

# GETTING STARTED INTAKE CASE MANAGEMENT

**GETTING STARTED INTAKE CASE MANAGEMENT** is an individual level intervention for HIV+ individuals to help ease their transition from life within a correctional facility to life beyond it. The key characteristics of Getting Started Intake Case Management are: the holistic approach taken by the case manager in assessing clients’ needs; the support and health education offered to clients through participation in support groups and case management meetings; and the provision of “staple-item” incentives which help clients meet basic needs in hygiene and apparel.

## CURRENT ACTIVITY SETTING

*AIDS Service Organization, Client Services*

- ✓ 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 link HIV+ individuals with criminal justice involvement to medical and social case management services
- ▶ To enroll HIV+ individuals in the AIDS Drug Assistance Program (ADAP) and help them secure housing

### POPULATION SERVED

- ▶ Currently incarcerated men and women soon to be released

### ACTIVITY DESCRIPTION

Getting Started Intake Case Management allows incarcerated individuals to create a post-release plan with the help of a case manager who supports an assessment of their social, housing, and health care needs.



QUICK NOTES:

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### **Planning and Needs Assessment**

- ▶▶ The agency selects a group of inmates living with HIV or chronic hepatitis C who will soon be released from a correctional facility and conducts a two-survey needs assessment of the group.
- ▶▶ The first survey is administered while the group members are incarcerated, and the second takes place once all the members of the group have been released.
- ▶▶ The agency uses the assessment results to inform its selection of community organizations for clients to use for their health and social-service needs.
- ▶▶ The agency secures funding to implement the activity.

### **Implementation**

- ▶▶ The agency establishes a partnership with a correctional facility that houses inmates who will be returning to the community served by the agency.
- ▶▶ A medical checklist is developed and placed in HIV+ inmates’ medical files. It includes a prompt for initiating discharge planning three to six months before an inmate’s release date. The agency asks the facility’s medical personnel to insert this checklist in the medical files of inmates living with HIV.
- ▶▶ Working with the medical personnel, the agency’s case manager contacts inmates who are HIV+ and nearing their release date to inform them of the agency’s services.
- ▶▶ In consultation with correctional facility officials, the agency designs an informational brochure on its services for use within the correctional facility.
- ▶▶ To encourage wider distribution of the brochure, the agency contacts the HIV services planning council, which prints a directory of recommended service organizations within its community. The agency arranges for the council to provide brochures to inmates who request a copy of the directory.
- ▶▶ The informational brochure has a section that inmates can detach and mail to the agency, postage free, with a message or a request for more information.
- ▶▶ Following their release, they may either mail in the brochure’s detachable section or contact the agency to schedule an appointment.
- ▶▶ When a client schedules an appointment, the activity proceeds as follows:

### **Client Intake**

- ▶▶ A client arrives at the agency and meets with a case manager.
- ▶▶ The case manager and client begin to develop a service plan to guide the client’s transition. The plan develops in accordance with the client’s needs and personal goals and the organizations from which s/he will receive services.
- ▶▶ Together, they consider the client’s housing, nutritional, and transportation needs and discuss how to best meet these needs.
- ▶▶ The client signs a consent form, which lists service organizations available to him/her. The client’s consent authorizes the agency to communicate with the client’s parole or probation officer as well as the listed organizations. Before the client signs the consent form, s/he can decline to provide information or refuse to accept services from any resource listed by crossing them off the form.
- ▶▶ The case manager and client explore the client’s need for mental health services. The case manager asks about any previous psychiatric diagnoses and medications.
- ▶▶ S/he also explores any history the client has of substance use and whether or not the client would benefit from a 12-step or out-patient program. Classes for support and substance use are identified and scheduled.
- ▶▶ The conversation then shifts to medical care, in general, and HIV care in particular. The case manager asks if the client has identified a medical facility from which they would like to receive care.
- ▶▶ When the client indicates a preference, the case manager provides a referral to that facility. On the referral form, the case manager writes the client’s medical needs. S/he then gives the client a business card for the referred medical care professional. Knowing the doctor’s name personalizes the process.

- ▶▶ The case manager advises the client on the details of this first medical appointment and provides them with a seven-day bus pass for transportation to the appointment. The client receives a 365-day bus pass from the health care provider for use thereafter.
- ▶▶ The case manager explains that over the next six months, the agency will monitor the client's medical and ADAP participation. If, at the end of six months, clients are able to verify their participation through receipts, prescriptions, and other documentation, the agency will give them a \$50 clothing voucher.
- ▶▶ The client receives the service plan developed during intake. The dates and times of all scheduled appointments, identified support groups, and follow-up visits to the agency are clearly noted.
- ▶▶ Each client who completes intake receives a backpack of gender- and race/ethnic-specific items, including T-shirts, personal hygiene kits, and condoms.

### **Intake Follow-Up**

- ▶▶ The case manager and client review what has happened since their last meeting. They cover the client's first medical visit, any referrals that the medical provider made, and any parole meetings that have taken place.
- ▶▶ In one of the initial meetings, the client completes a pre-test on his/her knowledge about HIV infection, STDs, and safer sex practices.
- ▶▶ The case manager and client next complete the ADAP application, which the case manager files on behalf of the client.
- ▶▶ They review the service plan and discuss any additional support groups or services the client might benefit from.
- ▶▶ For the next six months, the case manager and client continue to meet and discuss the client's progress and address any needs that arise.
- ▶▶ The client completes a post-test around the six-month mark to gauge his/her increase in knowledge following the completion of the service plan.
- ▶▶ Every quarter, the agency holds a commencement ceremony for individuals who are marking the sixth month of their relationship with the agency. The ceremony includes a keynote presentation, a discussion of risk reduction, lunch, and the distribution of certificates of completion.
- ▶▶ Clients often continue to access agency services after their commencement.

## **PROMOTION OF ACTIVITY**

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- ▶▶ Brochures circulated in partnering correctional facilities
- ▶▶ Referrals from the Department of Criminal Justice
- ▶▶ Peer educator program in operation at 67 correctional facilities
- ▶▶ Agency's case manager at client intake
- ▶▶ HIV services planning council
- ▶▶ Word of mouth

## **II. LOGISTICS**

### **STAFF REQUIRED**

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A case manager to assist in the development of client service plans, provide medical provider and support group referrals, and present clients with incentives for continued participation

### **TRAINING & SKILLS**

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- ▶▶ The case manager must have extensive working knowledge of HIV services in the community.
- ▶▶ Staff members should understand prison culture.

- ▶▶ Staff should also be skilled in putting people at ease so they feel comfortable opening up and expressing their needs.
- ▶▶ Staff should be trained in data collection and documentation.

### **PLACE OF ACTIVITY**

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- ▶▶ Individual client meetings are held in a private office at the agency.
- ▶▶ Support groups attended by clients take place in meeting spaces in the community.

### **FREQUENCY OF ACTIVITY**

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Daily for new clients

### **OUTSIDE CONSULTANTS**

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None

### **SUPPORT SERVICES**

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None

### **CONDITIONS NECESSARY FOR IMPLEMENTATION**

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- ▶▶ In order to ensure that the informational brochures are distributed and that agency staff can do outreach in the correctional facility, the agency must have a solid relationship with facility officials or, at the very least, with personnel assigned to the individual units of the facility.
- ▶▶ It is beneficial for the agency to have a good rapport with probation and parole officers since they usually see, and may refer, former inmates within 24 hours of release.
- ▶▶ The agency must have good working relationships with other service organizations in the community to make appropriate referrals for clients.

## **III. STRENGTHS AND DIFFICULTIES**

### **STRENGTHS**

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- ▶▶ The activity helps clients to meet their most basic needs, which is a critical first step to linking them to other services, including health care.
- ▶▶ The incentives keep clients motivated.

### **WEAKNESSES**

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In the agency's needs assessment survey, housing is cited as the number one concern, yet there is not sufficient funding to fully support clients with this need.

### **DIFFICULTIES FOR CLIENTS**

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The type and nature of some clients' offenses impose legal restrictions on the kinds of services the agency is able to offer to them.

### **DIFFICULTIES FOR STAFF**

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- ▶▶ The agency lacks funding for emergency housing, and clients have trouble adhering to a service plan when they lack housing.

- ▶ Securing and packaging items for use as incentives in order to link clients to care is time intensive.
- ▶ The agency cannot process the entire population of men and women coming out of the correctional system.

## OBSTACLES FOR IMPLEMENTATION

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None

## ACTIVITY NOT SUITED FOR

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- ▶ Individuals with acute psychiatric disorders
- ▶ Individuals with cognitive impairment

# IV. OUTCOMES

## EVALUATION

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- ▶ Client evaluation form
- ▶ Pre- and post-tests administered to clients

## EVIDENCE OF SUCCESS

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- ▶ Within two weeks of intake, 90% of clients are enrolled in medical and health benefit programs, including ADAP.
- ▶ In the first six months, 80% of clients adhere to their service plan, including scheduled medical care visits.
- ▶ After six months, 70% continue to receive care and 40% remain involved in agency groups and activities, including its annual AIDS Walk.
- ▶ Post-test results reveal clients' increased knowledge of HIV and community resources.

## UNANTICIPATED BENEFITS

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- ▶ Clients raise their self-esteem and have an increased sense of self-worth.
- ▶ Clients gain knowledge of STD transmission, prevention, and risk reduction methods.
- ▶ Clients improve their knowledge of basic hygiene and how to stay healthy.

## “CONNECTING TO CARE” ELEMENTS OF ACTIVITY

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- ▶ The case manager smooths the way for the client's first contact with a health care provider by making an informed referral, communicating the client's needs to the health care provider, scheduling an appointment for the following day, and providing the client with a means of transportation.
- ▶ The incentives serve as tangible reinforcements for accessing social services and medical care. Providing supportive services helps to link clients to medical care and keep them in care.
- ▶ Some staff members have either worked in correctional facilities or were incarcerated themselves, which makes it easy for them to relate to clients' situations.

## KEEP IN MIND...

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- ▶ The brochure promoting the activity should be appealing to the eye, and the inclusion of HIV on the cover should be subtle.
- ▶ Community resources may offer reduced prices or bulk rates for incentive items.
- ▶ One agency can't "do it all"; partnerships are essential to the success of this activity.
- ▶ Commitments made by agency staff must be carried through to completion; otherwise, clients will lose confidence in the agency and drop out.

