

**COMPREHENSIVE EVALUATION CHICAGO EMA
TITLE I CASE MANAGEMENT SERVICES**

**Commissioned by the Chicago Department of Public Health
Division of STD/ HIV/AIDS Policy & Programs**

PHASE I FINAL REPORT:

Northeast Illinois Case Management Cooperative

January 2004

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ACKNOWLEDGEMENTS

Training Resources Network and its consultants gratefully acknowledge the involvement of the following individuals who contributed immeasurably to our understanding of the Chicago EMA Title I Case Management system and greatly facilitated our work during the site visit.

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Introduction

The City of Chicago Department of Public Health (CDPH) contracted with Training Resources Network (TRN) to conduct a comprehensive assessment of the Chicago EMA's Ryan White CARE Act (RWCA) Title I case management system. This assessment is being conducted within the framework and context of continuous quality improvement, the growing HIV epidemic, an uncertain funding environment this coming year and in light of the anticipated re-authorization of the Ryan White CARE Act.

Objectives

1. To assess AFC's capacity and effectiveness in managing the HIV case management system of care and services as specified in RWCA legislation, Title I program expectations and CDPH's contract with AFC;
2. To assess the CM Cooperative's effectiveness in implementing and delivering services in accordance with legislative mandates, program expectations and CDPH contract;
3. To identify areas of strengths and opportunities for improvement in service delivery; and
4. To provide specific recommendations and technical assistance (TA) aimed toward improving the quality and delivery of services and continued compliance with funding guidelines.

Process

The four-person TRN consultant team conducted a site visit September 15-18, 2003. During the site visit, TRN conducted a series of key informant interviews with AFC, CDPH and the Mid-West AIDS Training and Education Center (MATEC) staff and performed extensive document reviews. In addition, TRN in cooperation with AFC convened four (4) focus groups with approximately 40 case managers, supervisors, program directors and executives from Title I-funded case management agencies. The findings and recommendations in this report represent the first phase of the assessment, focusing primarily on the role and function of the AIDS Foundation of Chicago (AFC) and the Title I Northeast Illinois Case Management Cooperative. The Team presented a verbal report of strengths as well as all findings and recommendations to AFC and CDPH at the conclusion of the site visit. This report contains all the information presented at the Exit Conference.

Background

AFC Role

In 1988, AFC convened a case management task force funded by the Health Resources and Services Administration (HRSA) to assess case management services for HIV-positive individuals and families residing in the Chicago metropolitan area. Task force members included a cross-section of HIV service providers. Recommendations resulted in the formation of the Northeastern Illinois HIV/AIDS Case Management Cooperative (Coop), a coordinated, area-wide case management system for people with HIV that pre-dated the Ryan White CARE Act.

AFC and the Northeastern Illinois HIV/AIDS Case Management Cooperative occupy a unique place in Chicago's Title I landscape. CDPH has historically delegated fiscal and administrative oversight of the Title I case management services, including transportation, emergency financial assistance, and some housing assistance to AFC. Over time, AFC and the Service Providers Council (SPC) have assumed a leadership role in service coordination, planning and delivery. Consequently, AFC serves a multiplicity of roles, including:

- CDPH contractor, managing more than 20% of all Title I funding for the Chicago EMA,
- Lead agency for case management services (service coordination and planning),
- Fiscal agent/contract monitor for Title I case management services funds,
- Staff support to the Case Management Cooperative's Governance Committee of the Service Providers Council,
- Solicitor and distributor of public and private funding for case management,
- Developer and overseer of the implementation of case management guidelines and other policies,
- Trainer for all Title I case managers in the EMA,
- Quality assurance reviewer/monitor of all Title I case management contractors and
- Provider of technical assistance and capacity-building for case management serving agencies.

AFC Executive/Senior Staff (Executive Director, Associate Director for Service Capacity and Planning, Associate Director of Finance and the Case Management Program Director) hold key decision-making responsibilities (including the setting of policy regarding the contracting process, funding and resource allocation strategies and the annual distribution of funds). The Case Management Program Director and Case Management Program Manager provide general oversight of the case management system and technical assistance to the vendors while Program Coordinators and Associates provide regional support to case management vendors. AFC staff work closely with the Service Provider Council and the Governance Committee (the actual determination of policy seems to rest with AFC staff, although this was not fully explored) as well as with the Title I Planning Council and its various committees (Needs Assessment, Quality Assurance).

At the time of the site visit, the Case Management Program Director was responsible for oversight of the required Title I data collection and reporting. The Program Coordinators and Associates oversee related activities such as orientation and training, emergency financial assistance. Title I emergency housing assistance has been integrated with AFC's other housing programs.

In addition to administering Title I funds for case management services, AFC also receives case management funds from two (2) Title II Consortia, DHS Office of Rehabilitation Services (ORS), a Special Projects of National Significance (SPNS) Corrections Initiative, Safe Start, Renaissance Care Network and the Chicago Housing for Health Partnership. AFC is involved in a wide range of fundraising activities, which

provide additional resources necessary to support AFC's administrative infrastructure and its enhanced role as "service coordinator and planner."

Although not in the scope of this study, one ongoing challenge for AFC is ensuring that it is clear about "what hat it is wearing" in all its varied dealings with CDPH and all other Chicago EMA constituencies involved in HIV service delivery.

Case Management System

AFC has served as the galvanizing force in the ongoing development of a system of case management for the Chicago EMA. Policies and procedures developed by the Case Management Cooperative currently govern how case management services are provided. Guidelines for eligibility, intake, care plan development, assessment and reassessment have been established. Fifty-two (52) Title I-funded agencies with 166 case managers make up the current Ryan White Title I case management system that serves 4,290 clients. Further description of who are the case managers and whom they serve will be incorporated into the report for next phase of the comprehensive assessment.

FINDINGS

Strengths of the Current Case Management System

- In collaboration with the Service Providers Council, the Midwest AIDS Training and Education Center and the Chicago Department of Public Health, the Case Management Cooperative has developed a nationally recognized model of case management, reducing duplication of effort while maintaining a variety of service delivery models and expanding geographic representation. The hallmark of this system of care includes a standardized intake process, care planning, service coordination and referral coordinated by AFC.
- AFC has effectively leveraged additional sources of funds and has integrated resources across funding streams to strengthen service delivery.
- AFC has been an effective steward of Title I funds, providing exemplary financial and budgetary monitoring and oversight.
- Both AFC leadership and case management staff demonstrated an outstanding commitment to working with and improving access to quality care for HIV-positive individuals.
- AFC uses a standardized protocol to conduct an annual quality assurance/site visits for Title I case management providers.
- A comprehensive orientation for new case managers takes place quarterly.
- Continuing education requirements have been established for case managers.
- AFC case management, contract and fiscal staff provide technical assistance and capacity-building for Title I case management agencies as needed.
- Leadership and supervision is being provided for case managers on an individual basis. AFC developed a case management system and created case management guidelines to fill a gap.
- Value Added: AFC leverages "extramural" funds to support HIV service delivery and incurs costs not covered by Title I funds to ensure the continuous flow of

program dollars to case management providers. AFC utilizes its own Line of Credit and other funds to cover the gap in City of Chicago contract payments across and within fiscal years. In addition, AFC, by choice, captures only 7.7% administrative costs versus the 10% allowable under Title I so that more dollars are available for case management programs.

Recommendations are framed either as legislative mandates, contractual requirements or best practices. Best practices are policies and procedures gathered from a variety of organizations that can be applied to improve the quality of services/programs provided. All recommendations in the following pages are made within the following timeframes **immediate** (implement before the end of the calendar year), **intermediate** (before February 29, 2004, the end of the fiscal year) or **longer-term** (implementation before the end of next year, February 28, 2005, or after, wherever specified).

SERVICE SYSTEM COORDINATION AND PLANNING FINDINGS & OPPORTUNITIES FOR IMPROVEMENT

1. Policy Setting and Oversight

Findings: By fiat, the Case Management Coop staff and SPC Governance Committee sets policy for the case management system of care through its contractual administration and management of Title I funds. Consequently, major elements of the Chicago EMA case management system (including contracting, Standards of Care) are outside the purview and vetting process(es) of the Title I Planning Council. Legislative mandate and Title I program expectations clearly require that case management services be “treated” as any other RWCA-funded service. This requirement frames a number of the ensuing recommendations.

Opportunities for Improvement: Establishment of a CDPH AFC Workgroup (immediate). CDPH, as the Title I grantee, has the responsibility for ensuring compliance with the legislative requirements of the Ryan White CARE Act and Title I program expectations. It is strongly recommended that CDPH and AFC establish a workgroup before the end of the calendar year in order to achieve two important milestones: 1) to increase communication and coordination between the two entities, and 2) to coordinate and incorporate key case management system issues into the current Title I process (including development of case management Standards of Care, MIS/data collection, contracting process for case management services and, clarification of the role of Planning Council vis-à-vis the Case Management Cooperative.) The workgroup, should be comprised of the following:

CDPH staff: Director of Evaluation and Quality Assurance (L. Lesondak), CDPH’s Contract Officer (J. Dohr), Director of Title I HIV Services (A. Densham), a representative from CDPH Contracts, and/or other staff as deemed appropriate.

AFC staff: AFC’s Associate Director of Service Coordination and Planning (S. Ebbert), AFC’s Associate Director of Finance and Administration (C. Petersen), and AFC’s Case Management Program Director (R. Buenrostro).

Representatives from MATEC should be included when relevant topics are on the agenda, e.g., developing Standards of Care. It may be useful to have the group directed by an outside facilitator so that all of the members of the workgroup may fully participate.

2. Contracting for Case Management Services

Findings: All other Title I services are awarded every three years through a request for proposals (RFP) process and a competitive application process will be occurring this fiscal year. During the past decade only supplemental case management funding has been awarded through a competitive process. The bulk of Title I case management services have not been awarded through an RFP in more than 10 years. Title I case management services are coordinated with ORS case management and funding from several other sources to ensure a seamless system of care.

Opportunities for Improvement: Initiate a competitive bid process for case management services for FY 04-05 (competitive application to be held during summer/early 2004). While AFC is to be commended for its efforts in the creation and sustaining of the case management system of care, as a best practice and for risk management, the funding award process must be similar to all other Title I services. It is recommended that the RFP process be rolled out in FY 04-05, which will give AFC, in collaboration with CDPH and the Illinois Department of Public Health (Title) adequate time for planning and give the providers ample notice. AFC should meet with IDPH in after the start of the New Year (2004). AFC should assess the need for/feasibility of releasing a RFP for both Title I and II case management services.

3. Standards of Care

Findings: Guidelines have been established and adopted by the SPC and are in place to direct the provision of Title I funded case management, emergency client assistance (ECA) and transportation assistance. CDPH has not reviewed nor the Planning Council has adopted the current Guidelines.

Opportunities for Improvement: Case Management and Support Service Standards be reviewed and approved by the Title I Planning Council (June 30, 2004). It is a legislative requirement that Standards of Care are developed for each Title I funded service category. The process and format should be standardized across service categories. It is incumbent upon the Grantee and the Planning Council to ensure that Standards are developed. All Standards established by the Planning Council must include eligibility criteria for Title I funded services. At a minimum, this eligibility should include proof of sero-status, income level and residence. The CDPH-AFC Workgroup should work in collaboration with MATEC to implement this recommendation.

4. Data Collection and Reporting

Findings: Except for the Minority AIDS Initiative (MAI) collected by CDPH, the Chicago EMA does not collect or report unduplicated client-level data. AFC developed and maintains a centralized registry/database of clients receiving case management services. However, the software has significant limitations (including lacking the ability to collect longitudinal data across fiscal years for all clients); AFC lacks the staff expertise to adapt and modify the software, collect mandated unduplicated client level data, including clinical indicators and reporting within and across fiscal years.

Opportunities for Improvement: AFC and CDPH must address the deficiencies in current data collection and reporting system(s) (by February 29, 2004). It is strongly recommended that enhancing AFC's MIS capabilities to meet federal mandates be considered a high priority. MIS/data collection/reporting be among the first issues explored by the joint CDPH-AFC Workgroup. AFC will need to redirect resources to address this critical issue.

5. Outcomes Measurement

Findings: Outcomes related to reducing acuity of need are tracked for projects funded through CDPH's Title I Minority AIDS Initiative (MAI). At present, AFC does not track outcomes related to linkage and retention in primary medical care, mental health and substance abuse treatment services for clients receiving Title I case management services.

Opportunities for Improvement: AFC must strengthen its effort to monitor, track and report HRSA-mandated Outcomes (February 28, 2005). Both Congress and the Health Resources and Services Administration (HRSA) have increased their focus on accountability and outcomes measurement. AFC should review the recent Institute of Medicine (IOM) study on outcomes measurement. AFC is strongly encouraged to work with CDPH's QA and Evaluation Program, the QA/Evaluation Committee and MATEC staff to develop and implement a plan to measure the outcomes of case management, ECA and transportation assistance over time.

CASE MANAGEMENT PROGRAM ADMINISTRATION FINDINGS & OPPORTUNITIES FOR IMPROVEMENT

6. Fiscal Management and Oversight

Findings: AFC has established outstanding systems, procedures and policies and fully meets all requirements and attains best practice(s) in regards to its roles as both fiscal agent and contract/vendor fiscal monitor.

Opportunities for Improvement: None noted.

7. Vendor Quality Assurance/Site Visit Process

Findings: AFC has established quality assurance program for Title I case management vendors, including annual site visits and technical assistance. AFC is in the process of implementing a new Certification Process for 2003-2004. This process includes both a

questionnaire for an interview with the agency and chart review. AFC staff will randomly select and review approximately 10% of client files (not less than 5 or more than 50). Key factors to be reviewed include the following: culturally sensitivity and competence, accessibility, comprehensiveness of the services offered, staff orientation and training, safeguarding client rights and confidentiality.

Site visits are scheduled to occur between November 18, 2003-March 2, 2004. Agencies that receive a score >90% will be certified for three (3) years with no site visit until the three (3) years are completed. Agencies receiving a score between 80%-90% will receive a provisional certification with a site visit the following year. Agencies that score <80% will not be certified and require an action plan to be completed by the agency within 30 days. Vendors have been notified in writing that if funding for Title I case management services is reduced, certification status could be a factor in future funding.

Although there is a well-established site visit/QA process in place, follow-up appears limited (with corrective action plans in response to audit findings and methods to ensure problem resolution). In addition, many of the case managers in the focus groups could not identify being part of the exit conferences and nor did they receive direct feedback on the findings and outcomes of the site visits.

Opportunities for Improvement: AFC should develop procedures for monitoring of continuous improvement in those Coop vendors with material "Findings of Deficiencies" cited in the annual site visit audit (February 29, 2004). All CARE Act grantees are required to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services. It is recommended that AFC strengthen its QA process by enhanced monitoring of "problematic" agencies. Measures could include mandating a corrective action plan be submitted with 30 days, periodic progress reports and/or formalize more frequent monitoring visits to ensure continuous quality improvement. AFC should work with the management staff of Title I-funded vendors to ensure that findings of site visits are disseminated to case managers. In addition, AFC will provide a status report at each of the CDPH-AFC Workgroup meetings.

8. Vendor Reporting

Findings. Monthly reports are required from each provider, but there is no formal use for quality management or feedback given upon receipt of documents by AFC.

Opportunities for Improvement: AFC should develop better feedback loop with vendors for input on performance outside the annual site visit process (February 29, 2004). AFC should develop a review and documentation process that allows for written confirmation of reports, feedback on content provided and responses to the provider on any concerns or issues related to the reporting. This change should be made prior to the end of this contract fiscal year (February 28, 2004).

9. Case Management Supervision

Findings: During the recent site visit, some of the case management supervisors expressed confusion about their supervisory roles and responsibilities.

Opportunities for Improvement: AFC (as Program Administrator) needs to communicate expectations regarding the roles and functions of case management supervisors (February 29, 2004). Case Management Supervisors need clearer expectations related to their responsibilities (including number and types of meetings, case conferences, note reviews, etc). Building staff supervisory skills is an outstanding need and is discussed below. In addition, AFC also should specify how appropriately skilled supervision could be provided when agencies do not have such staff.

10. Case Manager Orientation and Continuing Education

Findings: AFC mandates that new case managers participate in a 32-hour orientation program. AFC offers additional opportunities for continuing education through the regional meetings that held every other month. (Many agencies have used the AFC training for all case managers regardless of funding source in lieu of any other options). Feedback from the focus group participants indicated that the continuing education content is frequently not relevant for more seasoned case managers, nor is there a forum to address the staff development needs of case management supervisors.

Opportunities for Improvement: AFC should work closely with MATEC to review and revise, as needed the orientation program for case managers and the continuing education component of the regional meetings (February 29, 2004). MATEC is a world-class resource regarding training strategies and techniques. AFC should take full advantage of this local resource to enhance their staff's training skills. The following continuing education needs must be addressed:

- Regional meeting agendas, speakers, topics for discussion should be provider driven and not determined solely by AFC staff. Providers should be invited to facilitate sections of the meeting and to offer case studies for review. This will allow experienced case managers to contribute and find value in coming to the meetings. This should be able to happen in the next 90 days.
- Additional education and training about quality improvement and outcomes measurement.
- Skills-building for case management supervisors. Focus group participants indicated a real desire for regularly scheduled meetings for supervisors, which could occur at the end of the regional meetings.
- Mentoring Program – Per the request of the case managers, AFC should consider reinstating the mentoring program. This would allow the more experienced case managers to work more closely with new case managers. This may also be a vehicle to help agencies where case managers are in need of more intense support. Consider implementing this recommendation over the next six months to a year.

11. Quality Management

Findings: AFC has focused more on quality assurance rather quality improvement or quality management and have been more externally focused (on vendor agencies) and have excluded measurement of it's (AFC's) own performance.

Opportunities for Improvement: AFC should implement a formal quality management program (December 31, 2004). AFC is strongly encouraged to work with MATEC to enhance their internal quality management efforts. Key characteristics of QM programs include:

- A systematic process with identified leadership, accountability and dedicated resources;
- Use of data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks;
- Focus on linkages, efficiencies, and provider and client expectations in addressing outcome improvement;
- Continuous process that is adaptive to change and that fits within the framework of other programmatic quality assurance and quality improvement (QI) activities;
- Data collected is used to feedback into the process to assure that goals are accomplished and they are concurrent with improved outcomes.

12. AFC Staff Roles and Responsibilities

Findings: AFC case management program staff currently share multiple duties and there is not always a clear delineation of roles and responsibilities. In addition, additional staff capacity is needed to support the expanding burden of work (including technical assistance and agency capacity-building).

Opportunities for Improvement: AFC should explore opportunities for reconfiguring and reengineering program staffing/roles and the assignment of responsibilities (February 28, 2005). There must be sufficient staff capacity to support and address the following areas (which should be considered as any re-organization takes place):

- Data Management,
- Program Associate Responsibilities – clarify roles (case manager vs. supervisor vs. contract monitor),
- Training – case manager orientation, case management supervisor trainings and continuing education,
- Technical assistance and agency capacity-building assistance.

13. AFC Team Meetings/Staff Development

Findings: During the site visit, it was reported that program staff (including, R. Buenrostro, J. Elsbury, the Program Coordinators and Associates, Housing, Prevention, Corrections and CHIP staff) meets approximately every six (6) weeks. It appears that a great deal of informal communication occurs among the case management staff, but supervision of individual employees occurs only as needed. Similarly, the Case Management Program Director and the Associate Director of Service Coordination and

Planning have frequent informal communication, but few regularly scheduled supervision meetings.

Opportunities for Improvement: Modify AFC team meetings and structure (immediate). As AFC's programs and staff have grown over the years, the current team meeting structure may no longer be the most productive. In accordance with best practices, it recommended that at a minimum the case management staff should meet monthly to address technical assistance needs for vendors, internal quality improvement related to case management, staff development, Title I data collection/reporting issues, etc. Team meetings should also include the Associate Director of Finance and Administration and AFC's Contract Manager who provide a great deal of technical assistance to the Title I vendors. This will also provide a forum to implement the recommendations from this report as well as to implement the recommendations of the CDPH-AFC Workgroup. AFC should maintain a file that contains both agendas and summaries of the team meetings.

In accordance with best practice, supervision meetings should occur at all levels at least monthly, more often, if necessary, for new employees or those assuming new responsibilities. Since AFC has promoted a number of staff internally and in general as a best practice, AFC should implement a staff development plan with individual professional development plans for each member.

CASE MANAGEMENT SERVICE DELIVERY **FINDINGS & OPPORTUNITIES FOR IMPROVEMENT**

14. Referrals of New Clients to Case Management Providers

Findings: Referrals from AFC to case management agencies are not being made with adequate information for case managers to make appropriate and timely contacts with clients. Monitoring of the level of information being sent with the referral needs to take place at AFC. Incorporate into AFC's quality improvement plan. Many case managers complained of receiving inadequate information to contact or even know who the actual client was.

Opportunities for Improvement: This issue needs an immediate resolution within 90 days (immediate). This could be incorporated into AFC's quality improvement plan.

15. Care Plans

Findings: AFC has not mandated use of a standardized care plan by all Title I contractors.

Opportunities for Improvement: Develop/adopt a standardized care plan format (implement over the next six months -year). As a best practice, a format should be identified with in cooperation the case management agencies and adopted. A standardized care plan could be incorporated into AFC's contract with case management vendors.

16. Service Access

Findings: At present, ECA, transportation assistance and housing assistance must be secured through the case manager. Consequently, this gate keeping process may prevent the client from being able to “graduate” from case management services.

Opportunities for Improvement: Foster empowerment for all clients who are able to access services independently (longer term). This long-term issue will require looking at changing the existing delivery models and access points.

17. Acuity Levels

Findings: Based on key informant interviews and feedback from focus group participants, it appears that there is little consistency among agencies in terms of how case managers are determining acuity levels, when they are being re-assessed and what the level of service is being provided by the case manager.

Opportunities for Improvement: AFC should be sure that the reassessment process provides a place for documentation of the client’s new acuity level, if needed. This process should be reviewed and any changes are ready for implementation in the new RW fiscal year (March 1, 2004).

18. Caseloads

Findings: Case managers reported caseloads as high as 100-150 clients.

Opportunities for Improvement: AFC needs to work with agencies where caseloads may exceed staff capacity (FY 05). Best practice suggests that an appropriate caseload is 40-50 clients of varying acuity. Adjustments should be made for intensive case management, families and adolescents (no more than 1:25).

- In addition to clarifying acuity levels, AFC needs to develop a standardized process, which clearly delineates active vs. inactive status vs. closed.
- It may also be beneficial for AFC to conduct a time-management study at a range of agencies, so that it has a better understanding of the actual functions of case managers (life skills management, prevention case management, brokering/referrals, charting/paperwork, administration, etc.) Such information would be useful in future service and resource planning.
- Client Service Comparisons – Client intakes and care plans are submitted to AFC. However, AFC needs to more closely review to see if there is a match between the needs of the client and the services being provided. Enhanced feedback to case managers may be appropriate.

TRANSPORTATION ASSISTANCE **FINDINGS & OPPORTUNITIES FOR IMPROVEMENT**

AFC is both the recipient of the Title I transportation assistance contract and oversees the distribution of assistance to the case management providers. AFC currently

contracts with two taxi companies and distributes ETA, fare cards and taxi vouchers. At the beginning of this fiscal year, each agency received \$300 in passes per full time Title I funded Case Manager each quarter. As of August 20, 2003, due to an increase in the funding allocation, the allotment was increased to \$450/FTE/quarter. AFC has developed a Coop-wide system to monitor the draw down and use of taxicab vouchers.

19. Fiscal Oversight

Findings: AFC has an excellent fiscal tracking system for taxicab utilization, billing and reimbursement. Close communication is maintained between the AFC staff and the direct taxi service providers. The documentation was found to be excellent.

Opportunities for Improvement: None noted.

20. Utilization Review

Findings: While AFC has done a good job of tracking the fiscal aspects of transportation and responding to over utilization when recognized, additional analysis is lacking. AFC appeared unaware of client level utilization of ETA fare cards, as this level of data has not been requested of vendors. Cab utilization appeared to be heavily utilized by repeat clients on regularly scheduled basis.

Opportunities for Improvement: AFC should submit a corrective action plan to CDPH no later than January 31, 2004. AFC should enhance data collection and analysis to ensure appropriate use of all forms of Title I-funded transportation assistance (immediate/intermediate). It is recommended that AFC gather additional information on transportation assistance, including client-level data, the purpose of the trip, etc., to ascertain the distribution of **all** Title I transportation assistance assure proper utilization and maximization of Title I funds.

21. Access to Transportation Assistance

Findings: In order for a client to access transportation, they must be enrolled in Case Management. While it is understood this has been used as a means to strengthen accountability (monitor eligibility, track uses of assistance), it is also a barrier to service for individuals who may not need to, or choose not to, access case management services.

Opportunities for Improvement: Develop policies that allow non-case managed persons with HIV to receive transportation assistance (by February 29, 2004). Standards of Care and policies developed should include clear direction for accessing services from outside the case management system that continue to ensure documentation of eligibility and fair distribution of resources.

22. Funding Formulas

Findings: AFC distributes all transportation funding, outside of taxicabs, on a Case Manager FTE basis. This appears to be an equitable means of disbursing funds,

however, it does not account for caseload or geographic location of the clients. It is a system driven rather than client driven process.

Opportunities for Improvement: Explore the feasibility of using other formulas/methods to distribute funds based on client needs should be explored (longer term). It may be beneficial to investigate other disbursement means, such as trips or per client ratios in the future to ensure parity in access to resources.

EMERGENCY CLIENT ASSISTANCE (ECA) – VOUCHERS **FINDINGS & OPPORTUNITIES FOR IMPROVEMENT**

AFC serves as the central distribution point for emergency client assistance (vouchers). In keeping with spirit of the Ryan White CARE Act, AFC has developed Guidelines for the distribution of the emergency client assistance. It appears these Guidelines have not been reviewed by CDPH nor vetted by the Planning Council. Clients are allowed to access this service one time per year and limits have been established for individuals (\$800) and families (\$1,200). Vouchers may be used for utility payments (including electricity, gas and phone bills), for medications and items termed as "other". Case Managers submit a request for funds to AFC, which includes the case manager's assessment of need. Consequently, AFC reviews the requests and either approves and disburses the funds or denies and informs the agency based on the statement of need provided by case managers. Based on feedback from the focus groups, AFC is able to rapidly process requests for ECA.

AFC also allocates a portion of this funding to food vouchers. Vouchers are distributed in a fashion similar to some of the transportation funding. \$310 per Title I funded case manager FTE is distributed to agencies twice each year. Beyond the number of vouchers used per month, AFC is not provided with any client level data regarding this category.

23. Access to and the Allocation of Vouchers

Findings: AFC employs a yearly cap on voucher funding per client in accordance with Title I guidance. However, clients are only able to request funding once a year. It appears that several unintended consequences of this policy have occurred. A climate has been created whereby clients will let bills mount until they reach the maximum assistance cap. During the course of document review, it was commonplace to see gas bill receipts for \$1,200, phone bill receipts for \$1,200, and electricity bills for the maximum as well. As a gas, phone, or electricity bill is an "emergency" well before it reaches \$800 to \$1,200; clients should have the opportunity to more appropriately address their budgeting needs so as not to create a culture of entitlement. Additionally, by promoting a system that encourages clients to wait until the bill is almost insurmountable for limited income individuals and to "get all you can." Some bills may also include late fees. It appears that resources are not being utilized *as a last resort* in accordance with legislative requirements.

Opportunities for Improvement: The Planning Council should develop and approve Standards of Care for this service category (intermediate) so that they are comparable to other Title I services. An exception process should be defined. AFC should consider modifying existing policy to allow clients to access voucher assistance more than one time per year in accord with the annual established caps. This would result in a possible shift in incentives, whereby clients with “true emergencies” below the annual cap could access funds as needed, in accord with best practices from other EMAs and possibly expand the number of clients served under this category. These policies and procedures should be reviewed by CDPH.

HOUSING ASSISTANCE **FINDINGS & OPPORTUNITIES FOR IMPROVEMENT**

AFC receives some of the housing assistance funding for the EMA and, as with vouchers and transportation, serves as the point of access and disbursement. Programmatically, Title I housing assistance has been blended with AFC’s other housing initiative. In compliance with HRSA’s directive to separate each funding source, AFC is able to account for each dollar allocated and spent on housing assistance in the EMA. AFC is able to separately account for the varied uses of funds.

24. Coordination and Integration with AFC’s Other Housing Assistance Programs

Findings: Due to time constraints during the recent site visit, less time was spent on reviewing the Title I housing assistance.

Opportunities for Improvement: AFC should clarify with CDPH how Title I housing assistance is coordinated and integrated with AFC’s other housing programs (intermediate). At CDPH’s discretion, AFC could provide this information either in writing, at the CDPH-AFC Workgroup meeting or to their CDPH Contract Officer.

25. Standards of Care

Findings: Title I funding is utilized for eviction prevention and the first and last months rent for those clients needing stabilized housing.

Opportunities for Improvement: AFC and CDPH should determine whether or not Title I funds currently allocated for housing assistance meet these criteria for emergency assistance (intermediate). Per **Allowable Uses of Funds for Discretely Defined Categories of Services** (Formerly Policy No. 97-02, First Issued: February 1, 1997, Reissued June 1, 2000), **2.6 Emergency Assistance for Eligible Individuals**, “Funds awarded under Title I or II of the CARE Act may be used to support emergency assistance in one of two ways. Planning councils, Title II grantees, or consortia - in making allocations to the service categories of transportation, food, housing, or medication assistance - may specify that some portion of those allocations is to be used for emergency assistance. Alternatively, planning councils or consortia may establish a separate category of emergency assistance in their priority setting processes. In such cases however, the decision-makers must deliberately and clearly delineate and/or monitor what part of the overall allocation to emergency assistance is obligated

to transportation, food, housing (to include essential utilities), or medication assistance. Careful monitoring of expenditures within a category of "emergency assistance" is necessary to assure that planned amounts for specific services are being implemented, and to indicate when reallocations may be necessary.

Grantees and planning councils/consortia are to develop standard limitations on the provision of CARE Act-funded emergency assistance to eligible individuals/households and mandate their consistent application by all contractors. It is expected that all other sources of funding in the community for emergency assistance will be effectively utilized and that any allocation of CARE Act funds to these purposes will be for limited amounts, limited use, and limited periods of time."

26. Client Outcomes

Findings: Clients receiving housing assistance, currently, do not have to demonstrate that stabilized housing is directly related to accessing and maintaining their medical care.

Opportunities for Improvement: Congruent with program expectations and best practices, AFC should develop a mechanism track outcomes related to the provision of this service category (longer-term). AFC should check with AIDS Housing of Washington to see what has been developed in this area.