



For a healthy community

SAMPLE ORIENTATION (Kansas City Free Health Clinic)

Objectives:

- Understand the vision, mission and philosophy of the Clinic
- Understand team roles of members of the Clinic
- Understand front office functions and processes
- Understand Clinic programs

First Day

Meeting With	Topics to Include	Time
Treatment Adherence Specialist	Welcome, orientation packet Logistics, door codes, keys etc.	9:00 – 10:00
	BREAK	10:00 – 10:15
Treatment Adherence Specialist	Peer educator roles and responsibilities	10:15 – 11:45
	LUNCH	11:45 – 12:45
Finance Director	Payroll, benefits	12:45 – 1:45
Director of HIV Primary Care	HIV primary care, peer treatment adherence	1:45 – 3:00

Second Day

Meeting With	Topics to Include	Time
Treatment Adherence Specialist	Review KCFHC's protocol and operations manual; Review resource list of brochures, pamphlets, websites, other reading material and videos to be shared with clients	9:00 – 10:45
	BREAK	10:45 – 11:00
Treatment Adherence Specialist	Daily activities and responsibilities, client issues, State Health Program, etc.	11:00 – 12:00
	LUNCH	12:00 – 1:00
Manager of HIV Case Management Services	Overview of case management systems for HIV+ and affected individuals	1:00 – 2:30
	FREE TIME to review materials and videos	

Third Day

Meeting With	Topics to Include	Time
Treatment Adherence	Client communication	9:00 – 10:45

Specialist	(verbal/nonverbal)	
	BREAK	10:45 – 11:00
Treatment Adherence Specialist	Clinic communication	11:00 – 12:00
	LUNCH	12:00 – 1:00
Treatment Adherence Specialist	Core Components of education	1:00 – 2:00
	Review HIV/AIDS – Starter fact book (American Red Cross)	

Fourth Day

Meeting With	Topics to Include	Time
Current Peer	Discuss daily activities, general office procedures	9:00 – 10:45
	Shadow peer when meeting with clients (with permission)	

KC Free Peer Counseling Program: 777-2723 *Call for support.*

Suggested sites: Feel free to take one of these sheets home.

1. http://www.yahoo/	Search engine
2. http://www.metacrawler.com/	Mega search engine
3. http://ww.harmreduction.org	For IV Drug Users
4. http://www.mapblast.com/	Create a map to any U.S. address
5. http://www.cdc.gov/tobacco/how2quit.htm	CDC Tobacco Information and prevention source
6. http://www.womenHIV.org	Information and support by, for and about women with HIV/AIDS
7. http://www.4healthyliving.org	Educational and Social activities for MSM
8. http://www.thewellproject.com	The Well Project is a community for women with HIV and the people who care for them
9. http://www.hivandhepatitis.com	Doc-run site answers patient questions and stays on top of co-infection
10. http://www.webmd.com	WebMD Health
11. http://www.LGCC-KC.Org	Lesbian and Gay Community Center
12. http://www.HRSA.gov	Health and Human Services Administration (Ryan White)
13. http://www.nmac.org	National Minority AIDS Council
14. http://www.nih.gov/od/oar	Office of AIDS Research
15. http://www.thebody.com	Health info AIDS and HIV information Resource
16. http://www.gmhc.org	Gay Men’s Health Treatment Issues
17. http://www.poz.com	Positive Magazine for HIV + people
18. http://www.AIDSINFONET.ORG	An HIV Information Resource
19. http://www.natap.org	National AIDS Treatment Advocacy Project (NATAP)
20. http://www.aidsmeds.com	HIV medication information
21. http://www.lola-national.org	Latino Organization for Liver Awareness
22. http://www.hcvadvocate.org	Hepatitis C Support Project
23. http://www.thebody.com	An HIV Information Resource
24. http://www.americanheart.org	Hypertension info
25. http://www.diabetes.org	Diabetes info
26. http://www.nal.usda.gov/fnic/	Nutrition info
27. http://www.eatright.org	Nutrition info

Revised 4/18/05



For a healthy community

Peer Protocol and Operations Manual

For use by employees in the peer counseling
program at the Kansas City Free Health Clinic
peer program

Please Note: This policies and procedures described in this manual are specific to the Kansas City Free Health Clinic. Not all of them may be appropriate to your organization—please consider the goals of your organization when developing orientation materials for your peer program.

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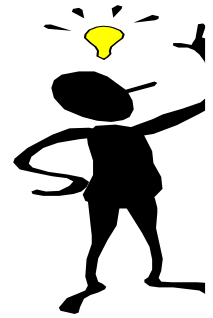
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Section I. Program Description

KANSAS CITY FREE HEALTH CLINIC VISION AND MISSION

VISION

Creating solutions for a healthy community.

MISSION

The purpose of Kansas City Free Health Clinic is to promote health and wellness by providing quality services, at no charge, to people without access to basic care.

CLINIC BACKGROUND

Kansas City Free Health Clinic was founded in 1971 as a non-profit agency to serve the youth who were flocking to the Westport area during the hippie era. The Clinic has a strong history of implementing programs to meet our mission to promote health and wellness by providing quality services, at no charge, to people without access to basic care.

The Clinic provides comprehensive services-HIV prevention and care, general medical, dental and mental health care with over 39,000 encounters for 15,270 patients in FY 04/05.

Section I. Program Description

THE PEER COUNSELING PROGRAM

The Peer Counseling Program targets HIV+ individuals and addresses the need of those who are living with a complex disease. The program became operational in 2000 with 5-6 peer counselors.

The goal of the Peer Program is to provide HIV+ persons with treatment education, resources, and Peer support to successfully engage in HIV Primary Care and adherence to HIV treatment regimens.

The program is designed to empower patients through Peer support to be living examples that even though HIV disease is chronic – it is manageable.

Currently there are 5 peer counselors; 4 males 1 female, 2 peers are bilingual. Peer support is accomplished through the following:

- one-on-one intervention (individual sessions);
- short-term treatment education;
- resources (internet pamphlets etc...);
- preventive and proactive healthcare.

In 2004, peers provided 2,296 encounters which included patient reminder calls, follow-up calls and face-to-face meetings. Training provided to Peers include:

- Listening/Communication skills;
- HIV 101;
- Medication management;
- Resistance and adherence;
- Coping with long-term side effects and others.

Section I. Program Description

DEFINING A PEER COUNSELOR

Proficient peer counselors must be educated and informed on as many factors as possible in order to provide the consumer with the information, tools, resources and personal attributes necessary to successfully manage this chronic disease.

Peers currently work 25 hours per month with 4-5 hours weekly in clinic and have 9 hours available to meet with clients by phone, e-mail or in the community. Duties encompass reminder phone calls for appointments, follow-up calls to clients who missed appointments and scheduling meetings with clients on their caseload either by in office visit or after office phone contact to work on treatment adherence issues.

Peers address barriers and factors that prevent adherence by being creative, using alarm watches, pillboxes, appointment calendars and informational resources that emphasize adherence. A job description for the Peer Counselor position is on Attachment I.

**KANSAS CITY FREE HEALTH CLINIC
JOB DESCRIPTION**

Position: Peer Counselor	Exempt Status: Non- Exempt	Work Status: Volunteer (stipend)
Job Code:	Division: HIV Primary Care	
Reports To: La Trischa Miles- Treatment Adherence Specialist		Date: January 21, 2003 Revised January 31, 2006

Job Summary: The Peer Counselors are integral to the Treatment Adherence Program and provide specialized services in a professional environment. Peer Counselors work to encourage engagement into care and support adherence to treatment by providing education, resources, and mentorship.

Duties and Responsibilities:

Clinical

1. Adhere to confidentiality policies. It is a direct violation of Clinic policy to share the names or case facts concerning any client, patient or volunteer of the Clinic with any other person with the exception of those actually involved in the care of the patient/client. Any release of confidential information to any other entity shall be preformed by authorized personnel only and shall be accompanied by proper written authorization from the patient/client.
2. Peer counselors have scheduled office hours to complete office work, be available to meet with new clients, or provide one on one session with current clients.
3. Pull next day appointment charts, following the peer counselor standard operating procedures, complete patient reminder and DNKA calls.
4. Document information and relay pertinent information to treatment adherence specialist and/or provider.
5. Peer counselors carry a case load of individual clients and provide one on one support, education, and information.
6. Contact should be individually tailored to address treatment adherence issues of the client.
7. On average, peers should have weekly or bi-weekly contact with their clients.
8. Participate in continuing HIV/AIDS education and meetings.
9. Design and facilitate peer program-5 session groups that support treatment adherence issues.

Administrative

1. Follows all policies and procedures.
2. Completes all appropriate paper work in a timely manner (see Protocol and Operational Activities Manual).
3. Attends individual supervision meetings with Treatment Adherence Specialist.

**KANSAS CITY FREE HEALTH CLINIC
JOB DESCRIPTION**

(continued)

Position: Peer Counselor	Exempt Status: Non- Exempt	Work Status: Volunteer (stipend)
Job Code:	Division: HIV Primary Care	
Reports To: La Trischa Miles- Treatment Adherence Specialist		Date: January 21, 2003 Revised January 31, 2006

Administrative

4. Attends peer counselor team meetings.
5. Assists in providing education and training to other peers.

Education and Experience:

- Possess basic knowledge and understanding of HIV/AIDS treatment adherence related issues.
- Possess willingness and ability to acquire further HIV/AIDS education and training
- Must complete Peer Counselor training sessions.
- Must participate in ongoing peer counselor training
- Possess good communication skills: including verbal, phone, and written skills.
- Ability to interact with diverse groups.
- Strong interpersonal skills including the ability to demonstrate empathy.
- Ability to work independently and seek guidance or assistance when necessary.
- Ability to work with multidisciplinary team of medical professionals.

Physical Demands/Working Conditions:

1. Intermittent physical activity including walking, standing, sitting, lifting and supporting of patients.
2. Incumbent will be exposed to virus, disease and infection from patients in working environment.
3. Incumbent will be required to work at one of our two facilities and be responsible for own transportation.
4. Incumbent may experience traumatic situations including but not limited to psychiatric, dismembered and terminal patients.

The above information is intended to describe the most important aspects of the job. It is not intended to be construed as an exhaustive list of all responsibilities, duties and skills required in order to perform the work.

Approved:

Employee

Supervisor/Manager

Date

Date

**KANSAS CITY FREE HEALTH CLINIC
JOB DESCRIPTION**

Position: Treatment Adherence Specialist	Exempt status: EXEMPT	Work Status: 1.0 FTE
Job Code: OSHA – 3 Low Exposure	Division: HIV Primary Care	
Reports To: Peer Ed Training Site Manager		Date: 4/2005

Job Summary:

The Treatment Adherence Specialist is responsible for the development, implementation and evaluation of the Clinic's HIV Peer to Peer Treatment Adherence program and for implementing the goals, objectives, activities and evaluations of the level 1, 2 and 3 peer trainings for the Peer Education Training Site (PETS) grant with the St. Louis chapter of the American Red Cross.

Duties and Responsibilities:

- Implement goals, objectives, and outcome evaluation of the Clinic's Peer to Peer Treatment Adherence and the Peer Education Training Site (PETS) programs.
- Develops policies and procedures relevant to the implementation of the both programs.
- Recruits, trains and supervises peer to peer counselors for the Clinic's program.
- Mentors Clinic peer counselor to ensure adherence to all relevant state and federal laws, and Clinic policy regarding privacy and confidentiality.
- Mentors and monitors Clinic peer counselors to ensure provision of appropriate services within professional boundaries.
- Develops effective communication methods between Clinic peer counselors and HIV Primary Care staff to best identify candidates for the program and to meet the needs of those candidates.
- Collaborates with American Red Cross staff in the development of learning objectives, program content and teaching methods related to HIV treatment for Level 1 and 2 peer trainings.
- Collaborates with the Clinic's PETS Manager and MATEC in the development of learning objectives, program content and teaching methods for Level 3 peer trainings.
- Provides Level 3 trainings (shadowing and reverse shadowing experiences) and on-going technical support for peers in training from PETS participant organizations.
- In a timely manner, prepares and submits monthly reports as requested by funding sources.
- Regularly conducts program evaluation and quality assurance activities.

Education/Experience:

- Bachelor's degree in social work, nursing, health education or related field required. Experience in peer programs and/or HIV/AIDS a plus. Two years experience in program supervision and administration and experience working with volunteers/peers preferred.

Physical Demands/Work Conditions:

- While performing the duties of this job, the employee is required to regularly walk, talk and hear. The employee is frequently required to sit.
- While performing the duties of this job, the employee frequently travels by automobile and is exposed to changing weather conditions.
- The employee must occasionally lift and/or move up to 10 pounds.
- May experience traumatic situations including psychiatric, dismembered and deceased patients.

Approved:

Employee Signature
Date _____

Supervisor Signature
Date _____

Section I. Program Description

KC FREE PEER COUNSELOR PRINCIPLES, GOALS, OBJECTIVES AND ACTIVITIES

HIV is a life altering, complicated medical condition that can be managed with engagement in care and knowledge about the disease.

Guiding Principles

- HIV disease is chronic and manageable
- HIV Treatment works
- Greater than 90% adherence is the minimum necessary for effective adherence
- Achieving this is possible for everyone
- Adherence is a complex behavioral process influenced by many factors such as medication regimen, health care team relationships with the individual and individual attitudes and beliefs about taking medication and disease.
- Successful adherence is a collaboration between the patient, the Multidisciplinary Team that encompasses the Primary Care Team contact with Peer Treatment Adherence counselor, Mental Health Counseling, Substance Abuse Counseling, and Case Management Staff.
- Different interventions work for different people

Goal:

The goal of the program is to provide HIV+ persons with education, skills, resources and support to successfully engage in HIV primary care and adhere to HIV treatment regimens.

Objectives:

1. Communicate a message of hope, wellness and a holistic approach to help HIV Primary care patients live a long and healthy life.
2. Provide treatment education and support to improve patient engagement in care, adherence to medication and to reduce cultural barriers to care.
3. Provide individual and group level education to help HIV Primary Care patients understand the challenges of living with HIV which is a life altering, complex and complicated medical condition.
4. Provide individual and group level education to help HIV Primary Care patients learn to effectively manage their health care in partnership with their health care providers.

Section I. Program Description

E. KC Free Peer Counselor Principles, Goal, Objectives and Activities

(Continued)

5. Provide individual and group level educational and skills building opportunities for HIV Primary Care patients preparing to begin anti-retroviral (ARV) regimens, experiencing difficulty in adhering to ARV regimens or requiring additional support to maintain, improve and understand medication adherence.
6. Empower individuals to identify and reduce barriers to engagement in care and adherence to treatment through one-on-one interventions, short-term treatment education, advocacy, and support.
7. Provide population based individual and group level education and training to facilitate and/or improve general health maintenance.

Activities

Activities to meet the above objectives include but are not limited to the following:

Peer counselors available during HIV Primary Care clinic hours to meet with newly diagnosed, new patients, patients expected to begin ARV regimens, and/or patients who are referred to the Peer Program.

Peer counselors will provide individual interventions with selected patients in collaboration with HIV Primary Care, Case Management, and the Peer Adherence Treatment Specialist.

Peer counselors contact clients to remind them about appointments, if they missed the appointment, make follow-up phone calls, and/or schedule meetings with clients to work on treatment adherence issues.

Peer Counselors will maintain the bulletin boards in patient exam and the consultation rooms with appropriate health promotion and disease prevention literature.

Peer counselors receive ongoing training regarding HIV disease, treatment and management of side effects.

Peer counselors will conduct the Peer Program base line assessment tool once the client is enrolled in the program to evaluate and guide the counselor in determining knowledge level of the HIV Primary Care patient. This assessment tool is completed by the client at the completion of all required educational components of the Program.

Peer counselors will provide training to clients on topics such as HIV 101 (viral life cycle), understanding basic lab tests (CD4 and viral load), resistance and adherence, understanding HAART, understanding and managing side effects, HIV terminology and effective communication with your Health Care Provider.

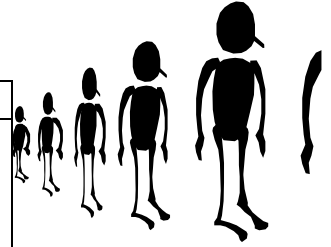
Section II. Protocols, Forms and Reports



Client Referral Form	
Description	<p>A Referral Form initiates the Peer Counseling Process.</p> <p>A Referral Form must be completed by one of the following individuals or teams listed in the “task performed by” section below when one or more of the reasons for referral listed on the sample form on back and Appendix A apply.</p> <p>Pertinent information such as: Client name, date referred, date of birth, and phone contact is provided by the individual or team completing the referral.</p>
Task Performed By	<p>Individuals and/or teams that can refer clients to the Peer Counseling Program are:</p> <ol style="list-style-type: none"> 1. Primary Care Team 2. Treatment Adherence Program Manager 3. Treatment Adherence Specialist 4. Ryan White Case Manager 5. Self-Referred
Time Frame	<p>Peer Counselors respond with a phone call or office visit with the Client within 7-14 business days of the referral date. If the Peer Counselor assigned is unable to make contact with the client the Treatment Adherence Specialist will make contact.</p>
Updates Needed	<p>None</p>
Additional Comments	<p>Sample form on back, also available—see Appendix A.</p> <p>Referrals may be completed by e-mail, fax, regular mail, phone contact, or verbally requested by the client.</p> <p>Additional comments regarding the client on the reason for referral are always helpful in the selection of a Peer to Client match.</p> <p>The goal of the Peer Program Team and the referral Agent is that the client will engage in care by becoming an active participant in the education, and skills building to improve adherence and accomplish treatment goals.</p>

The Referral Form is part of the clients chart.

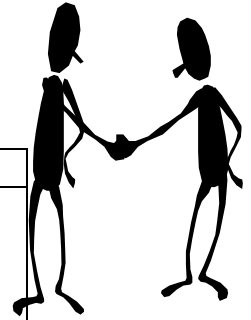
Section II. Protocols, Forms and Reports



Intake Form	
Description	<p>The Intake Form is the first snapshot that indicates the clients medical status. Clients CD4 and VL numbers are recorded on the form along with list of medications-see sample form on back or Appendix B.</p> <p>The Intake Form is completed for clients when one or more of the reasons for referral listed on the Referral Form in Appendix A apply.</p> <p>Pertinent information such as: date intake completed, Peer Counselor assigned, Client name, address information, phone contact, employer, client work schedule, Case Manager assigned, race/gender, CD4, Viral load and date labs taken, Antiretrovirals and other medications taken are included.</p>
Task Performed By	<ol style="list-style-type: none"> 1. Peer Counselor 2. Treatment Adherence Specialist 3. Treatment Adherence Program Manager
Time Frame	Completed on site at Client's first visit for a new client or can be done prior to the Client visit for an existing client if all pertinent information in the "description" section above is available in the client's medical chart.
Updates Needed	Quarterly, by the assigned Peer Counselor as routine information is available in the client's medical chart.
Additional Comments	Sample form on back, also available-see Appendix B.

The Intake Form is part of the clients chart.

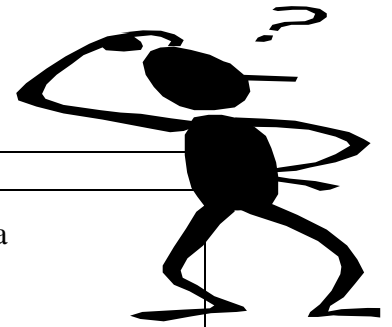
Section II. Protocols, Forms and Reports



Consent/Confidentiality Agreement	
Description	<p>The Consent/Confidentiality Agreement ensures that the client gives consent for participation in the Peer Counseling Program.</p> <p>The Peer Counseling Program is voluntary, the Peer Counselors serve as client advocates and are not licensed professional counselors or therapists.</p> <p>The Consent/Confidentiality Agreement is divided into three sections:</p> <ol style="list-style-type: none"> 1. Peer Counselors Roles and Responsibilities 2. Client Roles and Responsibilities 3. Confidentiality <p>Pertinent information such as: Client name, date, date of birth, Client and Staff signatures and date signed are included.</p>
Task Performed By	<ol style="list-style-type: none"> 1. Client 2. Peer Counselor <p>The Treatment Adherence Specialist or Treatment Adherence Program Manager are generally present to meet the client and give an explanation of the Peer/Client roles, responsibilities and reiterate Confidentiality.</p>
Time Frame	Completed on site at Client's enrollment in the Peer Counseling Program.
Updates Needed	None
Additional Comments	<p>Sample form on back, also available—see Appendix C.</p> <p>The Consent/Confidentiality Agreement is an interactive agreement between the Peer Counselor and the Client.</p> <p>The Confidentiality section gives the Peer permission to share and exchange information for the sole purpose of providing the best healthcare and wellness services available. In addition, the Peer agrees to hold such information in strict confidence.</p> <p>The Program is “free” and all inclusive whereas it encourages family, friends or significant others participation. A copy of the Consent/Confidentiality Agreement will only be given to the client upon request due to confidentiality concerns.</p>

The Consent/Confidentiality Agreement is part of the clients chart.

Section II. Protocols, Forms and Reports



Peer Treatment Adherence Checklist-Client First Meeting	
Description	<p>The Peer Treatment Adherence Checklist is used at a Client First Meeting for:</p> <ul style="list-style-type: none"> • newly diagnosed, • new patients to care at the clinic, • patients interested in the SHP program, • patients expected to begin ARV regimens, and/or • patients who report or are identified to the Peer Program that may be experiencing problems with adherence. <p>The Checklist serves as a guide and provides some consistency for all Peer Counselors to follow in the Client’s first meeting. The checklist is designed to accomplish the following:</p> <ol style="list-style-type: none"> 1. complete all necessary paperwork required; 2. advise the client of resources and services available at the clinic; 3. engage the client in communication about the disease with open-ended sample questions; 4. the Peer Counselor - at their discretion may share their story or give background of working in the field; and 5. Review the Treatment Adherence Peer Education Checklist on Appendix H to give the client an overview of Peer education training. <p>Depending on the Client’s “readiness” and availability, the Peer will make a determination to proceed with HIV 101 education at a first meeting or schedule the next meeting to begin the education.</p>
Task Performed By	<ol style="list-style-type: none"> 1. Peer Counselor 2. Treatment Adherence Specialist or 3. Treatment Adherence Program Manager
Time Frame	<p>Completed on site at Client’s first visit and/or within 7 days of the Client visit. (Peers work 1 day a week for 4 hours and if time does not allow same day documentation on site, the Peer is expected to document by their next work day the following week.)</p>
Updates Needed	None
Additional Comments	<p>Always ask the client about medical appointments:</p> <ol style="list-style-type: none"> 1. When was your last medical appointment 2. When is your next medical appointment <p>A more detailed explanation of the purpose is given on the sample form on back, also available-see Appendix D.</p>

The Peer Treatment Adherence Checklist-Client First Meeting is part of the clients file.

Section II. Protocols, Forms and Reports

Peer Treatment Adherence Goals Plans	
Description	<p>Treatment Plans are designed to develop a plan of reaching the goals of a client. Treatment goals are very client-centered and therefore should be tailored to fit what the client wishes to meet with regards to short and long term goals.</p> <p>The SMART format in writing goals and objectives is currently being used along with goal planning worksheets.</p> <p>Pertinent information such as: Client, Peer name, Assessment, Plan of Action-Goal, Objectives and Rewards, signatures and Follow-up with the Peer are included</p> <p>.</p>
Task Performed By	<ol style="list-style-type: none"> 1. Client 2. Peer Counselor 3. Treatment Adherence Specialist or 4. Treatment Adherence Program Manager
Time Frame	<p>Completed on site during Client office visits – signatures are required to make the goal and objectives valid.</p> <p>Depending on the client a treatment plan can take an estimated 1 to 2 office visits before a plan of action is determined, based on the participation, interest and time the client is willing to engage in the process.</p>
Updates Needed	<p>Updates will be completed to review status of goals and accomplishes by Client and Peer. Goals can be set at any interval such as weekly, bi-weekly, monthly, or quarterly.</p>
Additional Comments	<p>A more detailed explanation of the overview, guidelines for goals and objectives are in Appendix E.</p> <p>Examples of goals, objectives, rewards and a sample of goals cheat sheet are available in Appendixes E1. – E.4.</p>

The Peer Treatment Adherence Program Plan of Action is part of the clients file.

Section II. Protocols, Forms and Reports

Peer Daily Activity Operations

1. First, sign the time log to document in office hours worked.
2. Check your e-mail.
3. Then, sign on to Ridgemark, from the desktop. Ridgemark is a scheduling program at the Clinic. Peers use the program to print schedules of daily appointments.

Next, Click on Ridgemark icon.

- a) Type "Peer" in the User ID box and then click OK.
 - b) Click OK in the Ticklers Box
 - c) Click on the 1-2 icon (for scheduling)
 - d) On the bottom right corner of the screen you will barely see the top of the word Utility, bring that up and click on Utility
 - e) Then click on daily schedule
 - f) In the provider code space, type in 300 and next to that replace the 4 zzzz's and type 399.
 - g) Then click on Receptionist copy and print your schedule.
 - h) Then click on Provider copy and print the providers copy.
 - i) Now, get your Receptionist copy ready to write on:
Cover the side of the page that indicates remarks, \$copay% and balance then tape on or copy the race/gender insert per each patient scheduling page.
- 4 Pull Charts. Check charts for updated phone numbers, race, enrollment in Care Link system and any special comments.
 - 5 After all charts are pulled, shelve those charts for the provider and hang up the Doctor's schedule in front of the charts.
 - 6 Reminder calls to clients about appointments. On your copy (put a "Y or N" to indicate if you can leave a message). You can also leave yourself special instructions on your copy of the schedule. Remember to indicate client's race or ethnicity on your copy of schedule (for example AA = African American, H= Hispanic, C= Caucasian, etc.) After getting the information you need to place the chart in the next day appointment spot and hang the Provider's copy up in front of the charts.

An example of the Receptionist copy is on back of this page.

As clients are called document any special notes by using a footnote at the bottom of the schedule or leave a note in the message column on the right hand side of the schedule. Highlight all names you have either contacted or left messages for. Person to person contact = Highlight name & number in YELLOW.
Left a message = Highlight name & number in in BLUE.

Indicate who you left message with i.e.: L/M with partner Joe or L/M on answering machine. Remember to put your initials next to each person you contacted or a left message.

If you need to relay any information back to the providers, such as: patient canceled, or can't find chart, etc. put that information on a sticky note and stick it on the Providers schedule that you hung up in front of the charts or document it on the Providers schedule.

- 7 Calls to DNKA clients. Did Not Keep Appointment "DNKA's": If DNKA list is not in the DNKA folder you will need to go down stairs to the provider room and ask one of the nurses for the list. Then make a copy for yourself.

Cross reference the DNKA list with that day's appointment schedule so you can get the phone numbers and any special instructions without having to go back to through the charts. (This is a short cut for you).

Call all the DNKA clients and identify yourself as a peer counselor. Ask if they realized they missed their appointment. Try to engage them in conversation, you can ask if they are ok on their medication refills or if there is anything you can do to assist them in keeping their appointments. Document information on the DNKA call back sheet.

8. Just In Time appointments. You will be contacted by either Primary Care staff or Case Managers if they would like you to meet with a client who is newly diagnosed or interested in the Peer Program. Please see protocol on page 20.
- 9 Meet with clients on your case load.
- 10 Call/make contact with clients you have not seen or with whom you need to schedule appointments.
- 11 Be available to meet with clients of other Peer Counselors if needed.

Section II. Protocols, Forms and Reports

Peer to Peer Monthly Report	
Description	<p>The Peer to Peer Monthly Report is a summary of Peer to Peer activity and is calculated at the end of each month. The monthly report consist of the following:</p> <ul style="list-style-type: none"> • Courtesy contact calls by race and gender (appointment reminder calls) • DNKA contact calls (Did Not Keep Appointment contact calls) • Peer to Peer contact calls by race and gender (monthly Peer contact by phone, office visit or correspondence) • Patient Computer sign in sheet (located in the waiting area for clinic patients to use.)
Task Performed By	<ol style="list-style-type: none"> 1. Peer Counselor 2. Treatment Adherence Specialist
Time Frame	<p>Completed at end of month from daily appointment reminder schedules, daily missed appointment schedules and daily Computer sign-in sheets. The blue folder in the Peer office is used to tabulate the types of contact calls captured monthly in the “description” section above.</p> <p>Generally, it takes approximately 1 hour to tabulate.</p>
Updates Needed	Monthly
Additional Comments	<p>The Peer to Peer Monthly Report is provided as input to the Peer to Peer Program Monthly Report completed by the Treatment Adherence Specialist.</p> <p>Copies of the monthly report are kept in the Peer office.</p> <p>Specific procedures for calculating the monthly report, are documented in Attachment I.</p>

Referral Form
Officially initiates the Peer Counseling Process

The **FLOW** of paperwork in the Peer Counseling Program

Intake Form
First "snapshot" of client medically

Consent / Confidentiality Form
Allows client to be a part of Peer Counseling Program

Peer Treatment Adherence Checklist
A guide for the first meeting

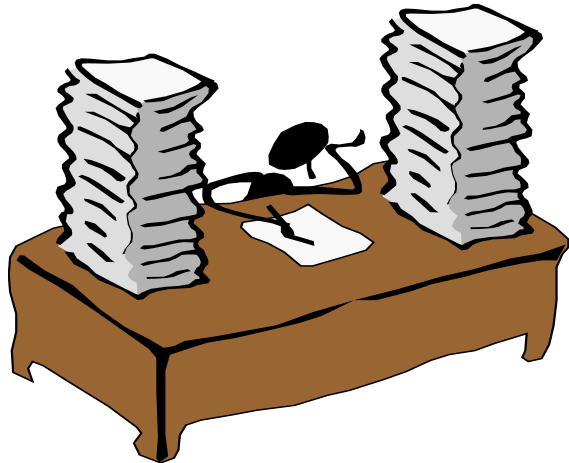
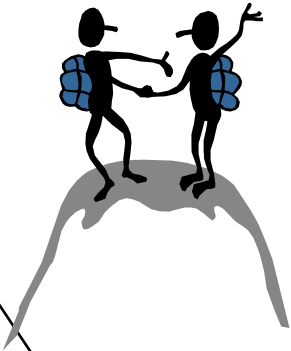
Peer Education Checklist
A checklist of all the topics to be covered in education

Pre- and Post-Tests
A way to gather the level of understanding of client before and after educational

Progress Notes
Documentation of meetings with clients and any other information that is relevant to client care

Treatment Plans
Client-centered approach to assisting clients in achieving their goals

Contract for Continued Care
This is completed after the first year of education is completed. This provides the client with an understanding of his / her responsibilities to the Save Housing Program



Section III. Procedures

“Just In Time Meeting”

The “Just In Time Meeting” is unscheduled and designed to meet the needs of individual primary care clients that meet the following criteria:

- Newly diagnosed
- New patients to care at the clinic
- Patients interested the SHP program
- Patients expected to begin ARV regimens or
- Patients who report or are identified to the Peer Program that may be experiencing problems with adherence.

The meeting is conducted upon referral from the Primary Care Team or Case Manager as a one-time intervention when the client is present for a medical or case management appointment.

The task is performed by the Peer Counselor on staff for the day, Treatment Adherence Specialist, or Treatment Adherence Program Manager.

The meeting is informational only. During the meeting the Peer’s role is to focus on the reason for referral and the client’s feedback in order to meet the client “where they are”. The “Just in Time meeting” seeks to give the Client a message of hope, wellness and engage them in their own healthcare. The Peer will also discuss the Peer Counseling Program, its’ benefits and will give the client an opportunity to enroll.

Section III. Procedures

Transferring/Changing Peers

The Peer/Client relationship has to work within a realm of trust and respect. For this reason, usually the Peer/Client relationship is built over time.

Clients are matched to Peer Counselors using a “best fit” approach. Factors considered for a “best fit” in matching a client to a Peer are client’s psychosocial issues, language, times the client is available to meet with Peers, gender and treatment issues. Generally, the Client and Peer Counselor are able to establish a good professional working relationship where barriers do not exist; however there are situations when transferring a client to another Peer are considered when there are unresolved concerns such as personality conflicts, gender differences and boundary issues are not respected in the relationship between a Peer and a Client.

In the event that mediation is not successful or an option a Client can:

- Contact the Peer Counselor and advise that Peer Counseling services are no longer needed;
- Contact the Peer Counselor and request that another Peer Counselor be assigned
- Contact the Treatment Adherence Specialist and advise of the situation or
- Contact the Treatment Adherence Program Manager and advise of the situation.

In such cases where personnel changes occur in the peer program the client can expect to continued to received peer counseling from another member of the Peer Program

Section III. Procedures

Discharge from the Peer Program

Clients can be discharged from the Peer Program based on the following:

A. Client initiated:

1. Client has communicated that goals are achieved
2. Client feels that they are no longer willing to work on treatment adherence issues
3. There has been a breach in client confidentiality – client can report situation to the Treatment Adherence Manager, or Treatment Adherence Specialist.

Note: If the client does not feel that the situation can be resolved with Personnel listed above, he or she has the right to file a grievance with the Clinic about the Peer Program. Forms are available at the Clinic Reception Desk.

B. Peer initiated:

1. Client education goals have been met;
2. Client treatment goals have been met;
3. Client has not complied with the roles and responsibilities of the Consent/Confidentiality Agreement
4. Client has been terminated from Peer services for the purpose of investigation of suspicion of breach of confidentiality.
5. Client has displayed verbal or threatening behavior.

C. Other:

1. Client is no longer a patient at the Clinic
2. Specific client services are not available at the clinic (e.g. services are not provided to pregnant clients but referred to an appropriate provider).
3. Client has relocated.

Sample discharge letters are on Attachments II, II-1, II-2

Section III. Procedures

Re-enrollment to the Peer Program

Clients can be re-enrolled to the Peer Program based on the following:

A. Client initiated:

- 1) Client can request to be re-enrolled to the Peer Program if they are ready to work on treatment adherence issues. The client's previous peer chart will be reviewed as a point of reference for re-engagement.
- 2) Client has agreed to follow the roles and responsibilities of the Consent/Confidentiality Agreement.
- 3) Client has expressed a new interest in working on treatment goals and objectives.
- 4) Client has successfully worked on verbal or threatening behavior that resulted in discharge

Section IV. Program Components

HIV Adherence Survey in English/Spanish Pre-Post Test Administration

The pre-post test is administered as a baseline assessment to gauge a client's knowledge level of HIV disease. It is also used to dispel myths that the client may have heard about HIV that are not true. The pre-post test can be administered in English and Spanish either written or oral to the client by the Peer Counselor. Generally, the pre-test is given at a first or second visit with a Peer Counselor. The instructions on the survey indicate that some of the statements are true and some are false. The client has to answer true, false or not sure then check the answer beside each statement that most closely reflects their opinion or belief.

A sample form is on back, also available see Appendix G.

The survey is divided into four parts:

Part 1 - HIV and Transmission

Part 2 - HIV Education, lab tests, health problems and information

Part 3 - HIV Medications

Part 4 - Health Maintenance

The post-test is given after the client has satisfactorily completed Peer education and has covered all subject areas from the *Treatment Adherence Peer Education Check List* – see Appendix H..

Note: If the client is enrolled in SHP and has completed the education component of the Program, it is the responsibility of the client to continue follow up and contact by phone or office visit in order to remain active in the Peer Adherence Treatment Program and the Save Housing Program.(see Appendix E - Contract for Continued Care for more details).

Section IV. Program Components

Treatment Adherence Peer Education Checklist

The purpose of the Treatment Adherence Peer Education - Checklist is to structure a consistent education training process of topics most significant to enhancing patient knowledge of HIV successful to health maintenance. The checklist also assist the client with keeping track of the educational material covered for the Peer/Client meetings.

Pertinent information such as the type of medium communicated (i.e. discussion, handouts, video, CD/internet and/or workshop) is documented on the checklist by indicating the date the material was covered with the client or placing a check mark beside the topic.

A sample form is on back, also available see Appendix H.

A more detailed explanation of the purpose is on back of this page and on the appendix listed above.

There are seven educational components required for clients participating in the Peer Counseling Program which are:

1. HIV 101
2. Understanding Basic Labs
3. Resistance and Adherence
4. Understanding HAART Medication
5. Understanding and Managing Side Effects
6. Understanding HIV Terminology
7. Effective Communication with Health Care Provider

The educational components offered are designed to build upon each other and to provide a comprehensive HIV Treatment Adherence Education for the client.

All educational components will consist of one of the following:

- discussion points – an interactive format between Peer and client
- handouts
- video
- CD/Internet
- Workshop

Section IV. Program Components

Review HIV 101 (Viral Life Cycle)

HIV 101 is one of seven educational components required for clients participating in the Peer Counseling Program.

HIV 101 seeks to dispel myths and misinformation about the disease.

Objectives:

- Understand how the HIV lifecycle works; that is how it enters a CD4 cell, replicates and damages the immune system.
- Review the stages of HIV infection.
- Understand where in the viral life cycle the different classes of medications work to slow replication.
- Understand that adherence is important.
- Understand how HIV is transmitted.
- Begin to become familiar with terminology used in HIV treatment

Section IV. Program Components

Understanding of Basic Lab Tests: CD4 & Viral Load

Understanding of Basic lab tests: CD4 and Viral Load is one of seven educational components required for clients participating in the Peer Counseling Program.

Objectives:

- Understand the importance of having regular lab work done by knowing what tests are being ordered when blood is drawn by the lab.
- Understand the importance of having regular lab work done by knowing what specific HIV test results mean such as viral load, CD4, resistance tests.
- Understand what CD4 percentage and T-cell ratio indicate and review other significant subset tests.
- Understand what CBC and blood chemistry tests such as liver, kidney etc.. and why they are checked.
- Understand the importance of having cholesterol, triglycerides, blood pressure, and glucose levels tested and how they may related to HIV treatment adherence and care.
- Overview healthy heart and the effects of HIV disease with regard to testing,
- Learn how to find more information on tests (i.e. via internet, pamphlets etc...)
- Always ask for a copy and keep a diary of your own labs

Section IV. Program Components

Review Resistance & Adherence: Importance of Taking Medication Correctly

Review Resistance & Adherence: Importance of Taking Medication Correctly is one of seven educational components required for clients participating in the Peer Counseling Program.

Objectives:

- Understand what is resistance.
- Understand how and why resistance occurs and its impact on HIV treatment.
- Understand how adherence can reduce the chances of resistance
- Identify barriers to adherence
- Review what methods and tools are available dependent on client's preference (e.g. single dose, daily and weekly pill boxes, calendars, note cards, alarm wrist watches, water bottles, magnets)

Section IV. Program Components

Understanding HAART Medication

Understanding HAART Medication is one of seven educational components required for clients participating in the Peer Counseling Program.

Objectives:

- Give an overview of current approved FDA HAART medications.
- Understand that combination therapy has benefits and possible side effects.
- Identify ways to minimize short and long term side effects.
- Recognize serious life threatening side effects that must be reported to the doctor.
- Understand that medication falls into classes and that “standard of care” calls for using combination therapy.
- Discuss new medications that are currently in clinical trials.

Section IV. Program Components

Understanding and Managing Side Effects

Understanding and Managing Side Effects is one of seven educational components required for clients participating in the Peer Counseling Program.

Objectives:

- Review the current approved medications to treat HIV/AIDS and their possible side effects.
- Identify ways to minimize short-term and long term side effects
- Recognize serious and even life threatening side effects which must be reported.
- Recognize what “standard of care” with regard to medication regimes means.
- Gain an understanding and awareness that new medications and clinical trials may be available options.

Section IV. Program Components

Understanding HIV Terminology

Understanding HIV Terminology is one of seven educational components required for clients participating in the Peer Counseling Program.

Objectives:

- Understand common HIV/AIDS terms such as CD4/T-cells, Viral Load, resistance, adherence etc...
- Recognize and understand what the terms mean in relation to health status.

Key terms are listed on back of this page.

Section IV. Program Components

Effective Communication with Your Health Care Provider

Effective Communication with your Healthcare Provider is one of seven educational components required for clients participating in the Peer Counseling Program.

Objectives:

- Acknowledge to the client that they can advocate for themselves and that they play a significant role in their own healthcare and treatment decisions by encouraging them to participate by:
 - writing down their questions and concerns
new health questions or problems
 - voicing their opinion
 - seek information on their own
 - being assertive
 - make sure that important issues are written in their chart
 - ask for a copy of labs
 - Tests?
 - Why is this test being done?
 - What will the results tell us?
 - If you are not clear, ask again when you get the results.
 - Medications?
 - Dosage: how much, how often?
 - Food requirements?
 - Storage requirements?
 - Take notes, get handouts, fact sheets
 - Bring a friend to take notes and help understand what was said
 - If you don't understand, tell your provider, its not rude to insist on getting an answer

If there are problems consider switching providers

Section IV. Program Components

Other Training and Resources

Section V. Supportive Housing Program

SHP Program	
Description	<p>The SHP Program is designed to engage HIV/AIDS infected homeless individuals and families into care given the support of rental assistance and Peer Counseling in scattered site housing for up to 2 years. A more detailed explanation of the Program is on back-also on Appendix I.</p> <p>Clients are assigned and will meet with a Peer Counselor prior to enrollment in SHP. Eligibility for SHP once a client is enrolled constitutes the following:</p> <p><u>Year 1</u> Clients will meet with their assigned Peer Counselor monthly for the educational component of the Peer program and attend scheduled medical appointments.</p> <p><u>Year 2</u> Clients who continue beyond Year 1 will review and sign a Contract for Continued Care at the beginning of Year 2 and the contract affirms satisfactory completion of the educational component of the Peer program. Clients are expected to meet quarterly either in office visit or by phone contact.</p>
Task Performed By	<ol style="list-style-type: none"> 1. Peer Counselor and Client are responsible for adhering to the roles and responsibilities listed on Appendix C. 2. Treatment Adherence Specialist is responsible for confirmation of the following via e-mail, regular mail and/or by phone contact to SHP Program Manager, Case Managers, Clinic Account Manager and Peer Counselors: <ul style="list-style-type: none"> • Enrollment letters • Urgent Contact letters • SHP Year 1 verification monthly letters • SHP Year 2 verification quarterly letters • Monthly SHP and Non-SHP Active client lists <p>Samples of the enrollment, contact and verification letters can be viewed on Attachments I-3, I-4, I-5</p>
Time Frame	Varies from 5 minute letters to an estimated 8 hours to update SHP and Non-SHP client list depending on task performed
Updates Needed	Monthly, Quarterly, and on an as needed basis (i.e. enrollment, contact letters)

Section V. Supportive Housing Program

Peer Treatment Adherence Program Contract for Continued Care	
Description	<p>The Peer Treatment Adherence Program Contract for Continued Care is a contract with the Supportive Housing Program (SHP) clients that have satisfactorily completed the educational component of the Peer Program.</p> <p>After the client has successfully completed year 1 of the Peer program, then it is the responsibility of the SHP client to maintain contact with the assigned Peer Counselor, medical provider, or other support service providers every three months after the second year by phone or office visit to remain active in both the Peer Treatment Adherence Program and SHP.</p> <p>Pertinent information such as: Peer and Client signatures and the date are included</p> <p>.</p>
Task Performed By	<ol style="list-style-type: none"> 1. Peer Counselor 2. Treatment Adherence Specialist
Time Frame	<p>Completed on site during Client office visit</p> <p>Generally it takes 10 minutes to explain the contract, answer the questions, schedule the next three month meeting, sign and date.</p>
Updates Needed	Every three months
Additional Comments	<p>Sample form on back, also available – Appendix F.</p> <p>The contract clearly states that failure to comply with the requirements risks enrollment in the Peer and SHP Program.</p> <p>Additional information regarding the SHP Program is detailed in Section V of this manual</p>

The Peer Treatment Adherence Program Contract for Continued Care is for SHP Clients only is part of the clients file.

Peer to Peer Monthly Report Calculation

To count client data:

Courtesy calls are logged in the blue folder kept on the peer desk.

Count all courtesy calls by race and gender.

Count all names highlighted in blue (for left message).

Count all names highlighted in yellow (for person to person contact).

Tally DNKA contacts located in the light blue DNKA folder on the peer desk (some DNKAs are highlighted in yellow).

DNKAs that have been called are listed on the right side of the folder under DNKA No Show Call Back List with Date called, Client Name & number, comments and the Peer Counselor initials.

To count individual Peer contacts.

Count the contacts logged in the blue folder.

Count contacts in peer client folder (do not tally encounter from chart only the fact that There was at least one contact for that month).

Tally the patient computer users from the Patient Computer sign in sheet found at the Computer on 1st floor.

Treatment Adherence Program Referral Form
Kansas City Free Health Clinic

ATTN: LaTrischa Miles

Phone: 777-2745 Fax: 753-0804 Email: latrischam@kcfree.org

Please complete all pertinent referral information below:

Client name: _____ Date referred to peer _____

Date of birth: _____ Race: _____ Gender: Male Female Other

Clt. Phone _____ May we leave a message at this number? _____

Referred by: _____

Organization: _____

Phone: _____ Fax: _____

Reason for referral: (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> initial assessment | <input type="checkbox"/> SHP / Peer counseling |
| <input type="checkbox"/> new diagnosis | <input type="checkbox"/> patient requests peer counselor |
| <input type="checkbox"/> new patient | <input type="checkbox"/> peer support |
| <input type="checkbox"/> encourage adherence | <input type="checkbox"/> complex regimen |
| <input type="checkbox"/> reminder phone calls | <input type="checkbox"/> rescue/salvage therapy |
| <input type="checkbox"/> adherence evaluation | <input type="checkbox"/> change in therapy |
| <input type="checkbox"/> recurring missed appointments | <input type="checkbox"/> starting first line regimen |
| <input type="checkbox"/> help patient prepare to start TX | <input type="checkbox"/> provide patient education |

Additional comments: _____

Peer Treatment Supervisor Information:

Date Received: _____

Peer Counselor: _____

Peer follow up : _____

Intake Form

Date _____ Peer Counselor _____

Name _____

May we send mail to this address? _____ Yes _____ No

Address _____

City _____ State _____ Zip _____

Home phone _____ Other phone _____

May we call you at this number? _____ Yes _____ No

E-mail _____ Employer _____

Work schedule _____ Case Manager _____

Race/Ethnicity _____ Male _____ Female _____ Other _____ DoB _____

Cd4	VL	Date
Cd4	VL	Date
Cd4	VL	Date
Cd4	VL	Date

On Medications: YES _____ NO _____

Antiretroviral

Other medications



Consent/Confidentiality Form

Client Name _____ Date: _____

Date of Birth: _____

I agree and understand that the Peer Counseling Program is voluntary. Peer Counselors serve as advocates to provide peer support and help improve patient care. I understand that the Peer Counselors are not licensed professional counselors or therapists.

Peer Counselors Role and Responsibilities

Peer Counselors will:

- Establish contact with you, via phone, e-mail, or individual visits.
- Provide treatment education and peer support.
- Work collaboratively with you, your case manager, and your health care providers.

Client Role and Responsibilities

I agree to:

- Return calls via e-mail or phone to the Peer Counselor.
- Contact the Peer Counselor and/or Treatment Adherence Specialist if the Peer Counseling support is no longer needed or helpful.
- Work in partnership with the peer Counselor, my case manager, and health care provider.

CONFIDENTIALITY:

- By agreeing to participate in the Peer Counseling Program I give my permission for the Peer Counselor and Program Coordinator to share and exchange information with the health care providers and case manager for the purpose of providing quality services to promote my health and wellness.
- If I reveal information that indicates a clear threat of harm to myself or others, the Counselor will need to contact appropriate authorities, warn the potential victim or take other reasonable action to prevent harm from occurring.
- My Peer Counselor is required by law to report to the appropriate authority information about suspected abuse or neglect of a child, an incompetent or disabled person or elderly person.
- By signing this document I agree to maintain strict confidentiality of personal information shared in the Peer relationship (e.g. personal information about my Peer Counselor).

Peer Counseling services are provided “free” and are of no cost to you, your family members, friends or significant others. We encourage family participation and involvement in the healing process. I agree to the above contract and if I have any concerns that I may call my Peer Counselor at (816) 777-2723 or the Treatment Adherence Specialist, LaTrischa Miles at (816) 777-2745.

Client Signature: _____ Date: _____

Staff: _____ Date: _____

Check List
Peer Treatment Adherence – Client First Meeting

The purpose:

1. Ensure that patient gives consent for participation in peer program.)
2. Ensure that contact information is up to date and correct for continued follow-up.
3. Ensure that client understands that confidentiality is held at its highest standards.
4. Inform client of resources/services available at the clinic.
5. Improve patient’s involvement in their HIV care by determining knowledge level with pre-post test.
6. Assist patients in making healthy life choices
7. Improve patients attitudes toward antiretroviral therapies
8. Reduce patient fears regarding antiretroviral therapy
9. Reduce patient isolation and decrease stigma

Service	DATE COMPLETED
1. Client referral form	
2. Complete Intake form. Ensure all information is correct (address, phone numbers, email etc...)	
3. Consent form Treatment Adherence Specialist and Peer will review consent form with client and Explain confidentiality (private/not public information in any setting)	
4. Inform client of resources/services available at the clinic.	
5. Client health (sample questions to engage communication about disease) <ul style="list-style-type: none"> • How is client coping with the disease (medically, home life) • Family (kids names, ages, husband/wife supportive/not?) • Do you have family or any other support other than the clinic? • What have you heard about HIV? • Have you known someone with HIV? • Do you have concerns/questions? <i>Always ask the client about medical appointments:</i> <ol style="list-style-type: none"> 1. When was your last medical appointment 2. When is your next medical appointment Please be aware that this format will not fit the profile for all clients.	
6. Ensure that client understands the role of a peer.	
7. Share your story/background working in the field etc...	
8. Review Treatment Adherence Peer Education Checklist. ONLY PROCEED TO HIV 101-EDUCATION IF YOU FEEL CLIENT IS READY AND TIME ALLOWS	
8. HIV 101 Chart	

**Peer Treatment Adherence Plans
Kansas City Free Health Clinic**

Overview

The purpose of a treatment plan is to develop a structured plan of reaching the goals of a client. The goals must reflect what the client would like to reach, not what the peer wishes for the client to develop. Therefore, the treatment plan is very client-centered. After the client has decided upon his or her *specific* and *detailed* short and long term goals, the peer and client work together to outline the objectives the client would need to accomplish in order to meet his or her goals.

Guidelines for Goals and Objectives:

Peers are encouraged to use the SMART format in writing goals and objectives. This will help maintain consistency across all peers. The following describes the characteristics of goals and objectives using the SMART format:

S	Specific	Exact and Concrete
M	Measurable	Observable or tangible
A	Achievable	The client is willing to work towards the goal
R	Realistic	The client is able to accomplish the goal
T	Time	Have a deadline for each goal

Please note that the goals may not always be related to Adherence. They may pertain to having a client follow through with a goal they must accomplish and you are there to help develop the plan for accomplishing the goal. For example, the client may express feelings of depression and instead of taking on the role of a mental health professional; you refer the client to his or her case manager to seek mental health assistance. With the client, you may develop a plan of action to help them see an end to this goal.

For each client, there should be between 3 to 7 goals established which are dependent on the client’s needs, ability, and level of motivation.

Treatment plans often neglect the rewards of accomplishing goals. Be sure to help your client understand the rewards of accomplishing his or her goals and further, you may suggest that he or she actually rewards him or herself for accomplishing the goal.

If a client does not complete the goals listed on his or her treatment plan by the goal date, then the peer and client are to meet and discuss the reasons as to why the goal was not met. Then, the peer and client are to develop a new treatment plan that may be more realistic and achievable for the client.

Remember, the goal is that the client achieves his or her goals to feel proud of his or her success.

Examples of Goals, Objectives, and Rewards

Goal:

Client X would benefit from increasing his knowledge of HIV by completing the Peer Adherence Education Program by May 15, 2006.

Objectives:

1. Client X will meet with his peer counselor every two weeks for 30 minutes to receive education related to HIV.
2. Client X will complete the 7 learning modules of the peer program.
3. Client X is encouraged to ask questions of his or her peer related to HIV.
4. Client X will complete post-test with a grade of at least 95%.

Rewards:

1. Client gains the reward of learning more about his or her illness and how to maintain a better quality of life for him or herself.
 2. Client X will reward himself for his success in learning more about HIV by enjoying a movie with a friend by May 20, 2006.
-

Goal:

Client X will adhere to her medication regimen at least 95% of the time by February 15, 2006. 95% adherence means that Client X may not miss more than one dose of medication per week.

Short Term Objectives:

1. Client X works with peer to identify barriers to adherence.
2. Client X identifies ways around barriers to adherence.
3. Client X tracks adherence to medication.
4. Client X reports to peer about problems with medication adherence.
5. Client X reports to doctor if she experiences problematic side effects.
6. Client X reports to case manager if she experiences any problems with obtaining her medications.
7. Client X to increase her medication regimen to 95%.

Rewards:

1. Client X gains a feeling of empowerment by becoming 95% adherent to medication and also resulting in a better quality of life.
2. Client X will reward herself by taking a bubble bath by February 20, 2006.

Sample Goals / Cheat Sheet:

Purpose: This *cheat sheet* may be useful if clients are having difficulty in developing goals that they wish to work on as part of the adherence program.

Disclaimer: The purpose of the treatment plan is for clients to work on goals that *they* wish to work on, NOT what the peer counselor thinks they need to work on. Therefore, this list should NOT be used for everyone as every client you meet will have different expectations, goals, life situations, that may prevent him or her from working on certain goals and further having the opportunities to achieve success.

Remember, the goal is for clients to achieve success, *not* failure.

Sample Goals at Intake:

- Client X wants to increase his knowledge of HIV by completing the Peer Adherence Education Program
- Client X wants to adhere to his or medication regimen at least 95% of the time.
- Client X wants to increase confidence at medical appointments by preparing a list of concerns to discuss with his or her physician.
- Client X wants to improve communication between he and his medical provider (i.e., physician)
- Client X wants to work on his/her mental health issues.
- Client X wants to work on his/her substance abuse/dependence issues.

Sample of More Advanced Goals:

- Client X wants to increase confidence in disclosing HIV status to new partners
- Client X wants to become more active in community organizations to increase level of social support.
- Client X wants to work on developing appropriate boundaries with health care providers.
- Client X wants to increase his/her level of physical activity to decrease his/her level of cholesterol and blood pressure.
- Client X wants to learn more about HIV, beyond that of the peer program, by attending LIFE or HIV University.
- Client X wants to attend the group sessions related to HIV at the Kansas City Free Health Clinic.

**Peer Treatment Adherence Program
Treatment Plan
Kansas City Free Health Clinic**

Date: _____

Client Name: _____ Peer Counselor: _____

Assessment: {Description of Presenting Problem(s) and Observations}

Plan of Action: {Goal(s) *If more than one goal, please use goal addendum*}

❖ Goal : _____

❖ Objectives:

1. _____

2. _____

3. _____

4. _____

❖ Rewards:

1. _____

2. _____

I, _____, developed the above treatment plan with my peer counselor and agree to follow the objectives in order to achieve my goals. I further agree to seek assistance from my peer counselor if I experience any barriers to achieving my goals.

Client

Date

Peer Counselor

Follow-up by Peer Counselor and Client.

_____ completed the above treatment plan successfully.



**Peer Treatment Adherence Program
Contract for Continued Care**

Peer: _____

Client: _____

As a client of the Peer Treatment Adherence Program for the Kansas City Free Health Clinic, I understand that after I have completed the education component of the Program, it is my responsibility to follow through with the following in order to maintain an active status in the Peer Treatment Adherence Program and the Supportive Housing Program.

To remain active in both the Peer Treatment Adherence Program and the Supportive Housing Program, I will commit to maintaining contact with my peer counselor, my medical provider, *and* if necessary, other support service providers (ex: mental health counselors, substance abuse counselors, support or wellness groups, etc.) at least one time every three months. To be counted as a contact, I must be in touch with my peer counselor by phone or by office visit.

My last contact with my peer was: _____ and my next contact should be made by: _____ in order to remain active in the program. I understand that failure to follow through with this requirement risks my enrollment in the Peer Adherence Treatment Program and the Supportive Housing Program.

I agree to the above contract and if I have any concerns I may call my peer counselor at: (816) 777-2723 or the treatment adherence specialist, LaTrischa Miles at 777-2745.

Client

Date

Peer Counselor

Date

 **Don't Forget!**

My next meeting with _____
is scheduled for: _____
at: _____



HIV Adherence Survey in English

Pre: _____ Post: _____ Client _____ Peer Counselor: _____ Date _____

Some of the following statements are true and some are false. Please read the statements and check answer that most closely that most closely reflects your opinion or belief.

HIV and Transmission Part 1:	True	False	Not Sure
1. You can tell if a person has HIV because they look sick.			
2. Condoms help prevent transmission of HIV.			
3. HIV is present in blood, semen, vaginal fluid, and breast milk.			
4. A person can get HIV from sharing an injection needle with someone who has HIV.			
5. It is not harmful for an HIV positive person to have unprotected anal or vaginal sex with another HIV positive person because they are both already HIV positive.			
HIV education, lab tests, health problems and information Part 2:	True	False	Not Sure
6. HIV destroys the immune system by attacking cells called CD4 or T helper cells.			
7. As CD4 count go down a person is more likely to have HIV related infections and illnesses.			
8. Viral load is measure of how many copies of HIV were detected in your blood test.			
9. If your viral load is undetected, you do not have HIV infection any longer.			
10. Ideally, anti-HIV drug treatment should cause the CD4 count to go up and the viral load should go down.			
HIV medications Part 3:	True	False	Not Sure
11. HIV treatments can help a person live longer and healthier life by suppressing the virus.			
12. Supportive family or friends can help improve adherence to your medication.			
13. It is not a big deal if you miss some of your doses of anti-HIV medications.			
14. Missing doses of anti-HIV medications can cause your HIV to become resistant to medications.			
15. If you have side effects from your anti-HIV medications you should stop taking them and tell your doctor at the next visit.			
Health Maintenance Part 4:	True	False	Not Sure
16. Good nutrition plays a vital role in the ability of the immune system to fight HIV and prevent AIDS related infections.			
17. Using tobacco caffeine, recreational drugs, and alcohol does not have an impact on the immune system. .			
18. Moderate exercise may help lessen some of the side effects associated with HIV and HIV treatments.			
19. If you have problems with your appetite or digesting your food you should talk to your health care provider about that.			
20. People who are HIV positive should avoid eating undercooked meats or dairy products such as eggs with un-cooked yokes.			

Check List
Treatment Adherence Peer Education

The purpose:

1. Pre test (base line assessment)
2. Facilitate continuity of care
3. Enhance knowledge of patient in health maintenance activities for the management of HIV
4. Improve patient's involvement in their HIV care
5. Assist patients in making healthy life choices
6. Improve patients attitudes toward antiretroviral therapies
7. Reduce patient fears regarding antiretroviral therapy
8. Reduce patient isolation and decrease stigma

Service	Discussion	Handouts	Video	CD / Internet	Workshop
1. Administer Pre test					
2. Review HIV 101 (viral life cycle)					
3. Review understanding of basic lab tests: CD 4 & Viral Load					
4. Review Resistance & Adherence (Importance of taking medications correctly)					
5. Understanding HAART Medication classes					
6. Understanding and Managing side effects					
7. Understanding HIV terminology					
8. Effective communication with Health Care Provider					
Other:					

SUPPORTIVE HOUSING PROGRAM (SHP) RENTAL ASSISTANCE GUIDELINES

Goal: Engage 33 HIV/AIDS infected homeless individuals/families in primary medical care with the support of rental assistance and peer counseling in scattered site housing for up to 2 years.

Criteria:

HIV+ or AIDS diagnosis

Individual or family

Homeless as defined by HUD

Willing to live in Missouri

Enrolled in Ryan White Case Management system

Willing to work with a peer counselor at Kansas City Free Health Clinic (KCFHC)

Willing to get medical care at KCFHC in either of following cases:

1. New to medical care (has not been seen anywhere for medical care in KC in the last 2 years and has no 3rd party insurance, e.g. Medicaid, Medicare, private insurance.)
2. Currently receiving medical care (has been seen once within the last year) at KCFHC (3rd party insurance does not apply in this case.)

Participant responsibilities:

Apply for all other permanent subsidy programs, e.g. section 8 and Shelter Plus Care.

Find housing in Missouri that is within Fair Market Rent for household composition.

Pay 30% of their adjusted gross income toward rent and utilities.

Abide by the terms of the lease for minimum of one year.

Program Verification

This collaboration between Save Inc-Supportive Housing Program and KCFHC-Peer Treatment Adherence Program to support housing and treatment adherence for clients will be verified quarterly based on client engagement in services.

SHP Year 1 Verification:

Upon enrollment in SHP and KCFHC's peer treatment adherence program a client will meet with their assigned Peer Counselor **monthly** for the educational component of the peer program and attend scheduled medical appointments. Clients are encouraged to engage in additional support services to meet their identified psychosocial needs such as mental health counseling, substance abuse services, the L.I.F.E. program etc.

Verification of client engagement is completed **quarterly** upon client enrollment in the program and Verification Letters will be completed and sent to case managers by the Peer Program's Treatment Adherence Specialist.

SHP Year 2 Verification:

Clients who continue in the program beyond year 1 will review and sign a Contract for Continued Care at the beginning of year 2. The contract between the peer program and client affirms completion of the peer program's educational component and encourages clients to meet with their assigned peer counselor quarterly (face to face or by phone) and attend scheduled medical appointments. Clients are encouraged to engage in additional support services to meet their identified psychosocial needs such as mental health counseling, substance abuse services, the L.I.F.E. program etc.

Verification of client engagement is completed **quarterly** upon client enrollment in the program and Verification Letters will be completed and sent to case managers by the Peer Program's Treatment Adherence Specialist.

For additional questions/clarification please contact Charity Hope at 816-531-8378 ext. 21 or La Trischa Miles at 816-777-2745.

Supportive Housing Program Verification (Year 1)

Date:

To: Case Manager Name

Regarding: Client Name

_____ (Client) has successfully engaged in the following peer sponsored Treatment Adherence services at Kansas City Free Health Clinic within the last quarter.

- Monthly contact with a Peer Treatment Adherence Counselor
- Attended a scheduled medical appointment

Additional support services

- Treatment Adherence Group
- Mental Health Counseling
- Substance Abuse Counseling
- L.I.F.E. Program
- Cardiovascular Health Promotion and Disease Prevention Program
- Support or Wellness Group (_____)

Your client may have participated in services related to treatment adherence at a location other than Kansas City Free Health Clinic, such as a L.I.F.E. program offered by another agency or mental health/substance abuse counseling at another location. These services are considered engagement in Treatment Adherence services but can not be verified by Kansas City Free Health Clinic. Verification of these services is the responsibility of the Ryan White Case Manager.

Sincerely,

Peer Treatment Adherence Program

Supportive Housing Program Verification (Year 2)

Date:

To: Case Manager Name

Regarding: Client Name

_____ (Client) has successfully engaged in the following Treatment Adherence services at Kansas City Free Health Clinic within the quarter _____ (3mth period).

- Face to Face contact with a Peer Treatment Adherence counselor
- Attended a scheduled medical appointment
- Treatment Adherence Group
- Mental Health Counseling
- Substance Abuse Counseling
- L.I.F.E. Program
- Cardiovascular Health Promotion and Disease Prevention Program
- Support or Wellness Group

Your client may have participated in services related to treatment adherence at a location other than Kansas City Free Health Clinic, such as a L.I.F.E. program offered by another agency or mental health/substance abuse counseling at another location. These services are considered engagement in Treatment Adherence services but can not be verified by Kansas City Free Health Clinic. Verification of these services is the responsibility of the Ryan White Case Manager.

Sincerely,

Peer Treatment Adherence Program

Attachment II

Discharge Letter

Date

Address

Dear :

Because you are not officially a patient at KC Free, we will have to close you from the peer counseling program. If you would like to discuss this matter further, please feel free to contact LaTrischa Miles at (816) 777-2745.

It has been our pleasure working with you.

Sincerely,
Peer Counselor

Date

Address

Dear :

This letter is to inform you that we are closing your file from the peer counseling program. Since you have not contacted me or my supervisor in over four weeks we are unable to provide adequate peer support. If you would like to discuss this matter further, please feel free to contact my supervisor. LaTrischa's number is (816) 777-2745.

I wish you the best and regret that this program did not meet your needs.

Sincerely,
Peer Educator

Attachment II- 2

Discharge Letter

Date

Dear :

We are closing your file from the peer counseling program, however this does not affect any other services you may receive at the Kansas City Free Health Clinic. If you are interested in participating in upcoming support or educational groups please call the peer counseling office for more information (816) 777-2723. It has been our pleasure to provide peer counseling services to you.

Best Wishes,

Peer Educator

Date

RE: Supportive Housing/ Peer Counseling

To whom it may concern:

_____ was enrolled in the Kansas City Free Health Clinic Peer Counseling program on _____. His peer counselor will be _____. We will begin working with _____ in the next week to schedule training and further peer counselor appointments.

If you have any questions please feel free to call the peer counselor at 777-2723 or you may call me at (816) 777-2745

Thank you,

LaTrischa C. Miles.
Treatment Adherence Specialist

Cc: SHP Program Manager
Case Manager
Peer Counselor

Date

Address

Dear:

I am writing this letter to make contact with you regarding the Peer Counseling Program. As Peer Counselors, we are here to support you as much as we can. We work as a team with you and other professionals to insure that you receive Quality healthcare and in addition, so that you remain eligible for Supportive Housing assistance by meeting the requirements.

Please call me as soon as possible since we are required to meet at least one time each month.

If you have any questions please feel free to call the Peer Counselor office at 777-2723 or you may call me at (816) 777-2745

Thank you,

LaTrischa C. Miles.
Treatment Adherence Specialist

Cc: SHP Program Manager
Case Manager
Peer Counselor

Date

Address

Dear:

I am writing this letter to make contact with you regarding the Peer Counseling Program. As Peer Counselors, we are here to support you as much as we can. We work as a team with you and other professionals to insure that you receive Quality healthcare and in addition, so that you remain eligible for Supportive Housing assistance by meeting the requirements.

Please call me as soon as possible since we are required to meet at least one time every three months.

If you have any questions please feel free to call the Peer Counselor office at 777-2723 or you may call me at (816) 777-2745

Thank you,

LaTrischa C. Miles.
Treatment Adherence Specialist

Cc: SHP Program Manager
Case Manager
Peer Counselor