

1. There was an excellent return rate: 20 surveys from Medical Case Managers

Part A 12 surveys (1 or 2 may actually be paid with state replacement funds)

Part B 8 surveys (1 paid with state replacement funds)

2. Case Managers Demographics and Other Information

Gender

15 Females
5 Males

Sexual Orientation

17 Heterosexual
2 Gay
1 Bisexual

Race Ethnicity

4 African American
2 Latino
5 Latina
7 White
2 Multi Racial

Languages

9 speak Spanish
1 speaks French

Experience

Worked as a Medical Case Manager		Worked in Current Position	
Amount of Time	% of CM's	Amount of Time	% of CM's
Less than 1 year	45%	Less than 1 year	50%
1 -2 years	20%	1 -2 years	15%
3-5 years	10%	3-5 years	20%
More than 5 years	25%	More than 5 years	15%

85 % of case managers have BA or BS degrees

50 % of case managers are completely satisfied with their job; 30% are very satisfied; and 20% are somewhat satisfied

3. Survey Respondents (20 case managers) serving a total of 747 Active Clients

Demographic and Other Data about Case Managers' Clients
237 are African American
11 are West Indian/Caribbean
4 are African
303 are Latino/Hispanic
174 are White
2 are American Indian or Alaska Native
0 are Native Hawaiian or other Pacific Islander
1 are Asian
75 were first diagnosed with HIV/AIDS somewhere other than Connecticut
28 are active injection drug users
83 actively use other drugs (e.g. cocaine)
27 do you suspect abuse prescription medications (e.g. pain killers, valium)
280 have clinically diagnosed depression
21 have clinically diagnosed schizophrenia
157 do you suspect have a serious undiagnosed mental health problem
175 do you suspect are depressed (but not confirmed)
44 are currently homeless
99 were homeless at some point in the past 12 months
53 were released from prison in the past 12 months
1 is pregnant
109 have children living with them
464 get support from their families

4. Top 5 Types of Clients with Most Difficulty Getting Services For with Weighted Score.

Type of Client	Relative Weight
1. Homeless clients ₁	57
2. Active substance user ₂	47
3. Clients with co-morbid substance use and mental health problems ₇	29
4. Clients who are mentally ill ₄	28
5. Clients who were recently in prison ₃	16

5. Referral Problems by Service Type

Service Type	Number of Case Managers Reporting Problems	Types of Problems
Medical Care for HIV ₁	3	Takes too long to get appointments; ID doc not taking new patients
Medications (e.g. paying) ₂	4	
Dental Care ₃	3	Clients prefer walk in service; waiting list
Case Management ₄	1	
Medication Reimbursement ₅	1	
Housing Assistance ₆	14	Not enough resources; waiting list
Housing Support Specialists ₇	6	Waiting list
Medical Translation Services ₈	2	
Home Health Care ₉	0	
Substance Abuse Treatment ₁₀	3	Not enough beds for inpatient services; not enough services for youth
Mental Health Treatment ₁₁	4	Wait list for outpatient services; no medication management
Psychosocial Support Services (Wellness Centers) ₁₂	1	Youth not comfortable at wellness centers
Support Groups ₁₃	2	
Nursing Home/Hospice ₁₄	1	
Homemaking Assistance ₁₅	1	
Emergency Financial Assistance ₁₆	1	Slow process for outside agencies; limited resources
Foods/Meal Assistance ₁₇	2	Food pantries run out of food at end of month
Transportation ₁₈	7	Caps; TitleXIX difficult to access; paperwork
Legal Services ₁₉	2	Cannot find attorneys for court cases; paperwork
Job training/placement ₂₀	6	Not sure of available resources; language issues
Nutritional Counseling ₂₁	1	Not sure of resources
Adherence Support ₂₂	1	
Other ₂₃ : _____		
Other ₂₃ : _____		

6. Three BIGGEST Referral PROBLEMS Case Managers have because they DO NOT KNOW where to refer the client

1. Housing Assistance
2. Job Training
3. Emergency Financial Assistance

7. Three services case managers believe clients NEED BUT ARE NOT GETTING.

1. Housing Assistance
2. Emergency Financial Assistance
3. Transportation

8. How clients are assigned to caseloads

Sources	% of case managers
Referrals ₁	80
CM availability based on case load ₂	80
Based on determination of need at intake ₃	15
Walk-in ₄	25
Match of client need to expertise of MCM ₅	15
No clear process ₆	0
Geography or location ₇	65
Acuity Scale ₈	0
Language Preference ₉	40
Culture Preference ₁₀	5
Sexual Orientation Preference ₁₁	5
Gender Preference ₁₂	10

9. Where referrals come from

Sources	% of case managers
Outreach Worker ₁	30
Needle Exchange Workers	0
Health Educator ₃	5
Emergency rooms ₄	5
Community Clinics ₅	80
Other community based organizations ₆	50
HIV Counseling/Testing ₇	55
Other Clients/Word of Mouth ₈	30

AIDS Legal Network ₉	5
Department of Corrections ₁₀	35
Medical Providers ₁₁	70
Substance Abuse Provider ₁₂	20
Mental Health Service Provider ₁₃	20
Early Intervention Services (EIS) ₁₄	15
Disease Intervention Specialist ₁₅	5

10. Percent of Case Managers whose Service Plans Include the Following

<i>Long and short term needs</i> ₁	95%
<i>Action steps</i> ₂	90%
<i>Client goals and objectives</i> ₃	90%
<i>Time frames to resolve client problems</i> ₄	90%
<i>Housing plans</i> ₅	85%

11. Percent of Case Managers Whose Assessments Include the Following

<i>Last Medical Appointment</i> ₁	90%
<i>Next Medical Appointment</i> ₂	95%
<i>Name of Clients Medical Provider</i> ₃	90%
<i>General Information required by the Parts A, B C or D</i> ₄	80%
<i>Name, Location and Contact Number for Pharmacy</i> ₅	85%
<i>ViralLoad & CD4 test results</i> ₆	100%
<i>Support systems including religious affiliations</i> ₇	50%
<i>Client strengths and limitations</i> ₈	50%
<i>Bio-psycho-social support needs</i> ₉	85%
<i>Barriers to access and retention in care</i> ₁₀	75%
<i>Functional HIV knowledge / health literacy</i> ₁₁	70%
<i>Need for referrals to core medical and support services</i> ₁₂	100%
<i>Primary Care and Health Maintenance Screening</i> ₁₃	75%
<i>Cancer</i> ₁₄	5%
<i>Hepatitis A,B,C screening</i> ₁₅	50%
<i>Oral Health Screening</i> ₁₆	55%
<i>Access to Pharmaceuticals (medications)</i> ₁₇	65%
<i>HIV Medication Adherence Screening</i> ₁₈	80%
<i>Mental Health</i> ₁₉	95%
<i>Substance Use Screening</i> ₂₀	70%

<i>Nutritional Health Screening</i> ₂₁	60%
<i>Risk Reduction Counseling (e.g., partner notification)</i> ₂₂	90%
<i>Correctional History</i> ₂₃	30%
<i>Legal issues (e.g., guardianship/custody, discrimination, criminal justice, immigration)</i>	75%
<i>Follow-up after hospital care</i> ₂₅	60%
<i>Follow-up after urgent/emergency care</i> ₂₆	60%
<i>Housing Status</i> ₂₇	90%
<i>Language Preference</i> ₂₈	55%
<i>Transportation Needs</i> ₂₉	80%

12. Top 5 Barriers to Assessing Client Needs with Weighted Score

Barrier	Relative Weight
1. Paper Work	47
2. Client Reluctance	46
3. Need to communicate directly with PCP	26
4. Lack of Time to Spend with Client	15
5. Lack of Information about Available Services	8

13. Top 5 Barriers to Making Effective Referrals with Weighted Score

Barrier	Relative Weight
1. Waiting Lists for Clients	31
2. Paper Work and Red Tape	30
3. Commitment of Client	27
4. Services Not Available Locally	22
5. Time and Energy Needed to Complete Referral Process	21 Tied
5. Lack of Cooperation from Referral Agency	21 Tied

14. Top 3 Barriers to Maintaining Contact with Clients with Weighted Score

Barrier	Relative Weight
1. Client Based Factors (e.g. substance abuse/mental health)	45 Tied
1. Client Unwillingness	45 Tied
2. High Caseloads with Lack of Time to Follow-up	43

15. Delivery of Medical Case Management Services

Wait time for service	# of case managers reporting	%
24 hours	1	5
48 hours	1	5

One week	6	30
Not Sure	9	45
No Response	3	15

70 % of case managers will visit clients in their homes

95 % of case managers inform/educate their clients about all the services available to them

45 % of case managers have a method for classifying cases on the basis of high, medium, and low needs

60 % of case managers have established relationships with staff at other agencies that allow them to cut through red tape and get services for their clients quickly

16. Methods used by medical case managers to build and maintain good relationships with referral contacts

Method	% of Case Managers
Initiate and maintain personal contact with other service providers ₁	100
Provide quality services ₂	90
Attend meetings ₅	90
Join work groups/committees ₆	35
Ask service providers to provide in-service training ₃	20
Provide in-service training for other service providers ₄	15

17. 70 % of case managers say that their agencies have procedures for dealing with difficult clients

Procedure	% of Case Managers
Ensure that the client enters appropriate treatment	55%
Discharge from client case load ₄	35%
Limit dollar amount to be given to client (e.g emergency financial assistance)	20%
Limit access to HIV services ₂	10%

CASE MANAGER IDENTIFIED TRAINING NEEDS (not in any particular order)

1. With constant changes, small trainings can help medical case manager better with the paper work and communicating new information to clients.
2. In service training that explains the entire network of Ryan White providers and how to access each service for clients.
3. Training in interviewing clients and in writing effective service plans.
4. More hands on training
5. More information about housing resources
6. More medically based knowledge
7. Tour of surrounding agencies and the services provided by them
8. Meeting clients—how to introduce—send letter, i.e.

CASE MANAGER RECOMMENDATIONS FOR MOST IMPORTANT THING TO CHANGE ABOUT CARE DELIVERY SYSTEM (not in any particular order)

1. Case managers should be capped at 35 in order to dedicate more time to quality
2. Providers, Medical Case Managers, site supervisors being on the same page of entitlements vs. needs regarding SSI/SSDI benefits
3. The way and to whom information is delivered because there is still a lot of lack of knowledge
4. Place all medical case managers at health centers and reduce the case load to no more than 35.
5. Doctors should give more time to patients
6. Physicians should cooperate better with case managers
7. More funding for HIV education nationwide
8. Not enough education, support groups, and resources for those infected to understand the link between HIV/AIDS and mental health/substance abuse
9. Too much paperwork—duplicate paperwork for services providers (LCS, CARC, CRT, etc.)

10. Plan to mover clients out of the system toward self-sufficiency so system is not overburdened
11. Clients have trouble remembering anything, for example, to bring in documents or that we have an appointment. I have given them agenda planners with stickers for dates of appointments. I also call to remind clients.
12. Some services should be geared toward adolescents. This will allow youth more ownership of care

OTHER COMMENTS

1. Medical Case Managers need to be in Health Services setting to have direct connection to providers and allow opportunity for day to day communication.
2. Case load needs to be capped at no more than 25 in order to be effective in services and follow-up. This will avoid patients from falling through the safety net.
3. The new medical mode is effective in some ways such as managing client appointments. However at times I feel that the case managers have to double check what providers have done with clients (for example questioning why the physician changed medication) which in turn make them upset, and we are wasting our time because for the most part physicians are aware of their patients medical needs.
4. Medical case management does not work for all clients—the most independent one don't gain any benefit.
5. Care Ware is not working effectively. I feel that it is not tracking the medical case manager's work very well, for example, it is not tracking referrals.
6. High case load is putting a big strain on me, and we are underpaid.