

STATE OF MISSOURI POSITIVE START TRANSITIONAL CASE MANAGEMENT MANUAL



Developed by Missouri Ryan White Part B Representatives and Transitional Case Managers.

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Positive Start Transitional Case Management Manual

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POSITIVE START PROGRAM

The goal of the Positive Start Program is to engage clients in HIV medical care following their release from the Missouri Department of Corrections (DOC). It is a time limited, Intensive Case Management model that assists incarcerated HIV+ men and women gain access to a range of medical, social, family, and support services needed to become self-sufficient upon their return to the community. Transitional Case Managers (TCMs) assist clients to establish short and long-term goals and link with appropriate community based support services.

The Positive Start Program consists of two phases:

TRANSITIONAL CONNECTIONS:

- Strengths based Case Management beginning six (6) months prior to release.
- Information about the Positive Start Program is provided.
- Primary focus of session(s) is release planning to include access to HIV medical care, education concerning medication adherence, healthy lifestyles, and prevention of transmission.

OUTSIDE CONNECTIONS:

- Intensive Case Management for up to twelve months post release.
- Client may be transferred to traditional Case Management when appropriate.
- Step Program assists newly released individuals with housing and support services. Refer to the Missouri Statewide Services Manual.

Positive Start Transitional Case Management Flowchart

**Missouri Department of Health
and Senior Services**

List (if available) of incarcerated individuals
within six (6) months of release from the
Missouri Department-of Corrections shared
with Transitional Case-Managers for
Transitional Connections enrollment



TRANSITIONAL CONNECTIONS

Strengths Based Case
Management Six (6) months prior
to release
Release Planning



OUTSIDE CONNECTIONS*

Intensive Case Management up to twelve
months post release

STANDARDS AND POLICIES

The Positive Start Program is designed to improve the continuity of HIV medical care and reduce risk of transmission through prevention education for HIV+ persons incarcerated in and recently released from DOC. Additionally, the program seeks to expand awareness and identify community partners to assist this population in successful reentry into the community. TCMs will identify resources to ensure access to medical care and support services, enabling the clients to achieve an improved level of medically related quality of life.

POLICIES:

1. The TCM assures access to HIV medical care through referrals to HIV medical providers, substance abuse treatment programs, mental health treatment providers and any other community resources that may assist clients in overcoming pre-existing barriers.
2. The TCM will provide prevention information and education on risk-reduction behaviors, state statutes regarding the spread of HIV, and the importance of treatment adherence during both phases of the program.
3. The TCM will provide Positive Start Program information to stakeholders and community partners to encourage support and collaboration.
4. The TCM clients must be transferred to general case management after twelve (12) months of being in the Outside Connection Program.

ELIGIBILITY

All HIV+ individuals incarcerated in Missouri state correctional centers, who are willing to engage in HIV medical care and participate in case management are eligible for assistance through the Positive Start Program. Any needed HIV medical care, treatment, or other services are the fiscal and administrative responsibility of the correctional system while the HIV+ individual is incarcerated. The Positive Start Program is intended only to link HIV+ individuals to HIV medical care, HIV Case Management and support services upon their formal discharge from a correctional center. Program goals include the provision of information and education on risk reduction behaviors, evaluating areas of assessment and the importance of treatment adherence.

Clients within six (6) months of release, referred to as the Transitional Connections phase, are the main priority for the Positive Start Program. Clients who have been recently released (within six months) from a Missouri state, or other correctional facility, may be enrolled in the Outside Connections phase of the program. A client may or may not choose to be enrolled in both phases of the program.

The goal of the Positive Start Program is intensive engagement with the client to provide support, education, assessment of strengths, and exploration of potential barriers and facilitation of entry into HIV medical care through the Case Management system.

CLIENT INTAKE AND ENROLLMENT: TRANSITIONAL CONNECTIONS

1. The TCM schedules a face-to-face visit with the HIV+ client through the Infection Control (IC) nurse. Every attempt shall be made by the TCM to make a face-to-face contact with the client, even when the anticipated release date is imminent. If a face-to-face contact is not possible, telephone or written contact can be made.
2. The IC nurse or other designated correctional facility staff calls the HIV+ client to a designated area in the institution to meet with the TCM.
3. The TCM will inform the HIV+ client how the Positive Start Program can link them into HIV medical care, substance abuse treatment, mental health services, vocational rehabilitation and other supportive services through the HIV Case Management network.
4. The TCM will inform the HIV+ client that the Positive Start program is voluntary.
5. If the individual chooses to participate in the Positive Start Program, complete the Intake/Enrollment and Assessment processes. Please refer to the State of Missouri HIV Case Management Manual. Intake, Enrollment Update Procedures.
6. Required forms are as follows:
 - a. Positive Start Attachment
 - b. The Positive Start Assessment of Client Needs
 - c. Release of Personal Health Information (PHI)
7. Required modules to complete in the electronic client database are as follows:
 - a. Case Status
 - b. Demographics
 - c. Social Support
 - d. Professional Contact
 - e. Documents
 - f. Assessment/Interview -See the detailed information regarding completing the Missouri Case Management Assessment Tool (MCMAT)
 - g. Service Plan - See the detailed information regarding completion of the Individual Service Plan.
 - h. Service Referrals - See the detailed information regarding the entry of Service

Encounters - A progress note documenting relevant information obtained during the

- i. Enrollment visit must be attached to the Enrollment encounter.
- j. Health Coverage
- k. Income
- l. Employment
- m. Diagnosis (if any new diagnosis; ex: change from HIV to AIDS)
- n. Verified Medical Care
- o. Labs

These modules may be completed independently or through the use of the electronic data base Enrollment workflow.

- 8. TCM will educate the client on the importance of treatment of HIV disease, including adherence to prescribed medications, regular physician visits, and monitoring of CD4 and Viral Load counts.
- 9. TCM will discuss HIV prevention, State statutes regarding the spread of HIV, if applicable; risk reduction, and healthy practices to minimize the spread of HIV.
- 10. TCM will provide the client with information to contact the Outside Connections intensive (if available in the region) Case Management after release. TCM will then contact the case manager in the region that the client will release to and convey information pertaining to client's release and contact.
- 11. Answer questions the client might have about HIV (unless a medical judgment is requested). If the individual expresses concern regarding medical care, encourage the individual to allow you to include the Infection Control nurse in the discussion or offer to send that information to the IC nurse. Never attempt to explain correctional HIV protocols or make a judgment about their care in the correctional center. Redirect all complaints about the medical care in the correctional centers to the IC nurse.
- 12. Document the client's decision regarding their returning site and desired agency to provide HIV Case Management services.
- 13. Arrange for a follow-up visit with nursing staff and TCM if time permits.

14. Obtain medical information from the IC nurse during this meeting. This medical information is not limited to, but must include verification of HIV status (per Ryan White HIV Case Management Manual), CD4 count, viral load, co-morbidities, and a list of medications.

OUTSIDE CONNECTIONS

1. Complete Intake (as applicable)/Enrollment and Assessment processes as per policy/procedure outlined in the State of Missouri HIV Case Management Manual.
2. Enter a release date in Demographics.
3. In regions where a TCM is located, attempts should be made to assign clients being released from correctional facilities to the TCM. However, clients may be assigned to a different Case Manager if requested (contact your Grantee for more details). In regions with no TCM, recently released individuals are assigned to a traditional Case Manager.

CLIENT TRANSFER PRIOR TO RELEASE (TRANSITIONAL CONNECTIONS PHASE):

1. Client transfer procedures may vary by region:
 - a. Kansas City Region: contact the TCM at Vivent Health Kansas City for case management assignment.
 - b. St. Louis Region: contact the TCM at Vivent Health St. Louis for case management assignment.
 - c. Southwest Region: contact the Regional Case Management Supervisor at APO for case management assignment.
 - d. Central Region: contact the TCM at Phoenix Programs for case management assignment.
 - e. All Other Regions: All other Case Management agencies may be contacted directly for case management assignment.
2. See current HIV contact list for agency and case manager contact information. If you encounter problems with the referral process, contact the Quality Service Manager (QSM) for the referral region. Continued problems should be directed to the Department of Health and Senior Services (DHSS), Director of HIV Case Management.

3. Case Management assignment must be completed within five (5) business days and the case assignment information, including appointment time and date should be relayed back to the TCM. Upon notification of assignment, TCM must sign Case Manager to the client's record in the electronic client database.
4. The TCM will provide the name and contact information of the HIV Case Management agency and Case Manager to the client at the next face-to-face visit. If a face-to-face meeting is not possible prior to the client's release, appointment and contact information should be given to the IC nurse to provide to client.
5. If the client will be receiving case management services from the TCM following his/her release, the TCM should provide the client with the time and date of the first post-release appointment, as well as location information for the appointment.

CLIENT TRANSFER FROM OUTSIDE CONNECTIONS TO CASE MANAGEMENT:

Follow the Removal, Readmission, Case Closure, and Transfer Standard and the Client Transfer Policy and Procedure as outlined in the State of Missouri HIV Case Management Manual.

POST-RELEASE FOLLOW-UP:

1. If client has not enrolled in Outside Connections Case Management within a week after release, the transferring TCM must make three attempts to contact the client regarding barriers to enrollment. In addition, the outside Case Manager will follow the procedures for Case Management Enrollment within a 30-day period.
 - a. If the client enrolled in case management, the TCM will transfer the client's record at this time, as outlined in the State of Missouri HIV Case Management Manual Transfer Policy.
 - b. If the client did not enroll in Case Management, the TCM will continue efforts to contact the client in order to arrange meeting with the assigned Case Manager for 30 days.
 - c. If the client does not enroll in Case Management or cannot be located within 30 days, the TCM will inactivate and close the client's record.

CLIENT TRANSFER FROM OUTSIDE CONNECTIONS TO CASE MANAGEMENT:

1. Follow the Transfer Policy as outlined in the State of Missouri HIV Case Management Manual.

POSITIVE START PROGRAM CASE INACTIVATION

1. Follow current Closure Procedure as outlined in the State of Missouri HIV Case Management Manual.
2. Clients may be reactivated in the Positive Start program for the following reasons:
 - a. Re-established Missouri residency
 - b. Location becomes known
 - c. Re-incarceration

DOCUMENTATION:

The TCM will maintain a case file for each client enrolled in the Positive Start Program. Documentation of all contacts with client or regarding the client, including phone calls, will be recorded in the electronic database according to the State of Missouri HIV Case Management Manual. All client records must be kept secure and password protected if in electronic form. Any hard copies of client records must be locked in a secure location at all times to maintain strict client confidentiality.

Please follow the procedures listed below for documentation in the electronic client database.

1. Document the referral source and date.
2. Document the writer of the notes as TCM.
3. If you have a late entry, document it as late entry with the current date and list the nature of the entry.
4. Document the purpose of the visit, i.e. “Expressed interest in the program and asked for an overview of the Positive Start TCM Program.”
5. Document that TCM has reviewed and explained what options are available to the incarcerated individual in your particular region, and what role you, the TCM, played in creating a linkage for the client.
6. Document discussion of risk reduction and treatment adherence.
7. Document all medical concerns the individual may have and any attempts made to bring the IC Nurse in to address the concerns.
8. Document the outcome of the visit.

9. Document the anticipated return site visit and client's anticipated release date.
10. Document all contacts or attempted contacts with local agencies:
 - a. Telephone contact (TC) attempted.
 - b. Left a message on voicemail.
 - c. Toured facility: Nursing Home, Halfway House.
11. Document any barriers to successful care outcomes.
12. All paper documentation must be maintained in chart for the duration of time specified in the State of Missouri HIV Case Management Manual.
13. All client records must be protected by lock when transported.

Note: Refer the State of Missouri HIV Case Management Manual for further guidance on Documentation Standards.

POSITIVE START TRANSFER CLIPPING

The clipping is to be completed by the Transitional Case Manager to assist the Outside Connections Case Manager with important information about the client ensuring a successful transition to the Case Management system.

POSITIVE START TRANSFER CLIPPING

This client has participated in the Positive Start Program. The client has received services via the _ phase (list applicable phases: TC/OC) of the program. The client is being transferred to Ryan White Case Management to address ongoing needs and barriers to care.

This client was linked to HIV medical care on _ (Enter date or N/A) with _____ (Enter medical care provider).

- Release Date: _____
- Safety Issues: _____
- Reason for Incarceration _____

If applicable:

This client was not linked to HIV medical care due to the following barriers:

For continuing case management, the following barriers to care may need to be addressed:

Additionally, this client is enrolled in or is participating in the following services or programs:

CM Appointment Information:

_____ (Enter CM to whom client is being transferred) at _____ (Enter CM agency) was contacted by me on _____ (enter date) and has scheduled an appointment with the client for _____ (enter date and time) at _____ (enter appointment location).

ROLES AND RESPONSIBILITIES

DHSS/Positive Start Program: The Missouri DHSS HIV Care Program will enter into contracts with three sites for TCM positions. The Positive Start Program will ensure the development of an Individual Service Plan that successfully assists a client's transition from a correctional to a community setting. Coordination and collaborative efforts must occur across departmental, program, state, and regional divisions. It is the role of the Positive Start Program to assure that all necessary linkages occur and that continuity of care is maintained.

Director of HIV Case Management: The Missouri DHSS Director of HIV Case Management has statewide oversight of program development, building and expansion of collaborative relationships, overall program administration, programmatic training and contractual oversight of the three contracted TCMs, data analysis, and program evaluation. The Director of HIV Case Management also serves as the DHSS Liaison with DOC regarding issues relating to HIV+ clients and is responsible for providing technical assistance to Positive Start contractors.

Correctional Medical Staff and Probation/Parole: The IC nurse and/or medical staff working at each of the state's correctional facilities serves as a point of contact between the correctional system, probation and parole, and the Positive Start program.

Agencies: Agencies/contractors will be required to document adherence to the policies and procedures outlined in this manual, as well as oversee the hiring of qualified TCM staff. TCMs must meet the same qualifications and be held to the same standards of practice as HIV Case Managers, as outlined in the department's HIV Case Management contracts. TCMs must also be culturally sensitive and have the ability to work with diverse populations. Experience working with the HIV Case Management network or correctional populations is desired, but not required.

Transitional Case Managers: TCMs will increase access to HIV medical care through referrals to HIV medical providers, the Missouri HIV Case Management network, and other community resources. TCMs will provide prevention information and education on risk reduction behaviors, State statutes regarding the spread of HIV, and the importance of treatment adherence.

Quality Service Manager (QSM): QSMs are a specialized professional who manages, monitors, and evaluates quality in the Ryan White Program in assigned regions, under the direction of the Director of HIV Case Management. The QSM collaborates with contracted Case Management provider agencies to ensure services are delivered in compliance with the statewide standards, policies and procedures. The QSMs provide leadership, consultation, contract monitoring, and technical assistance to contracted agencies in assigned regions.

TRAINING COMPONENTS

TCMs must meet the same requirements and will be held to the same standards of practice as HIV Case Managers as outlined in the State of Missouri HIV Case Management Manual. TCMs will be expected to complete all required training as outlined in the State of Missouri HIV Case Management Manual.

QUALITY MANAGEMENT STANDARD

INCIDENT/QUALITY MANAGEMENT REPORTING

The Missouri Department of Health and Senior Services utilizes an Incident/Quality Management Report to document and report issues, complaints, errors, hotline calls, and other concerns. The form is to be submitted within two (2) business days of the occurrence/incident. Information gathered will track occurrences and identify trends to promote quality assurance and improvement. If the report includes a client name, please remember to include the DCN.

Note: The Incident/Quality Management Report is not part of the client record and needs to be maintained in a separate file. No reference must be made to the report in the electronic client record. Encounter/progress notes must continue to contain objective documentation of significant issues identified in the Incident/Quality Management Report.

DISTRIBUTION: Submit typed form to agency Case Management supervisor for submission to Regional Supervisor and/or QSM. The completed form will be forwarded to the DHSS Director of Case Management.

Missouri Department of Health and Senior Services
Bureau of HIV, STD, Hepatitis
930 Wildwood Drive
PO Box 570 Jefferson City, MO 65102-0570

Section 4.0 – Quality Management and Evaluation

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Subsection 4.2 Incident Report

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Incident/Quality Management Report

INSTRUCTIONS: Submit **typed** form to agency case management supervisor for submission to Regional Supervisor, and/or QSM within **two (2) business days** of the occurrence/incident. Completed form will be forwarded to the DHSS Director of Case Management. This form is to be used to document all hotline calls.

REGION: ☐ SW ☐ SE ☐ NW ☐ CENTRAL ☐ ST LOUIS ☐ KANSAS CITY

Date of Report: _____ **Name of Reporter:** _____

Date(s) of Incident: _____ **Reporting Agency:** _____

AREA(S) OF THE HIV CASE MANAGEMENT PROGRAM REFERENCES IN REPORT:

☐ Case Management ☐ Specialty Case Management

☐ Vendor/Provider for HIV Program ☐ SPPC/Waiver

☐ RW Support Services ☐ RW Statewide Services

☐ Other: _____

TYPE OF INCIDENT/QUALITY CONCERN:

☐ Quality of Care

☐ Theft/Financial Loss/Fraud

☐ Access to Care

☐ Violation of Confidentiality

☐ Aggressive Behavior/Action toward Staff or Client

☐ Medication or Prescription Error

☐ Health or Safety Risk for Staff or Client

☐ Destruction of Property

☐ Customer Services

☐ Abuse/Neglect

☐ Other: _____

NAMES OF CLIENT(S), STAFF PERSON(S), PROVIDER(S), OTHER ENTITIES INCLUDED IN REPORT: (If including a client name, a DCN is required with name)

1) _____ 3) _____

2) _____ 4) _____

DETAILED DESCRIPTION OF THE INCIDENT: (who, where, why, how) *Attach additional documentation as needed.*

Signature: _____ **Date:** _____

Agency Action/Supervisor Follow-up Notes (optional): _____

☐ No Action Required (Tracking Only)

Comments/Action Taken/Follow-up: _____

PROGRAM EVALUATION

The TCM will provide a monthly report to the QSM (by the 10th of the month) containing the following information:

- Total number of clients eligible for entry into Positive Start Program, delineated by source. (DOC Offender List or IC Nurse)
- Total number of eligible clients enrolled in Transitional Case Management
- Total number choosing not to enroll in Transitional Case Management and their reason.
- Total number of HIV+ clients entering the Positive Start program reported demographically, by releasing facility, and by post-release residency.
- Total number of HIV+ clients successfully enrolled in HIV Case Management through the program.
- Total number of HIV+ clients successfully engaged in HIV medical care.

DOC FACILITY LIST

Algoa Correction Center (C-2 Male)

8501 No More Victims Road
Jefferson City, MO 65101
573-751-3911

Boonville Correction Center (C-3 Male)

1216 East Morgan Street
Boonville, MO 65233-1300
660-882-6521

Chillicothe Correctional Center (female)

3151 Litton Rd
Chillicothe, MO 64601
660-646-4032

Eastern Reception, Diagnostic and Correctional Center (C-2/4 male)

2727 Hwy K
Bonne Terre, MO 63628
573-358-5516

Farmington Correctional Center (C-1 to C-5 male)

1012 W. Columbia Street
Farmington, MO 63640
573-218-7100

Fulton Reception and Diagnostic Center (C-5 male)

P.O. Box 190
Fulton, MO 65251
573-592-4040

Jefferson City Correction Center (C-2 male)

8200 No More Victims Road
Jefferson City, MO 65101
573-751-3224

Maryville Treatment Center (C-3 male)

30227 US Hwy 136
Maryville, MO 64468
660-582-6542

Missouri Eastern Correction Center (C-3 male)

18701 Old Highway 66
Pacific, MO 63069

Section 5.0 – Facility, Safety, Contact List and Map

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Subsection 5.1 Department of Corrections (DOC) Facility List
636-257-3322

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Moberly Correctional Center (C-4 male)

P.O. Box 7
Moberly, MO 65270
660-263-3778

Northeast Correctional Center (C-4 male)

13698 Airport Road
Bowling Green, MO 63334
573-324-9975

Ozark Correctional Center (C-2 male)

929 Honor Camp Lane
Fordland, MO 65652
417-767-4491

Potosi Correctional Center (C-5 male)

11593 State Highway O
Mineral Point, MO 63660
573-438-6000

South Central Correctional Center (C-5 male)

255 W. Hwy 32
Licking, MO 65542
573-674-4470

Southeast Correctional Center (C-5 male)

Highway 105
Charleston, MO 63834
573-683-4409

Tipton Correctional Center (C-2 male)

619 N. Osage Avenue
Tipton, MO 65081
660-433-2031

Western Missouri Correction Center (C-3 & C-4 male)

609 E. Pence Road
Cameron, MO 64429
816-632-1390

Western Reception, Diagnostic, and Correctional Center (C-1 to C-5 male)

3401 Faraon
St. Joseph, MO 64506
816-387-2158

Section 5.0 – Facility, Safety, Contact List and Map

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Subsection 5.1 Department of Corrections (DOC) Facility List

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Women's Eastern Reception, Diagnostic, and Correctional Center (C-1 to C-5 female)

P.O. Box 300
1101 E. Hwy 54
Vandalia, MO 63382
573-594-6686

Release Centers:

St. Louis Release Center

1621 N. First St
St. Louis, MO 63102
314-877-0300

Heartland Behavioral Health

1500 W. Ashland St
Nevada, MO 64772
1-800-654-9605

SAFETY PRECAUTIONS WITHIN THE CORRECTIONAL FACILITY

Custody, medical treatment, and counseling do occur simultaneously within the prison system, but not without constant tensions and challenges. It is imperative that you adhere to all rules and regulations of DOC, as well as those of individual correctional facilities for the safety of yourself, clients and correctional staff.

Pay special attention to professional boundaries. You are working in the client's living space where the physical setting may blur boundaries. Keep in mind the client's possible patterns of exploitation, intimidation, and pathological manipulation may further stress boundary formation and maintenance. The structure of the Case Manager/client relationship must communicate and maintain these boundaries.

The potential for violence and weapon use is always present.

For your personal safety:

- Wear low heel shoes with non-skid sole. Do not wear open toed or open heeled shoes or sandals.
- Dress professional – not provocatively, no t-shirts. Do not wear a fragrance.
- Do not carry unapproved items into the facility. Keep jewelry to a minimum.
- Wear identification. If you have a lanyard, it should be of the “break-away” type. If instructed to wear a body alarm, wear it properly.

During the client interview:

- For your personal safety, during the client interview, leave the door open slightly. Never block your exit from a room. Seat yourself between the client and the door so that you may be the first out if a dangerous situation is imminent.
- Respect boundaries. Keep a respectable distance at all times.
- Present a calm, supportive appearance. Speak clearly and slowly. Show respect and remain nonjudgmental.
- Refrain from bodily contact (i.e., hugging).
- Refrain from providing any non-approved items (i.e. pens, paper, magazines, etc.) to the client. You must obtain approval from facility staff prior to providing any items.
- If the client is shackled, keep in mind that he/she can still hurt you (example: head butt, body slam).
- If you feel threatened in any way, terminate the interview immediately, and report behavior to the nurse or guard.
- If violence escalates, do not hesitate to activate your body alarm or call for help.

TRANSITIONAL CASE MANAGERS CONTACT LIST

Northwest Region: Vivent Health Kansas City 816-561-8784, ext. 103; fax: 816-753-4582; Ask for the Transitional Case Manager

- CCC Chillicothe Correctional Center, Chillicothe
- KCRC Kansas City Retry Center, Kansas City
- MTC Maryville Treatment Center, Maryville
- WMCC Western Missouri Correctional Center, Cameron
- WRDCC Western Reception, Diagnostic, and Correctional Center, St. Joseph

Central Region: Phoenix Programs of Central Missouri 573-875-8880; fax: 573-442-3830; Ask for the Transitional Case Manager

- ACC Algoa Correctional Center, Jefferson City
- BCC Boonville Correctional Center, Boonville
- FRDC Fulton and Reception Diagnostic Center, Fulton
- JCCC Jefferson City Correctional Center, Jefferson City
- MCC Moberly Correctional Center, Moberly
- NECC Northeast Correctional Center, Bowling Green
- OCC Ozark Correctional Center, Fordland
- TCC Tipton Correction Center, Tipton
- WERDCC Women's Eastern Reception, Diagnostic, and Correctional Center, Vandalia

Eastern Region: Vivent Health St. Louis 314-645-6451; fax: 314-645-6502 Ask for the Transitional Case Manager

- ERDCC Eastern Reception, Diagnostic, and Correctional Center, Bonne Terre
- FCC Farmington Correctional Center, Farmington (CTC, FTC, SRU)
- MECC Missouri Eastern Correctional Center, Pacific
- PCC Potosi Correctional Center, Potosi (MATC)
- SCCC South Central Correctional Center, Licking
- SECC Southeast Correctional Center, Charleston
- SLCRC St. Louis Community Release Center, St. Louis

Positive Start Transitional Case Management Map

