data is not acceptable.</b> In addition, applicant agency must demonstrate it has the capability to continue providing mental health treatment and/or substance abuse treatment services for the duration of the contract term (3/1/14 – 2/28/15) and any subsequent one-year contract renewals. Acceptable documentation of such continuing capability includes <u>current</u> funding from Ryan White (all Parts), TDSHS HIV-related funding (Ryan White, State Services, Substance Abuse Services), SAMSHA and other ongoing federal, state and/or public or private foundation HIV-related funding for mental health treatment and/or substance abuse treatment services. Proof of such funding must be documented in the application and is subject to independent verification by HCPHES/RWGA prior to an award being recommended.</p> <p>Loss of funding and corresponding loss of capacity to provide mental health counseling or substance abuse treatment services as applicable may result in the termination of Clinical Case Management Services</p>

	<p>awarded under this service category. Continuing eligibility for Clinical Case Management Services funding is explicitly contingent on applicant agency maintaining verifiable capacity to provide mental health counseling or substance abuse treatment services as applicable to PLWH/A during the contract term.</p> <p><b>Applicant agency must be Medicaid and Medicare Certified.</b></p>
<p>Staff Requirements:</p>	<p>Clinical Case Managers must spend at least 42% (867 hours per FTE) of their time providing direct case management services. Direct case management services include any activities with a client (face-to-face or by telephone), communication with other service providers or significant others to access client services, monitoring client care, and accompanying clients to services. Indirect activities include travel to and from a client's residence or agency, staff meetings, supervision, community education, documentation, and computer input. Direct case management activities must be documented in the Centralized Patient Care Data Management System (CPCDMS) according to CPCDMS business rules.</p> <p><i>Must comply with applicable HCPHES/RWGA Houston EMA Part A/B Ryan White Standards of Care:</i></p> <p><u>Minimum Qualifications:</u></p> <p><b>Clinical Case Managers</b> must have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences and have a current and in good standing State of Texas license (LBSW, LSW, LMSW, LCSW, LPC, LPC-I, LMFT, LMFT-A or higher level of licensure). Clinical Case Managers must have a minimum of one (1) year paid work experience with People Living with HIV/AIDS (PLWHA). The Clinical Case Manager may supervise the Service Linkage Worker. CCM targeting Hispanic PLWHA must demonstrate both written and verbal fluency in Spanish.</p> <p><u>Supervision:</u></p> <p>The <b>Clinical Case Manager (CCM)</b> must function with the clinical infrastructure of the applicant agency and receive supervision in accordance with the CCM's licensure requirements. At a minimum, the CCM must receive ongoing supervision that meets or exceeds HCPHES/RWGA published Ryan White Part A/B Standards of Care for Clinical Case Management. If applicant agency also has Service Linkage Workers funded under Ryan White Part A the CCM may supervise the Service Linkage Worker(s). Supervision provided by a CCM that is <u>not</u> client specific is considered <b>indirect time</b> and is not billable.</p> <p><b>a. Untargeted Clinical Case Management in a Substance Abuse Treatment Setting (CCM/SA):</b> Clinical Case Management services provided within a licensed clinical substance abuse treatment setting (does not include substance abuse prevention programs) to eligible</p>

	<p>PLWHA. The expectation is that a single CCM can serve approximately 150 PLWHA during the contract term. Agency must justify the number of positions requested.</p> <p><b>b. Untargeted Clinical Case Management in a Mental Health Treatment Setting (CCM/MH):</b> Clinical Case Management services provided within a clinical mental health treatment setting (i.e. professional counseling) to eligible PLWHA. The expectation is that a single CCM can serve approximately 150 PLWHA during the contract term. Agency must justify the number of positions requested.</p>
<p>Special Requirements: <b>RWGA only</b></p>	<p>Contractor must employ full-time Clinical Case Managers. Prior approval must be obtained from RWGA to split full-time equivalent (FTE) CCM positions among other contracts or to employ part-time staff.</p> <p>Contractor must provide to RWGA the names of each Clinical Case Manager and the program supervisor no later than 3/30/14.</p> <p>Contractor must inform RWGA in writing of any changes in personnel assigned to contract within seven (7) business days of change.</p> <p>Contractor must comply with CPCDMS data system business rules and procedures.</p> <p>Contractor must perform CPCDMS new client registrations and semi-annual registration updates for clients needing ongoing case management services as well as those clients who may only need to establish system of care eligibility. Contractor must issue bus pass vouchers and gas cards in accordance with HCPHES/RWGA policies and procedures.</p>

**FY 2014 RWPC "How to Best Meet the Need" Decision Process**

<b>Step in Process: Council</b>		Date: <b>06/13/13</b>
Recommendations:	Approved: Y_____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Steering Committee</b>		Date: <b>06/06/13</b>
Recommendations:	Approved: Y_____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Quality Assurance Committee</b>		Date: <b>05/16/13</b>
Recommendations:	Approved: Y_____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/18/13</b>
Recommendations:	Financial Eligibility:	
1.		
2.		
3.		

**2013-2014 HOUSTON ELIGIBLE METROPOLITAN AREA: RYAN WHITE CARE  
ACT PART A/B  
STANDARDS OF CARE FOR HIV SERVICES**

**RYAN WHITE GRANT ADMINISTRATION SECTION  
HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES (HCPHES)**

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## INTRODUCTION

According to the Joint Commission on Accreditation of Healthcare Organization (JCAHO) 2008)<sup>1</sup>, a standard is a “statement that defines performance expectations, structures, or processes that must be in place for an organization to provide safe, high-quality care, treatment, and services”. Standards are developed by subject experts and are usually the minimal acceptable level of quality in service delivery. The Houston EMA Ryan White Grant Administration (RWGA) Standards of Care (SOCs) are based on multiple sources including RWGA on-site program monitoring results, consumer input, the US Public Health Services guidelines, Centers for Medicare and Medicaid Conditions of Participation (COP) for health care facilities, JCAHO accreditation standards, the Texas Administrative Code, Center for Substance Abuse and Treatment (CSAT) guidelines and other federal, state and local regulations.

## Purpose

The purpose of the Ryan White Part A/B SOCs is to determine the minimal acceptable levels of quality in service delivery and to provide a measurement of the effectiveness of services.

## Scope

The Houston EMA SOCs apply to Part A, Part B and State Services, funded HRSA defined core and support services including the following services in FY 2012-2013:

- *Primary Medical Care*
- *Vision Care*
- *Medical Case Management*
- *Clinical Case Management*
- *Local AIDS Pharmaceutical Assistance Program \*LPAP)*
- *Oral Health*
- Health insurance
- Hospice Care
- Mental Health Services
- *Substance Abuse services*
- Home & Community Based Services (Facility-Based)
- Early Intervention Services
- *Legal Services*
- *Medical Nutrition Supplement*
- *Non-Medical Case Management (Service Linkage)*
- Food Bank
- *Transportation*
- Linguistic Services

*Part A funded services*

## Standards Development

The first group of standards was developed in 1999 following HRSA requirements for sub grantees to implement monitoring systems to ensure subcontractors complied with contract requirements. Subsequently, the RWGA facilitates annual work group meetings to review the standards and to make applicable changes. Workgroup participants include physicians, nurses, case managers and executive staff from subcontractor agencies as well as consumers.

## Organization of the SOCs

The standards cover all aspect of service delivery for all funded service categories. Some standards are consistent across all service categories and therefore are classified under general standards. These include:

- Staff requirements, training and supervision
- Client rights and confidentiality
- Agency and staff licensure
- Emergency Management

The RWGA funds three case management models. Unique requirements for all three case management service categories have been classified under Service Specific SOCs “Case Management (All Service Categories)”. Specific service requirements have been discussed under each service category. All new and/or revised standards are effective at the beginning of the fiscal year.

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<sup>1</sup> The Joint Commission on Accreditation of Healthcare Organization (2008). Comprehensive accreditation manual for ambulatory care; Glossary

## GENERAL STANDARDS

	Standard	Measure
<b>1.0</b>	<b>Staff Requirements</b>	
1.1	<p><u>Staff Screening (Pre-Employment)</u>            Staff providing services to clients shall be screened for appropriateness by provider agency as follows:</p> <ul style="list-style-type: none"> <li>• Personal/Professional references</li> <li>• Personal interview</li> <li>• Written application</li> </ul> <p>Criminal background checks, if required by Agency Policy, must be conducted prior to employment and thereafter for all staff and/or volunteers per Agency policy.</p>	<ul style="list-style-type: none"> <li>• Review of Agency's Policies and Procedures Manual indicates compliance</li> <li>• Review of personnel and/or volunteer files indicates compliance</li> </ul>
1.2	<p><u>Initial Training: Staff/Volunteers</u>            Initial training includes eight (8) hours HIV/AIDS basics, safety issues (fire &amp; emergency preparedness, hazard communication, infection control, universal precautions), confidentiality issues, role of staff/volunteers, agency-specific information (e.g. Drug Free Workplace policy). Initial training must be completed within 60 days of hire.</p>	<ul style="list-style-type: none"> <li>• Documentation of all training in personnel file.</li> <li>• Specific training requirements are specified in Agency Policy and Procedure</li> <li>• Materials for staff training and continuing education are on file</li> <li>• Staff interviews indicate compliance</li> </ul>
1.3	<p><u>Staff Performance Evaluation</u>            Agency will perform annual staff performance evaluation.</p>	<ul style="list-style-type: none"> <li>• Completed annual performance evaluation kept in employee's file</li> <li>• Signed and dated by employee and supervisor (includes electronic signature)</li> </ul>
1.4	<p><u>Cultural and HIV Mental Health Co-morbidity Competence Training/Staff and Volunteers</u>            All staff must receive four (4) hours of cultural competency training and an additional one (1) hour of HIV/Mental Health co-morbidity sensitivity training annually. All new employees must complete these within ninety (90) days of hire.</p>	<ul style="list-style-type: none"> <li>• Documentation of training is maintained by the agency in the personnel file</li> </ul>
1.5	<p><u>Staff education on eligibility determination and fee schedule</u>            Agency must provide training on agency's policies and procedures for eligibility determination and sliding fee</p>	<p>Documentation of training in employee's record</p>

	<p>schedule for, but not limited to, case managers, and eligibility &amp; intake staff annually.</p> <p>All new employees must complete within ninety (90) days of hire.</p>	
<b>2.0</b>	<b>Services utilize effective management practices such as cost effectiveness, human resources and quality improvement.</b>	
2.1	<p><u>Service Evaluation</u></p> <p>Agency has a process in place for the evaluation of client services.</p>	<ul style="list-style-type: none"> <li>• Review of Agency's Policies and Procedures Manual indicates compliance</li> <li>• Staff interviews indicate compliance.</li> </ul>
2.2	<p><u>Subcontractor Monitoring</u></p> <p>Agency that utilizes a subcontractor in delivery of service, must have established policies and procedures on subcontractor monitoring that include:</p> <ul style="list-style-type: none"> <li>• Fiscal monitoring</li> <li>• Program</li> <li>• Quality of care</li> <li>• Compliance with guidelines and standards</li> </ul> <p>Reviewed Annually</p>	<ul style="list-style-type: none"> <li>• Documentation of subcontractor monitoring</li> <li>• Review of Agency's Policies and Procedures Manual indicates compliance</li> </ul>
2.3	<p><u>Staff Guidelines</u></p> <p>Agency develops written guidelines for staff, which include, at a minimum, agency-specific policies and procedures (staff selection, resignation and termination process, job descriptions); client confidentiality; health and safety requirements; complaint and grievance procedures; emergency procedures; and statement of client rights.</p> <p>Reviewed Annually</p>	<ul style="list-style-type: none"> <li>• Personnel file contains a signed statement acknowledging that staff guidelines were reviewed and that the employee understands agency policies and procedures</li> </ul>
2.4	<p><u>Work Conditions</u></p> <p>Staff/volunteers have the necessary tools, supplies, equipment and space to accomplish their work.</p>	<ul style="list-style-type: none"> <li>• Inspection of tools and/or equipment indicates that these are in good working order and in sufficient supply</li> <li>• Staff interviews indicate compliance</li> </ul>
2.5	<p><u>Staff Supervision</u></p> <p>Staff services are supervised by a paid coordinator or manager.</p>	<ul style="list-style-type: none"> <li>• Review of personnel files indicates compliance</li> <li>• Review of Agency's Policies and Procedures Manual indicates</li> </ul>

		compliance
2.6	<u>Professional Behavior</u> Staff must comply with written standards of professional behavior.	<ul style="list-style-type: none"> <li>• Staff guidelines include standards of professional behavior</li> <li>• Review of Agency's Policies and Procedures Manual indicates compliance</li> <li>• Review of personnel files indicates compliance</li> <li>• Review of agency's complaint and grievance files</li> </ul>
2.7	<u>Communication</u> There are procedures in place regarding regular communication with staff about the program and general agency issues.	<ul style="list-style-type: none"> <li>• Review of Agency's Policies and Procedures Manual indicates compliance</li> <li>• Documentation of regular staff meetings</li> <li>• Staff interviews indicate compliance</li> </ul>
2.8	<u>Accountability</u> There is a system in place to document staff work time.	<ul style="list-style-type: none"> <li>• Staff time sheets or other documentation indicate compliance</li> </ul>
2.9	<u>Staff Availability</u> Staff are present to answer incoming calls during agency's normal operating hours.	<ul style="list-style-type: none"> <li>• Published documentation of agency operating hours</li> <li>• Staff time sheets or other documentation indicate compliance</li> </ul>
<b>3.0</b>	<b><u>Clients Rights and Responsibilities</u></b>	
3.1	<u>Clients Rights and Responsibilities</u> Agency has a Client Rights and Responsibilities Statement that is reviewed with each client in a language and format the client can understand. Agency will provide client with written copy of client rights and responsibilities, including: <ul style="list-style-type: none"> <li>• Informed consent</li> <li>• Confidentiality</li> <li>• Grievance procedures</li> <li>• Duty to warn or report certain behaviors</li> <li>• Scope of service</li> <li>• Criteria for end of services</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation in client's record</li> </ul>
3.2	<u>Confidentiality</u> Agency has Policy and Procedure regarding client confidentiality in accordance with RWGA /TRG site visit	<ul style="list-style-type: none"> <li>• Review of Agency's Policies and Procedures Manual indicates compliance</li> <li>• Clients interview indicates compliance</li> </ul>

	<p>guidelines, local, state and federal laws. Providers must implement mechanisms to ensure protection of clients' confidentiality in all processes throughout the agency.</p> <p>There is a written policy statement regarding client confidentiality form signed by each employee and included in the personnel file.</p>	<ul style="list-style-type: none"> <li>• Agency's structural layout and information management indicates compliance</li> <li>• Signed confidentiality statement in each employee's personnel file</li> </ul>
<p>3.3</p>	<p><u>Consents</u></p> <p>All consent forms comply with state and federal laws, are signed by an individual legally able to give consent and must include the Consent for Services form and a consent for release/exchange of information for every individual/agency to whom client identifying information is disclosed, regardless of whether or not HIV status is revealed.</p>	<ul style="list-style-type: none"> <li>• Agency Policy and Procedure and signed and dated consent forms in client record</li> </ul>
<p>3.4</p>	<p><u>Up to date Release of Information</u></p> <p>Agency obtains an informed written consent of the client or legally responsible person prior to the disclosure or exchange of certain information about client's case to another party (including family members) in accordance with the RWGA Site Visit Guidelines, local, state and federal laws. The release/exchange consent form must contain:</p> <ul style="list-style-type: none"> <li>• Name of the person or entity permitted to make the disclosure</li> <li>• Name of the client</li> <li>• The purpose of the disclosure</li> <li>• The types of information to be disclosed</li> <li>• Entities to disclose to</li> <li>• Date on which the consent is signed</li> <li>• The expiration date of client authorization (or expiration event) no longer than two years</li> <li>• Signature of the client/or parent, guardian or person authorized to sign in lieu of the client.</li> <li>• Description of the <i>Release of Information</i>, its components, and ways the client can nullify it</li> </ul> <p>Released/exchange of information forms must be completed</p>	<ul style="list-style-type: none"> <li>• Current Release of Information form with all the required elements signed by client or authorized person in client's record</li> </ul>

	entirely in the presence of the client. Any unused lines must have a line crossed through the space.	
3.5	<p><u>Grievance Procedure</u> Agency has Policy and Procedure regarding client grievances that is reviewed with each client in a language and format the client can understand and a written copy of which is provided to each client.</p> <p>Grievance procedure includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• to whom complaints can be made</li> <li>• steps necessary to complain</li> <li>• form of grievance, if any</li> <li>• time lines and steps taken by the agency to resolve the grievance</li> <li>• documentation by the agency of the process, including a standardized grievance/complaint form available in a language and format understandable to the client</li> <li>• all complaints or grievances initiated by clients are documented on the Agency's standardized form</li> <li>• resolution of each grievance/complaint is documented on the Standardized form and shared with client</li> <li>• confidentiality of grievance</li> <li>• addresses and phone numbers of licensing authorities and funding sources</li> </ul>	<ul style="list-style-type: none"> <li>• Signed receipt of agency Grievance Procedure, filed in client chart</li> <li>• Review of Agency's Policies and Procedures Manual indicates compliance</li> <li>• Review of Agency's Grievance file indicates compliance,</li> <li>• Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #2</li> </ul>
3.6	<p><u>Conditions Under Which Discharge/Closure May Occur</u> A client may be discharged from Ryan White funded services for the following reasons.</p> <ul style="list-style-type: none"> <li>• Death of the client</li> <li>• At the client's or legal guardian request</li> <li>• Changes in client's need which indicates services from another agency</li> <li>• Fraudulent claims or documentation about HIV diagnosis by the client</li> <li>• Client actions put the agency, case manager or other clients at risk. Documented supervisory review is</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation in client record and in the Centralized Patient Care Data Management System</li> <li>• A copy of written notice and a certified mail receipt for involuntary termination</li> </ul>

	<p>required when a client is terminated or suspended from services due to behavioral issues.</p> <ul style="list-style-type: none"> <li>• Client moves out of service area, enters jail or cannot be contacted for sixty (60) days. Agency must document three (3) attempts to contact clients by more than one method (e.g. phone, mail, email, text message, in person via home visit).</li> <li>• Client service plan is completed and no additional needs are identified.</li> </ul> <p>Client must be provided a written notice prior to involuntary termination of services (e.g. due to dangerous behavior, fraudulent claims or documentation, etc.).</p>	
<p>3.7</p>	<p><u>Client Closure</u></p> <p>A summary progress note is completed in accordance with Site Visit Guidelines within three (3) working days of closure, including:</p> <ul style="list-style-type: none"> <li>• Date and reason for discharge/closure</li> <li>• Summary of all services received by the client and the client’s response to services</li> <li>• Referrals made and/or</li> <li>• Instructions given to the individual at discharge (when applicable)</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation in client record and in the Centralized Patient Care Data Management System</li> </ul>
<p>3.8</p>	<p><u>Client Feedback</u></p> <p>In addition to the RWGA standardized client satisfaction survey conducted on an ongoing basis (no less than annually), Agency must have structured and ongoing efforts to obtain input from clients (or client caregivers, in cases where clients are unable to give feedback) in the design and delivery of services. Such efforts may include client satisfaction surveys, focus groups and public meetings conducted at least annually. Agency may also maintain a visible suggestion box for clients’ inputs. Analysis and use of results must be documented. Agency must maintain a file of materials documenting Consumer Advisory Board (CAB)</p>	<ul style="list-style-type: none"> <li>• Documentation of clients’ evaluation of services is maintained</li> <li>• Documentation of CAB and public meeting minutes</li> <li>• Documentation of existence and appropriateness of a suggestion box or other client input mechanism</li> <li>• Documentation of content, use, and confidentiality of a client satisfaction survey or focus groups conducted annually</li> <li>• Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #1</li> </ul>

	<p>membership and meeting materials (applicable only if agency has a CAB).</p> <ul style="list-style-type: none"> <li>Agencies that serve an average of 100 or more unduplicated clients monthly under combined RW/A, MAI, RW/B and SS funding must implement a CAB. The CAB must meet regularly (at least 4 times per year) at a time and location conducive to consumer participation to gather, support and encourage client feedback, address issues which impact client satisfaction with services and provide Agency with recommendations to improve service delivery, including accessibility and retention in care.</li> </ul>	
3.9	<p><u>Patient Safety (Core Services Only)</u>            Agency shall establish mechanisms to implement National Patient Safety Goals (NPSG) modeled after the current Joint Commission accreditation <i>for Ambulatory Care</i> (<a href="http://www.jointcommission.org">www.jointcommission.org</a>) to ensure patients’ safety. The NPSG to be addressed include the following as applicable:</p> <ul style="list-style-type: none"> <li>“Improve the accuracy of patient identification</li> <li>Improve the safety of using medications</li> <li>Reduce the risk of healthcare-associated infections</li> <li>Accurately and completely reconcile medications across the continuum of care</li> <li>Universal Protocol for preventing Wrong Site, Wrong Procedure and Wrong Person Surgery” (<a href="http://www.jointcommission.org">www.jointcommission.org</a>)</li> </ul>	<ul style="list-style-type: none"> <li>Review of Agency’s Policies and Procedures Manual indicates compliance</li> </ul>
3.10	<p><u>Client Files</u>            Provider shall maintain all client files.</p>	<ul style="list-style-type: none"> <li>Review of agency’s policy and procedure for records administration indicates compliance</li> </ul>
<b>4.0</b>	<b>Accessibility</b>	
4.1	<p><u>Cultural Competence</u>            Agency demonstrates a commitment to provision of services that are culturally sensitive and language competent for Limited</p>	<ul style="list-style-type: none"> <li>Agency has procedures for obtaining translation services</li> <li>Client satisfaction survey indicates compliance</li> <li>Policies and procedures demonstrate commitment to the</li> </ul>

	English Proficient (LEP) individuals.	<p>community and culture of the clients</p> <ul style="list-style-type: none"> <li>• Availability of interpretive services, bilingual staff, and staff trained in cultural competence</li> <li>• Agency has vital documents including, but not limited to applications, consents, complaint forms, and notices of rights translated in client record</li> </ul>
4.2	<p><u>Client Education</u></p> <p>Agency demonstrates capacity for client education and provision of information on community resources</p>	<ul style="list-style-type: none"> <li>• Availability of the blue book and other educational materials</li> <li>• Documentation of educational needs assessment and client education in clients' records</li> </ul>
4.3	<p><u>Special Service Needs</u></p> <p>Agency demonstrates a commitment to assisting individuals with special needs</p>	<ul style="list-style-type: none"> <li>• Agency compliance with the Americans with Disabilities Act (ADA).</li> <li>• Review of Policies and Procedures indicates compliance</li> <li>• Environmental Review shows a facility that is handicapped accessible</li> </ul>
4.4	<p><u>Provision of Services for low-Income Individuals</u></p> <p>Agency must ensure that facility is handicap accessible and is also accessible by public transportation (if in area served by METRO). Agency must have policies and procedures in place that ensures access to transportation services if facility is not accessible by public transportation. Agency should not have policies that dictate a dress code or conduct that may act as barrier to care for low income individuals.</p>	<ul style="list-style-type: none"> <li>• Facility is accessible by public transportation</li> <li>• Review of Agency's Policies and Procedures Manual indicates compliance</li> <li>• Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #4</li> </ul>
4.5	<p><u>Proof of HIV Diagnosis</u></p> <p>Documentation of the client's HIV status is obtained at or prior to the initiation of services or registration services.</p> <p>An anonymous test result may be used to document HIV status temporarily (up to sixty [60] days). It must contain enough information to ensure the identity of the subject with a reasonable amount of certainty.</p>	<ul style="list-style-type: none"> <li>• Documentation in client record as per RWGA site visit guidelines or TRG Policy SG-03</li> <li>• Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #3</li> </ul>
4.6	<p><u>Provision of Services Regardless of Current or Past Health Condition</u></p> <p>Agency must have Policies and Procedures in place to ensure that HIV+ clients are not denied services due to current or pre-</p>	<ul style="list-style-type: none"> <li>• Review of Policies and Procedures indicates compliance</li> <li>• A file containing information on clients who have been refused services and the reasons for refusal</li> </ul>

	existing health condition or non-HIV related condition. A file must be maintained on all clients who are refused services and the reason for refusal.	
4.7	<p><u>Client Eligibility</u> In order to be eligible for services, individuals must meet the following:</p> <ul style="list-style-type: none"> <li>• HIV+</li> <li>• Residence in the Houston EMA/ HSDA (With prior approval, clients can be served if they reside outside of the Houston EMA/HSDA.)</li> <li>• Income no greater than 300% of the Federal Poverty level (unless otherwise indicated)</li> <li>• Proof of identification</li> <li>• Ineligibility for third party reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of HIV+ status, residence, identification and income in the client record</li> <li>• Documentation of ineligibility for third party reimbursement</li> <li>• Documentation of screening for Third Party Payers in accordance with TRG Policy SG-06 Documentation of Third Party Payer Eligibility or RWGA site visit guidelines</li> <li>• Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section B:Eligibility Determination/Screening #1</li> </ul>
4.8	<p><u>Re-evaluation of Client Eligibility</u> Agency conducts six (6) month re-evaluations of eligibility for all clients. At a minimum, agency confirms renewed eligibility with the CPCDMS and re-screens, as appropriate, for third-party payers. Third party payers include State Children’s Health Insurance Programs (SCHIP), Medicare (including Part D prescription drug benefit) and private insurance. Agency must ensure that Ryan White is the Payer of last resort and must have policies and procedures addressing strategies to enroll all eligible uninsured clients into Medicare, Medicaid, private health insurance and other programs. Agency policy must also address coordination of benefits, billing and collection. Clients eligible for Department of Veterans Affairs (VA) benefits are duly eligible for Ryan White services and therefore exempted from the payer of last resort requirement</p> <ul style="list-style-type: none"> <li>• Agency must verify 3<sup>rd</sup> party payment coverage for eligible services at every visit or monthly (whichever is less frequent)</li> </ul>	<ul style="list-style-type: none"> <li>• Client file contains documentation of re-evaluation of client residence, income and rescreening for third party payers at least every six (6) months</li> <li>• Review of Policies and Procedures indicates compliance</li> <li>• Information in client’s files that includes proof of screening for insurance coverage (i.e. hard/scanned copy of results)</li> <li>• Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section B:Eligibility Determination/Screening #1 and #2</li> </ul>
4.9	<p><u>Charges for Services</u> Agency must institute Policies and Procedures for cost sharing including enrollment fees, premiums, deductibles, co-</p>	<ul style="list-style-type: none"> <li>• Review of Policies and Procedures indicates compliance</li> <li>• Review of system for tracking patient charges and payments indicate compliance</li> </ul>

	<p>payments, co-insurance, sliding fee discount, etc. and an annual cap on these charges. Agency should not charge any of the above fees regardless of terminology to any Ryan White eligible patient whose gross income level (GIL) is <math>\leq</math> 100% of the Federal Poverty Level (FPL) as documented in the CPCDMS for any services provided. Clients whose gross income is between 101-300% may be charged annual aggregate fees in accordance with the legislative mandate outlined below:</p> <ul style="list-style-type: none"> <li>• 101%-200% of FPL---5% or less of GIL</li> <li>• 201%-300% of FPL---7% or less of GIL</li> <li>• &gt;300% of FPL -----10% or less of GIL</li> </ul> <p>Additionally, agency must implement the following:</p> <ul style="list-style-type: none"> <li>• Six (6) month evaluation of clients to establish individual fees and cap (i.e. the six (6) month CPCDMS registration or registration update.)</li> <li>• Tracking of charges</li> <li>• A process for alerting the billing system when the cap is reached so client will not be charged for the rest of the calendar year.</li> <li>• <u>Documentation of fees</u></li> </ul>	<ul style="list-style-type: none"> <li>• Review of charges and payments in client records indicate compliance with annual cap</li> <li>• Sliding fee application forms on client record is consistent with Federal guidelines</li> </ul>
4.10	<p><u>Information on Program and Eligibility/Sliding Fee Schedule</u></p> <p>Agency must provide broad-based dissemination of information regarding the availability of services. All clients accessing services must be provided with a clear description of their sliding fee charges in a simple understandable format at intake and annually at registration update. Agency should maintain a file documenting promotion activities including copies of HIV program materials and information on eligibility requirements. Agency must proactively inform/educate clients when changes occur in the program design or process, client eligibility rules, fee schedule, facility layout or access to program or agency.</p>	<ul style="list-style-type: none"> <li>• Agency has a written substantiated annual plan to targeted populations</li> <li>• Zip code data show provider is reaching clients throughout service area (as applicable to specific service category).</li> <li>• Agency file containing informational materials about agency services and eligibility requirements including the following: Brochures Newsletters Posters Community bulletins any other types of promotional materials</li> <li>• Signed receipt for client education/ information regarding eligibility and sliding fees on client record</li> <li>• Source Citation: HAB Monitoring Standards; Part I: Universal</li> </ul>

		Standards; Section A: Access to Care #5
4.11	<p><u>Linkage Into Core Services</u>            Agency staff will provide out-of-care clients with individualized information and referral to connect them into ambulatory outpatient medical care and other core medical services.</p>	<ul style="list-style-type: none"> <li>• Documentation of client referral is present in client file</li> <li>• Review of agency’s policies &amp; procedures’ manual indicates compliance</li> </ul>
4.12	<p><u>Wait Lists</u>            It is the expectation that clients will not be put on a Wait List nor will services be postponed or denied due to funding. Agency must notify the Administrative agency when funds for service are either low or exhausted for appropriate measures to be taken to ensure adequate funding is available. Should a wait list become required, the agency must, at a minimum, develop a policy that addresses how they will handle situations where service(s) cannot be immediately provided and a process by which client information will be obtained and maintained to ensure that all clients that requested service(s) are contacted after service provision resumes;</p> <p>The Agency will notify The Resource Group (TRG) or RWGA of the following information when a wait list must be created:            An explanation for the cessation of service; and            A plan for resumption of service. The Agency’s plan must address:</p> <ul style="list-style-type: none"> <li>• Action steps to be taken Agency to resolve the service shortfall; and</li> <li>• Projected date that services will resume.</li> </ul> <p>The Agency will report to TRG or RWGA in writing on a monthly basis while a client wait list is required with the following information:</p> <ul style="list-style-type: none"> <li>• Number of clients on the wait list.</li> <li>• Progress toward completing the plan for resumption of</li> </ul>	<ul style="list-style-type: none"> <li>• Review of Agency’s Policies and Procedures Manual indicates compliance</li> <li>• Documentation of compliance with TRG’s Policy SG-19 Client Wait Lists</li> <li>• Documentation that agency notified their Administrative Agency when funds for services were either low or exhausted</li> </ul>

	<p>service.</p> <ul style="list-style-type: none"> <li>• A revised plan for resumption of service, if necessary.</li> </ul>	
4.13	<p><u>Intake</u>                  The agency conducts an intake to collect required data including, but not limited to, eligibility, appropriate consents and client identifiers for entry into CPCDMS. Intake process is flexible and responsive, accommodating disabilities and health conditions.                  In addition to office visits, client is provided alternatives such as conducting business by mail, online registration via the internet, or providing home visits, when necessary.                  Agency has established procedures for communicating with people with hearing impairments.</p>	<ul style="list-style-type: none"> <li>• Documentation in client record</li> <li>• Review of Agency’s Policies and Procedures Manual indicates compliance</li> </ul>
<b>5.0</b>	<b>Quality Management</b>	
5.1	<p><u>Continuous Quality Improvement (CQI)</u>                  Agency demonstrates capacity for an organized CQI program and has a CQI Committee in place to review procedures and to initiate Performance Improvement activities.                  The Agency shall maintain an up-to-date Quality Management (QM) Manual. The QM Manual will contain at a minimum:</p> <ul style="list-style-type: none"> <li>• The Agency’s QM Plan</li> <li>• Meeting agendas and/or notes (if applicable)</li> <li>• Project specific CQI Plans</li> <li>• Root Cause Analysis &amp; Improvement Plans</li> <li>• Data collection methods and analysis</li> <li>• Work products</li> <li>• QM program evaluation</li> <li>• Materials necessary for QM activities</li> </ul>	<ul style="list-style-type: none"> <li>• Review of Agency’s Policies and Procedures Manual indicates compliance</li> <li>• Up to date QM Manual</li> </ul>
5.2	<p><u>Data Collection and Analysis</u>                  Agency demonstrates capacity to collect and analyze client level data including client satisfaction surveys and findings are incorporated into service delivery. Supervisors shall conduct and document ongoing record reviews as part of quality improvement activity.</p>	<ul style="list-style-type: none"> <li>• Review of Agency’s Policies and Procedures Manual indicates compliance</li> <li>• Up to date QM Manual</li> <li>• Supervisors log on record reviews signed and dated</li> <li>• Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #2</li> </ul>

<b>6.0</b>	<b>Point Of Entry Agreements</b>	
6.1	<p><u>Points of Entry (Core Services Only)</u>                  Agency accepts referrals from sources considered to be points of entry into the continuum of care, in accordance with HIV Services policy approved by HRSA for the Houston EMA.</p>	<ul style="list-style-type: none"> <li>• Review of Agency’s Policies and Procedures Manual indicates compliance</li> <li>• Documentation of formal agreements with appropriate Points of Entry</li> <li>• Documentation of referrals and their follow-up</li> </ul>
<b>7.0</b>	<b>Emergency Management</b>	
7.1	<p><u>Emergency Preparedness</u>                  Agency leadership including medical staff must develop an Emergency Preparedness Plan modeled after the Joint Commission’s regulations and/or Centers for Medicare and Medicaid guidelines for Emergency Management. The plan should, at a minimum utilize “all hazard approach” (hurricanes, floods, earthquakes, tornadoes, wide-spread fires, infectious disease outbreak and other public health threats, terrorist attacks, civil disturbances and collapse of buildings and bridges) to ensure a level of preparedness sufficient to support a range of emergencies. Agencies shall conduct an annual Hazard Vulnerability Analysis (HVA) to identify potential hazards, threats, and adverse events and assess their impact on care, treatment, and services they must sustain during an emergency. The agency shall communicate hazards identified with its community emergency response agencies and together shall identify the capability of its community in meeting their needs. The HVA shall be reviewed annually.</p>	<ul style="list-style-type: none"> <li>• Emergency Preparedness Plan</li> <li>• Review of Agency’s Policies and Procedures Manual indicates compliance</li> </ul>
7.2	<p><u>Emergency Management Training</u>                  In accordance with the Department of Human Services recommendations, all applicable agency staff must complete the following National Incident Management System (NIMS) courses developed by the Department of Homeland Security:</p> <ul style="list-style-type: none"> <li>• IS -100.HC – Introduction to the Incident command system for healthcare/hospitals</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of all training including certificate of completion in personnel file</li> </ul>

	<ul style="list-style-type: none"> <li>• IS-200.HC- Applying ICS to Healthcare organization</li> <li>• IS-700.A-National Incident Management System (NIMS) Introduction</li> <li>• IS-800.B National Response Framework (management)</li> </ul> <p>The above courses may be accessed at:<a href="http://www.training.fema.gov">www.training.fema.gov</a>.          Agencies providing support services only may complete alternate courses listed for the above areas          All new employees are required to complete the courses within 90 days of hire.</p>	
7.3	<p><u>Emergency Preparedness Plan</u>          The emergency preparedness plan shall address the six critical areas for emergency management including</p> <ul style="list-style-type: none"> <li>• Communication pathways</li> <li>• Essential resources and assets</li> <li>• patients' safety and security</li> <li>• staff responsibilities</li> <li>• Supply of key utilities such as portable water and electricity</li> <li>• Patient clinical and support activities during emergency situations. (<a href="http://www.jointcommission.org">www.jointcommission.org</a>)</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency Preparedness Plan</li> </ul>
7.4	<p><u>Emergency Management Drills</u>          Agency shall implement emergency management drills twice a year either in response to actual emergency or in a planned exercise. Completed exercise should be evaluated by a multidisciplinary team including administration, clinical and support staff. The emergency plan should be modified based on the evaluation results and retested.</p>	<ul style="list-style-type: none"> <li>• Emergency Management Plan</li> <li>• Review of Agency's Policies and Procedures Manual indicates compliance</li> </ul>
<b>8.0</b>	<b>Building Safety</b>	
8.1	<p><u>Required Permits</u>          All agencies will maintain Occupancy and Fire Marshal's permits for the facilities.</p>	<ul style="list-style-type: none"> <li>• Current required permits on file</li> </ul>

## SERVICE SPECIFIC STANDARDS OF CARE

**Case Management (All Case Management Categories)**

Case management services in HIV care facilitate client access to health care services, assist clients to navigate through the wide array of health care programs and ensure coordination of services to meet the unique needs of PLWHA. It also involves client assessment to determine client's needs and the development of individualized service plans in collaboration with the client to mitigate clients' needs. Ryan White Grant Administration funds three case management models i.e. one psychosocial and two clinical/medical models depending on the type of ambulatory service within which the case management service is located. The scope of these three case management models namely, Non-Medical, Clinical and Medical case management services are based on Ryan White HIV/AIDS Treatment Modernization Act of 2006 (HRSA)<sup>2</sup> definition for non-medical and medical case management services. Other resources utilized include the current *National Association of Social Workers (NASW) Standards for Social Work Case Management*<sup>3</sup>. Specific requirements for each of the models are discussed under each case management service category.

<b>1.0</b>	<b>Staff Training</b>	
1.1	<p><u>Required Meetings</u>  <u>Case Managers and Service Linkage Workers</u>  Case managers and Service Linkage Workers will attend on an annual basis a minimum of four (4) of the five (5) bi-monthly networking meetings facilitated by RWGA.  Case Managers and Service Linkage Workers will attend the “Joint Prevention and Care Coordination Meeting” held annually and facilitated by the RWGA and the City of Houston STD/HIV Bureau.</p> <p>Medical Case Management (MCM), Clinical Case Management (CCM) and Service Linkage Worker Supervisors will attend on an annual basis a minimum of five (5) of the six (6) bi-monthly Supervisor meetings facilitated by RWGA (in the event a MCM or CCM supervises SLW staff the MCM or CCM must attend the Supervisor meetings and may, as an option, attend the networking</p>	<ul style="list-style-type: none"> <li>• Agency will maintain verification of attendance (RWGA will also maintain sign-in logs)</li> </ul>

<sup>2</sup> US Department of Health and Human Services, Health Resources and Services Administration HIV/AIDS Bureau (2009). Ryan White HIV/AIDS Treatment Modernization Act of 2006: Definitions for eligible services

<sup>3</sup> National Association of Social Workers (1992). NASW standards for social work case management. Retrieved 02/9/2009 from [www.socialworkers.org/practice/standards/sw\\_case\\_mgmt.asp](http://www.socialworkers.org/practice/standards/sw_case_mgmt.asp)

	meetings)	
1.2	<p><u>Required Training for New Employees</u></p> <p>Within the first ninety (90) days of employment in the case management system, case managers will successfully complete HIV Case Management 101: A Foundation, through the State of Texas TRAIN website (<a href="https://tx.train.org">https://tx.train.org</a>) with a minimum of 70% accuracy. RWGA expects HIV Case Management 101: A Foundation, course completion to take no longer than 16 hours. Within the first six (6) months of employment, case managers will complete at least four (4) hours review of Community resources, and at least four (4) hours cultural competency training offered by RWGA.</p> <p>For cultural competency training only, Agency may request a waiver for agency based training alternative that meets or exceeds the RWGA requirements for the first year training for case management staff.</p>	<ul style="list-style-type: none"> <li>• Certificates of completion for applicable trainings in the case manager’s file</li> <li>• Sign-in sheets for agency based trainings maintained by Agency</li> <li>• RWGA Waiver is approved prior to Agency utilizing agency-based training curriculum</li> </ul>
1.3	<p><u>Case Management Supervisor Peer-led Training</u></p> <p>Supervisory Training: On an annual basis, Part A/B-funded clinical supervisors of Medical, Clinical and Community (SLW) Case Managers must fully participate in the four (4) Case Management Supervisor Peer-Led three-hour training curriculum conducted by RWGA.</p>	<ul style="list-style-type: none"> <li>• Review of attendance sign-in sheet indicates compliance</li> </ul>
1.4	<p><u>Child Abuse Screening, Documenting and Reporting Training</u></p> <p>Case Managers are trained in the agency’s policy and procedure for determining, documenting and reporting instances of abuse, sexual or nonsexual, in accordance with the DSHS Child Abuse Screening, Documenting and Reporting Policy prior to patient interaction.</p>	<ul style="list-style-type: none"> <li>• Documentation of staff training</li> </ul>
<b>2.0</b>	<b>Timeliness of Services</b>	
2.1	<p><u>Initial Case Management Contact</u></p> <p>Contact with client and/or referring agent is attempted within one working day of receiving a case assignment. If the case manager is</p>	<ul style="list-style-type: none"> <li>• Documentation in client record</li> </ul>

	unable to make contact within one (1) working day, this is documented and explained in the client record. Case manager should also notify their supervisor. All subsequent attempts are documented.	
2.2	<u>Acuity</u> The case manager should use an acuity scale or other standardized system as a measurement tool to determine client needs (applies to TDSHS funded case managers only).	<ul style="list-style-type: none"> <li>Completed acuity scale in client's records</li> </ul>
2.3	<u>Progress Notes</u> All case management activities, including but not limited to all contacts and attempted contacts with or on behalf of clients are documented in the client record within 72 hours of their occurrence.	<ul style="list-style-type: none"> <li>Legible, signed and dated documentation in client record.</li> <li>Documentation of time expended with or on behalf of patient in progress notes</li> </ul>
2.4	<u>Client Referral and Tracking</u> Agency will have policies and procedures in place for referral and follow-up for clients with medical conditions, nutritional, psychological/social and financial problems. The agency will maintain a current list of agencies that provide primary medical care, prescription medications, assistance with insurance payments, dental care, transportation, nutritional counseling and supplements, support for basic needs (rent, food, financial assistance, etc.) and other supportive services (e.g. legal assistance, partner elicitation services and Client Risk Counseling Services (CRCS). The Case Manager will: <ul style="list-style-type: none"> <li>Initiate referrals within two (2) weeks of the plan being completed and agreed upon by the Client and the Case Manager</li> <li>Work with the Client to determine barriers to referrals and facilitate access to referrals</li> <li>Utilize a tracking mechanism to monitor completion of all case management referrals</li> </ul>	<ul style="list-style-type: none"> <li>Review of Agency's Policies and Procedures Manual indicates compliance</li> <li>Documentation of follow-up tracking activities in clients records</li> <li>A current list of agencies that provide services including availability of the Blue Book</li> </ul>
2.5	<u>Client Notification of Service Provider Turnover</u> Client must be provided notice of assigned service provider's cessation of employment within 30 days of the employee's departure.	<ul style="list-style-type: none"> <li>Documentation in client record</li> </ul>
2.6	<u>Client Transfers between Agencies: Open or Closed less than One</u>	<ul style="list-style-type: none"> <li>Documentation in client record</li> </ul>

	<p><u>Year</u></p> <p>The case manager should facilitate the transfer of clients between providers. All clients are transferred in accordance with Case Management Policy and Procedure, which requires that a “consent for transfer and release/exchange of information” form be completed and signed by the client, the client’s record be forwarded to the receiving care manager within five (5) working days and a Request for Transfer form be completed for the client and submitted to RWGA by the receiving agency.</p>	
2.7	<p><u>Caseload</u></p> <p>Case load determination should be based on client characteristics, acuity level and the intensity of case management activities.</p>	<ul style="list-style-type: none"><li>• Review of the agency’s policies and procedures for Staffing ratios</li></ul>

## Clinical Case Management Services

The Ryan White HIV/AIDS Treatment Modernization Act of 2006 defines medical case management as “a range of client-centered services that link clients with health care, psychosocial, and other services” including coordination and follow-up of medical treatment and “adherence counseling to ensure readiness for and adherence to HIV complex treatments”. The definition outlines the functions of the medical case manager as including assessments and reassessments, individualized comprehensive service planning, service plan implementation and periodic evaluation, client advocacy and services utilization review. The Ryan White Grant Administration categorizes medical case management services co-located in a Mental Health treatment/counseling and/or Substance Abuse treatment services as Clinical Case Management (CCM) services.

Each Ryan White Part A FTE CCM is expected to serve approximately 150 People with HIV/AIDS (PLWHA) within the contract term. CCM services may be targeted to underserved populations such as Hispanics, African Americans, MSM, etc.

1.0	<b>Staff Requirements</b>	
1.1	<p><u>Minimum Qualifications</u>  Clinical case managers must have a bachelor’s degree from an accredited college or university with a major in social or behavioral sciences. All clinical case managers must have a current and in good standing State of Texas license (LBSW, LMSW, LCSW, LPC, LPC-I, LMFT, LMFT-A). Clinical case managers providing services targeted to Hispanics must have written and verbal fluency in English and Spanish. Clinical case managers must have a minimum of one (1) year paid work experience with People Living with HIV/AIDS (PLWH/A).  Agency will provide case manager a copy of job description upon hiring.</p>	<ul style="list-style-type: none"> <li>• A file will be maintained on each clinical case manager</li> <li>• Supportive documentation of credentials and job description is maintained by the agency in each clinical case manager file. Documentation should include transcripts and/or diplomas and proof of licensure</li> </ul>
1.2	<p><u>Scope of Services</u>  The clinical case management services will include at a minimum, comprehensive assessment including mental health and substance abuse/use; development, implementation and evaluation of care plans; follow-up; advocacy; direction of clients through the entire spectrum of health and support services and peer support. Other functions include facilitation and coordination of services from one service provider to another including mental health, substance abuse and primary medical care providers.</p>	<ul style="list-style-type: none"> <li>• Review of client records indicates compliance</li> <li>• Agency Policy and Procedures indicates compliance</li> </ul>
1.3	<u>Ongoing Education/Training for Clinical Case Managers</u>	<ul style="list-style-type: none"> <li>• Certificates of completion are maintained by</li> </ul>

	<p>After the first year of employment in the case management system each clinical case manager will obtain the minimum number of hours of continuing education to maintain his or her licensure and four (4) hours of training in current Community Resources conducted by RWGA</p>	<p>the agency</p> <ul style="list-style-type: none"> <li>• Current License on case manager’s file</li> </ul>
<p><b>2.0</b></p>	<p><b>Timeliness of Services/Documentation</b></p>	
<p>2.1</p>	<p><u>Client Eligibility</u>                  In addition to the general eligibility criteria, , individuals must meet one or more of the following criteria in order to be eligible for clinical case management services:</p> <ul style="list-style-type: none"> <li>• HIV+ individual in mental health treatment/counseling and/or substance abuse treatment services or HIV+ individual whose history or behavior may indicate the individual may need mental health and/or substance abuse treatment/counseling now or in the future. Clinical criteria for admission into clinical case management must include the following:                         <ul style="list-style-type: none"> <li>➤ Client is actively symptomatic with an axis I DSM-IV-TR diagnosis especially including substance-related disorders (abuse/dependence), mood disorders (major depression, Bipolar depression), anxiety disorders, and other psychotic disorders; or axis II DSMIV diagnosis personality disorders.</li> <li>➤ Client has a mental health condition or substance abuse pattern that interferes with his/her ability to adhere to medical/medication regimen and needs motivated to access mental health or substance abuse treatment services.</li> <li>➤ Client is in mental health counseling or chemical dependency treatment.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of HIV+ status, mental health and substance abuse status, residence, identification, and income in the client record</li> </ul>
<p>2.2</p>	<p><u>Discharge/Closure from Clinical Case Management Services</u>                  In addition to the general requirements, a client may be discharge from clinical case management services for the following reasons.</p> <ul style="list-style-type: none"> <li>• Client has achieved a sustainable level of stability and</li> </ul>	

	<p>independence.</p> <ul style="list-style-type: none"> <li>➤ Substance Abuse – Client has successfully completed an outpatient substance abuse treatment program.</li> <li>➤ Mental Health – Client has successfully accessed and is engaged in mental health treatment and/or has completed mental health treatment plan objectives.</li> </ul>	
<p>2.3</p>	<p><u>Coordination with Primary Medical Care and Medical Case Management Provider</u></p> <p>Agency will have policies and procedures in place to ensure effective clinical coordination with Ryan White <b>Part A/B</b>-funded Medical Case Management programs.</p> <p>Clinical Case Management services provided to clients accessing primary medical care from a Ryan White <b>Part A/B</b>-funded primary medical care provider other than Agency will require Agency and Primary Medical Care/Medical Case Management provider to conduct regular multi-disciplinary case conferences to ensure effective coordination of clinical and psychosocial interventions.</p> <p>Case conferences must at a minimum include the clinical case manager; mental health/counselor and/or medical case manager and occur at least every three (3) months for the duration of Clinical Case Management services.</p> <p>Client refusal to provide consent for the clinical case manager to participate in multi-disciplinary case conferences with their Primary Medical Care provider must be documented in the client record.</p>	<ul style="list-style-type: none"> <li>• Review of Agency’s Policies and Procedures Manual indicates compliance</li> <li>• Case conferences are documented in the client record</li> </ul>
<p>2.4</p>	<p><u>Assessment</u></p> <p>Assessment begins at intake.</p> <p>The case manager will provide client, and if appropriate, his/her support system information regarding the range of services offered by the case management program during intake/assessment.</p> <p>The comprehensive client assessment will include an evaluation of the client’s medical and psychosocial needs, strengths, resources (including financial and medical coverage status), limitations, beliefs, concerns and projected barriers to service. Other areas of assessment include demographic information, health history, sexual history,</p>	<ul style="list-style-type: none"> <li>• Documentation in client record on the comprehensive client assessment form, signed and dated, or agency’s equivalent form. Updates to the information included in the assessment will be recorded in the comprehensive client assessment.</li> <li>• A completed DSHS checklist for screening of suspected sexual child abuse and reporting is evident in case management records, when appropriate</li> </ul>

	<p>mental history/status, substance abuse history, medication adherence and risk behavior practices, adult and child abuse (if applicable). A RWGA-approved comprehensive client assessment form must be completed within two weeks after initial contact. Clinical Case Management will use a RWGA-approved assessment tool. This tool may include Agency specific enhancements tailored to Agency's Mental Health and/or Substance Abuse treatment program(s).</p>	
2.5	<p><u>Reassessment</u></p> <p>Clients will be reassessed at six (6) month intervals following the initial assessment or more often if clinically indicated including when unanticipated events or major changes occur in the client's life (e.g. needing referral for services from other providers, increased risk behaviors, recent hospitalization, suspected child abuse, significant changes in income and/or loss of psychosocial support system). A RWGA or TRG -approved reassessment form as applicable must be utilized.</p>	<ul style="list-style-type: none"> <li>• Documentation in client record on the comprehensive client reassessment form or agency's equivalent form signed and dated</li> <li>• Documentation of initial and updated service plans in the URS (applies to TDSHS – funded case managers only)</li> </ul>
2.6	<p><u>Service Plan</u></p> <p>Service planning begins at admission to clinical case management services and is based upon assessment. The clinical case manager shall develop the service plan in collaboration with the client and if appropriate, other members of the support system. An RWGA-approved service plan form will be completed no later than ten (10) working days following the comprehensive client assessment. A temporary care plan may be executed upon intake based upon immediate needs or concerns). The service plan will seek timely resolution to crises, short-term and long-term needs, and may document crisis intervention and/or short term needs met before full service plan is completed.</p> <p>Service plans reflect the needs and choices of the client based on their health and related needs (including support services) and are consistent with the progress notes. A new service plan is completed at each six (6) month reassessment or each reassessment. The case manager and client will update the care plan upon achievement of goals and when other issues or goals are identified and reassessed. Service plan must reflect an ongoing discussion of primary care,</p>	<ul style="list-style-type: none"> <li>• Documentation in client record on the clinical case management service plan or agency's equivalent form</li> <li>• Service plan signed by client and the case manager</li> </ul>

	mental health treatment and/or substance abuse treatment, treatment and medication adherence and other client education per client need.	
<b>3.0</b>	<b>Supervision and Caseload</b>	
3.1	<u>Clinical Supervision and Caseload Coverage</u> The clinical case manager must receive supervision in accordance with their licensure requirements. Agency policies and procedures should account for clinical supervision and coverage of caseload in the absence of the clinical case manager or when the position is vacant.	<ul style="list-style-type: none"><li>• Review of the agency’s Policies and Procedures for clinical supervision, and documentation of supervisor qualifications in personnel files.</li><li>• Documentation on file of date of supervision, type of supervision (e.g., group, one on one), and the content of the supervision</li></ul>

Harris County  
**HCPHES**  
Public Health & Environmental Services

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**FY 2012 MID-YEAR YEAR OUTCOMES REPORTS HIGHLIGHTS**

**RYAN WHITE GRANT ADMINISTRATION**

**HARRIS COUNTY**

**PUBLIC HEALTH & ENVIRONMENTAL SERVICES**

**(HCPHES)**

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## **Highlights from the FY 2012 Mid-Year Outcomes Reports**

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### **Clinical Case Management**

- From 3/1/2012 through 8/31/2012, 774 clients utilized Part A clinical case management. According to CPCDMS, 374 (48%) of these clients accessed primary care two or more times at least three months apart during this time period after utilizing clinical case management.
- Among these clients, 319 (41%) clients accessed Local Pharmacy Assistance Program (LPAP) services, 238 (31%) clients accessed oral health care, 59 (7.6%) clients accessed vision care and 59 (7.6%) clients accessed mental health services at least once during this time period after utilizing clinical case management.

Ryan White Part A  
OUTCOME MEASURES RESULTS  
FY 2012 Mid-Year Report

**Clinical Case Management**  
All Providers

Outcome Measure	Indicator	Data Collection Method
<b>1.0 Knowledge, Attitudes, and Practices</b>		
1.1. Increased or maintained utilization of primary care services	A minimum of 75% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing clinical case management	<ul style="list-style-type: none"> <li>• CPCDMS</li> </ul>

**Primary Care:**

From 3/1/2012 through 8/31/2012, 774 clients utilized Part A clinical case management. According to CPCDMS, 374 (48%) of these clients accessed primary care two or more times at least three months apart during this time period after utilizing clinical case management, and 13 (1.7%) clients accessed primary care for the first time after utilizing clinical case management.

Outcome Measure	Indicator	Data Collection Method
<b>1.0 Health</b>		
1.2 Increased or maintained utilization of support services	a. A minimum of 30% of clients will utilize Part A/B Local Pharmacy Assistance Program services after accessing clinical case management b. A minimum of 25% of clients will utilize Part A/B oral health care after accessing clinical case management c. Increase in the percentage of clients who access vision care after accessing clinical case management d. Increase in the percentage of clients who utilize mental health services after accessing clinical case management	<ul style="list-style-type: none"> <li>• CPCDMS</li> </ul>

From 3/1/2012 through 8/31/2012, 774 clients utilized Part A clinical case management.

**A. Local Pharmacy Assistance Program (LPAP):**

According to CPCDMS, 319 (41%) of these clients accessed LPAP services at least once during this time period after utilizing clinical case management, and 59 (7.6%) clients accessed LPAP services for the first time after utilizing clinical case management.

**B. Oral Health Care:**

According to CPCDMS, 238 (31%) of these clients accessed oral health care at least once during this time period after utilizing clinical case management, and 69 (8.9%) clients accessed oral health care for the first time after utilizing clinical case management.

**C. Vision Care:**

According to CPCDMS, 59 (7.6%) of these clients accessed vision care at least once during this time period after utilizing clinical case management, and 26 (3.3%) clients accessed vision care for the first time after utilizing clinical case management.

**D. Mental Health Services:**

According to CPCDMS, 59 (7.6%) of these clients accessed mental health services at least once during this time period after utilizing clinical case management, and 8 (1.0%) clients accessed mental health services for the first time after utilizing clinical case management.

Outcome Measure	Indicator	Data Collection Method
<b>2.0 Health</b>		
2.1 Slowing/prevention of disease progression	a. 75% of clients for whom there is lab data in the CPCDMS will show improved or maintained CD4 counts over time b. 75% of clients for whom there is lab data in the CPCDMS will show improved or maintained viral loads over time c. Percentage of clients who had Hepatitis B screening d. Percentage of clients who had Hepatitis C screening	<ul style="list-style-type: none"> <li>• CPCDMS</li> </ul>

For CD4 and viral load tests in the CPCDMS, a baseline test is a client's earliest test result date within 365 days prior to the latest test result date entered into the CPCDMS by a Part A-funded primary care provider – this is not necessarily a client's earliest test ever.

#### **A. CD4 Counts:**

Table A compares FY 2012 clients' baseline CD4 count to their most recent CD4 count. Note: it is desirable to increase (or maintain) CD4 counts over time.

Out of 313 clinical case management clients who have had more than one CD4 count recorded in the CPCDMS as of 8/31/2012 (see "Total" column), 109 (35%) clients increased their CD4 count, 187 (60%) clients maintained their CD4 count, and 17 (5%) clients had a decrease in their CD4 count.

#### **B. Viral Loads:**

Table B compares FY 2012 clients' baseline viral load to their most recent viral load. Note: it is desirable to decrease (or maintain) viral loads over time.

Out of 315 clinical case management clients who have had more than one viral load recorded in the CPCDMS as of 8/31/2012 (see "Total" column), 26 (8%) clients increased their viral load, 182 (58%) clients maintained their viral load, and 107 (34%) clients had a decrease in their viral load.

**C. Hepatitis B Screening:**

Among 774 clients who utilized Part A clinical case management, 98 (13%) clients received Hepatitis B screening during this time period, and 71 (9.2%) clients received Hepatitis B screening for the first time after utilizing clinical case management.

**D. Hepatitis C Screening:**

Among the clinical case management clients, 120 (16%) clients received Hepatitis C screening during this time period, and 50 (6.5%) clients received Hepatitis C screening for the first time after utilizing clinical case management.

Table A: CD4 Counts of Clinical Case Management Clients by Gender, Race and Ethnicity

	Increased CD4 Count*				Maintained CD4 Count**			Decreased CD4 Count				Total
	Number	Avg Baseline	Avg Latest	Percent	Number	Avg Latest	Percent	Number	Avg Baseline	Avg Latest	Percent	Number
Female	33	297	582	34%	63	620	66%	0	0	0	0%	96
Male	74	293	498	34%	124	543	58%	17	385	230	8%	215
Trans M to F	2	265	398	100%	0	0	0%	0	0	0	0%	2
African American	68	272	498	39%	97	548	55%	10	277	154	6%	175
Asian	0	0	0	0%	2	682	100%	0	0	0	0%	2
Multi-Race	0	0	0	0%	1	467	100%	0	0	0	0%	1
Pacific Islander/Hawaiian	0	0	0	0%	1	488	100%	0	0	0	0%	1
White	41	330	560	31%	86	592	64%	7	540	340	5%	134
Hispanic	21	268	514	38%	33	538	59%	2	329	206	4%	56
Non-Hispanic	88	300	523	34%	154	576	60%	15	393	234	6%	257
Total	109	294	521	35%	187	569	60%	17	385	230	5%	313

\*mm3

\*\*“Maintained” is defined as +/- 15% from the baseline CD4 count.

Table B: Viral Loads of Clinical Case Management Clients by Gender, Race and Ethnicity

	Increased Viral Load*				Maintained Viral Load**			Decreased Viral Load				Total
	Number	Avg Baseline	Avg Latest	Percent	Number	Avg Latest	Percent	Number	Avg Baseline	Avg Latest	Percent	Number
Female	6	908	14,038	6%	61	14,226	64%	29	194,910	243	30%	96
Male	20	303	18,330	9%	121	7,231	56%	76	118,333	3,938	35%	217
Trans M to F	0	0	0	0%	0	0	0%	2	293,360	845	100%	2
African American	19	535	23,168	11%	93	10,251	53%	63	166,130	4,554	36%	175
Asian	0	0	0	0%	2	80	100%	0	0	0	0%	2
Multi-Race	0	0	0	0%	1	20	100%	0	0	0	0%	1
Pacific Islander/Hawaiian	0	0	0	0%	0	0	0%	1	8,610	1,730	100%	1
White	7	191	1,520	5%	86	9,177	63%	43	110,642	451	32%	136
Hispanic	5	30	623	9%	30	25,027	55%	20	134,401	998	36%	55
Non-Hispanic	21	541	21,320	8%	152	6,526	58%	87	144,188	3,311	33%	260
Total	26	443	17,340	8%	182	9,575	58%	107	142,359	2,879	34%	315

\*c/ml

\*\*“Maintained” is defined as a change of less than threefold from the baseline viral load

**In addition, 70% of clinical case management clients’ most recent viral load tests were undetectable (below 50 c/ml).**

# SUBSTANCE USE DISCHARGE LIAISON

# 17

SUBSTANCE USE DISCHARGE LIAISON is an individual level intervention designed to help meet the immediate health and social service needs of HIV+ men and women with histories of substance use upon release from incarceration. The key characteristics of Substance Use Discharge Liaison are: the relationship built between the agency and correctional facility; the continuity of care that begins inside the facility and continues after release; the development of a treatment plan that identifies the client’s goals and plan of action; and the substance-use intake assessment that matches a program to client needs.

## CURRENT ACTIVITY SETTING

*Lesbian Gay Bisexual Transgender (LGBT) Mental Health Service Agency, Early Intervention Program*

- ✓ Directly links the client to medical care
- ✓ Gets the client in a conversation about starting medical care
- ✓ Brings the agency closer to where HIV+ people are so that the conversation can begin

## I. DESCRIPTION

### OBJECTIVES

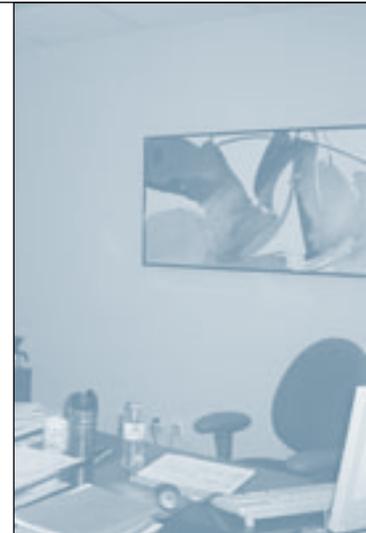
- ▶▶ To help HIV+ clients link to health care and substance use treatment upon release from correctional facilities
- ▶▶ To actively involve formerly incarcerated HIV+ individuals in their own process of sobriety and well-being

### POPULATION SERVED

- ▶▶ Inmates co-diagnosed as substance using and HIV+
- ▶▶ Men and women being released from a correctional facility

### ACTIVITY DESCRIPTION

Substance Use Discharge Planning supports individuals returning to life outside a correctional facility by helping them to increase their attention to health and well-being, and also to participate actively in the process of sobriety.



QUICK NOTES:

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*“It’s important to let the client identify what their needs are and not assume that HIV comes first.”*

— SUBSTANCE USE DISCHARGE PLANNER

### **Development**

- ▶▶ The agency gains permission from selected correctional facilities for a liaison to carry out discharge planning for HIV+ inmates with histories of substance use who are within 90 days of release.
- ▶▶ The agency staff requests security clearances for the liaison.
- ▶▶ The correctional facility administration determines which units the liaison can visit within each facility.
- ▶▶ In each facility, agency staff builds a relationship with a department (e.g., the medical department) that is willing to host the discharge liaison.
- ▶▶ The “host department” selects a time for the liaison to visit inmates in the facility on a regular basis.
- ▶▶ The agency staff builds relationships with other departments in each facility that can help to identify inmates with histories of substance use and connect them to the liaison. These departments may include the medical department/infirmery, the chaplaincy, or the education department. The agency asks that these departments refer inmates to the discharge planner liaison for a meeting.
- ▶▶ The agency staff sends all pamphlets, brochures, consent forms, and other written materials for use in the liaison meetings to the State Department of Corrections for approval.

### **Discharge Planning Meeting Scenario**

#### *Preparation for the Meeting*

- ▶▶ Participating departments of the facility make request forms available to inmates for discharge planning. An inmate may submit this form, when completed, to the facility administration. Alternatively, inmates who find out about the liaison through word of mouth may write a letter directly to the liaison to request a meeting.
- ▶▶ The host department then prepares a list of approved inmates with whom the liaison will meet and sends it to the liaison.
- ▶▶ The discharge liaison calls the correctional facility to make sure the approved inmates have not been unexpectedly transferred or released.
- ▶▶ On the day of the predetermined visit, the inmate is given a pass by the medical department for an escort to the medical area.

#### *Meeting with the Inmate*

- ▶▶ The liaison and inmate have their first meeting in a private space in the facility.
- ▶▶ The liaison greets the inmate and describes the services the agency provides. Because of the sensitive nature of disclosing HIV and substance use, s/he focuses the first meeting on establishing rapport and begins by discussing the inmate’s general needs.
- ▶▶ The liaison expresses a willingness to help the inmate before and after their release from the facility.
- ▶▶ S/he then asks the inmate to identify specific health and life needs. The liaison does not assume that the inmate will identify HIV care or substance use treatment as the most important need. Instead, the liaison asks broad questions, like “You have requested a meeting with me, which suggests you may have some health needs. Can you tell me about them?”
- ▶▶ As the inmate shares his/her needs, the liaison responds, “And how can I help you with that?” If the inmate does not disclose substance use or HIV infection, the liaison probes with questions like, “Did you ever engage with people who used drugs?” or “Are you taking any medications?”
- ▶▶ If an inmate discloses a history of substance use, the liaison requests more information. If an inmate discloses HIV infection, s/he asks when they were diagnosed and about their last doctor visit.
- ▶▶ Noting the inmate’s release date, the liaison discusses the public benefits and services the inmate can access once discharged. S/he always asks which services interest the inmate because they will have to commit to each service’s individual requirements. The inmate signs eligibility paperwork for the AIDS Drug Assistance Program, food pantries, housing, and other services.
- ▶▶ The liaison asks the inmate to sign consent forms in order to access his/her confidential information from the facility administration.
- ▶▶ S/he asks the inmate to meet three to five more times before release in order to get all the paperwork organized. That way, services will be available to them when they are released.
- ▶▶ The liaison and inmate then discuss other services that interest the inmate.
- ▶▶ As the meeting winds down, the liaison reminds the inmate of the date of their next meeting and offers informational literature on the agency.
- ▶▶ The liaison requests information from the facility administration about the inmate, such as their HIV status and medications.

- ▶▶ After the meeting, back at the agency, the liaison creates a client file and sends the inmate's application paperwork to the appropriate service agencies.

#### *Follow-Up Meetings at the Facility*

- ▶▶ At subsequent meetings with each inmate, the liaison further explores substance use and HIV issues and the best service options for each individual.
- ▶▶ In the final meeting before release, the liaison verifies that the inmate has completed all the appropriate paperwork for the chosen post-discharge medical, housing, and support services. The liaison provides a packet of information on these services along with referral letters to medical and social service resources, a copy of the inmate's identification card, documentation of their HIV diagnosis, proof of residence and income, and a list of their medications and dosages.
- ▶▶ The liaison invites the inmate to attend a "walk-in" meeting at the agency any afternoon immediately following release. Walk-in meetings are more convenient for newly discharged clients since arranging transportation and other issues at release can interfere with keeping an appointment.

#### *Post-Release Meetings*

- ▶▶ When the liaison and client have their first post-release meeting at the agency, the liaison enters the client's eligibility verification information into a city-wide computer database accessible by many social service agencies throughout the city. This saves the client the needless effort of duplicating paperwork for every service provider and reduces the occurrences of conflicting information.
- ▶▶ The meeting focuses on the immediate needs of the client. It may include a suggestion to explore substance use treatment programs.
- ▶▶ The liaison then requests a second, post-release meeting to follow-up on the client's needs.
- ▶▶ By the second meeting, the agency has helped to stabilize the client's life; this builds the client's confidence in the agency. The liaison and client follow up on options for addressing the client's history or pattern of substance use. The liaison assigns the client a case manager to help them access health and social services.
- ▶▶ The liaison then schedules the client (often the same day) to meet with a licensed clinical case manager for a formal substance use intake assessment. This case manager assesses the client's suitability for one or more of the following programs:
  - Individual Case Management - Clients have ongoing meetings with a case manager to arrange for dental, nutritional, housing, and health care needs.
  - Individual HIV and Chemical Dependency Counseling - Clients have weekly, individual counseling sessions with a chemical dependency therapist on HIV and substance use issues.
  - In-patient Substance Use/Chemical Dependency Treatment - Clients are referred to a 12-step, in-patient substance use program at another agency.
  - Intensive Out-Patient Substance Use Treatment Program - Clients meet for a group training five nights a week for eight weeks. Licensed therapists provide psychological education and support (including a "family night"), relapse prevention, and information on substance use and HIV.
- ▶▶ Case managers work with supervisors from each of these programs to review and determine which counselors, groups, and programs the client will be referred to.
- ▶▶ Once a program schedule is established, the case manager and client create an individualized "treatment plan" together. The plan states the client's goals and action steps for health, which often address substance use. When appropriate, the plan sets out a course for the client to access HIV care.
- ▶▶ Every week, the staff members from all four programs meet to review the substance use treatment process of each client and discuss how they can further help clients manage their HIV health care.
- ▶▶ Clients who successfully complete the intensive out-patient substance use treatment program attend a graduation ceremony. They can then choose to enter a six-month "after-care recovery group" or individual counseling to receive support in setting new substance use treatment and HIV care goals.
- ▶▶ Once clients achieve their treatment goals and have transitioned into stable sobriety and health care, they leave the agency or their cases are closed.

## PROMOTION OF ACTIVITY

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- ▶▶ Discharge planner describes planning services at public meetings attended by correctional facility staff.
- ▶▶ Community health agencies discuss agency services in meetings.
- ▶▶ HIV educators give pamphlets and brochures to inmates.
- ▶▶ Word of mouth both in and out of the facility
- ▶▶ State conferences on substance use

## II. LOGISTICS

### STAFF REQUIRED

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- ▶▶ Criminal justice discharge planner liaison
- ▶▶ Clinical case manager
- ▶▶ Licensed social worker or counselor to perform chemical dependency intake assessment and individual counseling
- ▶▶ Licensed therapist to facilitate group therapy
- ▶▶ Program coordinator or supervisor to develop treatment plan and determine appropriate level of care services

### TRAINING & SKILLS

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- ▶▶ The staff must show respect and be non-judgmental, constant, and consistent in its service.
- ▶▶ The staff must demonstrate professional follow-through on each agreement made with the client.
- ▶▶ The staff must be sensitive to prison culture and to gay identity in the context of prison culture. It must also recognize that men may have sex with men in prison without necessarily identifying themselves as gay.
- ▶▶ The staff must understand HIV infection and have knowledge of STDs, TB, and universal safety precautions.
- ▶▶ Key staff must be trained in nonviolent crisis intervention.

### PLACE OF ACTIVITY

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- ▶▶ Incarcerated clients: within correctional facility in a private space
- ▶▶ Released clients: wherever the client chooses to meet (agency clinic, client's home, or public place)

### FREQUENCY OF ACTIVITY

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- ▶▶ Three to five visits with client inside correctional facility within 90 days of anticipated release
- ▶▶ Three more visits, post-release, over eight to ten weeks

### OUTSIDE CONSULTANTS

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None

### SUPPORT SERVICES

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- ▶▶ Interpretation for hearing impaired, Spanish-speaking, and French-speaking clients
- ▶▶ Transportation support such as bus vouchers

## CONDITIONS NECESSARY FOR IMPLEMENTATION

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- ▶ The agency must maintain a positive relationship with correctional facilities and community service providers.
- ▶ All levels of agency staff must commit to providing this service.

## III. STRENGTHS AND DIFFICULTIES

### STRENGTHS

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- ▶ Immediate health and social service needs of clients are met upon release.
- ▶ The agency provides an accessible, welcoming, and safe space for clients who return after dropping out of the program.

### WEAKNESSES

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- ▶ The activity cannot always prevent substance use relapse by clients.
- ▶ The rigidly structured format of substance use treatment can be too inflexible for some clients.

### DIFFICULTIES FOR CLIENTS

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- ▶ Clients may encounter obstacles in accessing needed services.
- ▶ They often find the extensive paperwork and documentation overwhelming.
- ▶ They sometimes perceive the substance use treatment programs as rigid and unaccommodating.

### DIFFICULTIES FOR STAFF

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- ▶ Agency staff experiences frustration with “no show” clients.
- ▶ Agency staff reports a high relapse rate for substance users.
- ▶ Principal resources within the community change their service portfolios or terminate programs without notification.
- ▶ Staff must deal with situations where clients have heard of programs that have since ceased to exist.

### OBSTACLES FOR IMPLEMENTATION

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- ▶ Lack of motivation and willingness on the part of the client to change established life patterns and social networks
- ▶ If too few clients enter into outpatient treatment, the money allocated for such services goes unspent and may be subject to cuts.

### ACTIVITY NOT SUITED FOR

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- ▶ Clients who are actively psychotic
- ▶ Clients whose lives are too chaotic for a substance use treatment plan
- ▶ Clients whose circumstances preclude commitment to an eight week program (e.g., employment schedule, transportation difficulties, or financial hardship)

## IV. OUTCOMES

### EVALUATION

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- ▶ Agency staff meets quarterly to review and discuss case-manager reports for each client.
- ▶ Supervisors for specific treatment programs review each case with clinical managers.
- ▶ During the course of a treatment program, providers review “treatment plans” that spell out client goals and action steps.

- ▶▶ The substance use treatment program provider closely monitors client engagement in medical care for HIV infection.
- ▶▶ The staff from all four substance use treatment programs meets weekly to review the progress of each client with respect to substance use and HIV care.
- ▶▶ Client files are color coded, depending on which program(s) they join, for easier tracking.

## EVIDENCE OF SUCCESS

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- ▶▶ Over 50% of clients establish and maintain connections to HIV care during the course of their substance use treatment.
- ▶▶ Since beginning this program, the agency has observed an increase in clients linked to medical care for HIV infection.
- ▶▶ Since beginning this program, the agency has observed an increase in clients who complete their substance use treatment plans.
- ▶▶ Seventy-five to 80% of clients from correctional facilities go to first agency meeting.
- ▶▶ Over 50% of the clients whose process was initiated at the correctional facility stay in the agency case management service for the entire program.
- ▶▶ Clients report feeling healthier and having a better quality of life.

## UNANTICIPATED BENEFITS

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- ▶▶ As a result of successful completion of substance use treatment programs, clients become more productive and many obtain employment.
- ▶▶ Many clients whose health improves are able to obtain employment and they can often switch from restrictive, state-sponsored health plans to more beneficial employer-sponsored plans.

## “CONNECTING TO CARE” ELEMENTS OF ACTIVITY

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- ▶▶ The agency-client relationship begins inside the correctional facility and continues post-release.
- ▶▶ The staff continuously builds trust and rapport between the client and the agency.
- ▶▶ By providing referral documents and support material, this activity provides inmates with information on the array of services available in the community and prepares clients to access needed resources upon release.
- ▶▶ The full activity provides continuity of care: the same staff member who begins to meet with the client during incarceration also sees the client after release to connect the client to substance use treatment programs and HIV care.

## KEEP IN MIND...

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- ▶▶ Once you pass through the security at the correctional facility, you are under its authority and must abide by facility rules.
- ▶▶ Remember that you are a “guest” of the hosting institution.
- ▶▶ A liaison must understand and show sensitivity to prison culture.
- ▶▶ Be willing to travel.
- ▶▶ Allow for flexibility in the treatment programs for HIV+ clients with mental health issues.
- ▶▶ Keep your word; show up when and where you say you will.