

## Orientation Checklist

	<i>Yes</i>	<i>Scheduled/Date</i>	<i>Initials</i>
Introduced new hire			
Reviewed benefits/probationary period			
Reviewed policies/procedures			
Reviewed mission of agency			
Reviewed job description/contract information			
Reviewed supervision schedule and management style			
Reviewed training/development plan			
Reviewed organizational structure			
Reviewed agency protocol: boundaries, professionalism, confidentiality, expectations			
Outlined 2-4 week job orientation plan			
Other			

Employee Name: \_\_\_\_\_ Conducted By: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## SAMPLE ORIENTATION TRAINING PLAN

### Orientation Training Plan

**Lila Morgan**

**Executive Administrative Assistant, Live Positive**

#### Monday 2/24

- ✓ Meet with supervisor
  - Get tour of organization/ meet staff
  - Discuss orientation training plan
  - Review job description
  - Review human resource policies and procedures (written manual or verbally)
- ✓ Equipment training by supervisor or other staff
  - Phone and voicemail systems and protocol
  - Mail systems
  - Xerox machine
- ✓ Begin answering phone, relaying messages, copying jobs

#### Tuesday 2/25

- ✓ Meet with supervisor to review first day on job
- ✓ Equipment training by supervisor or other staff (continued)
  - Computer and paper filing systems
  - Database systems, Email, and online calendar scheduling
- ✓ Start 1-to-1 meetings with key staff to get oriented to your position and work in the organization
- ✓ Start reading organizational materials, related web material etc.
- ✓ Begin re-organizing paper files

#### Wednesday 2/26

- ✓ Meet with supervisor
  - Review supervision and management style
  - Review how performance will be measured when review time comes and on ongoing basis
- ✓ Equipment training by supervisor or other staff (continued)
  - Supply closet and ordering systems
  - Equipment vendors and protocols
- ✓ Continue 1-to-1 meetings with staff



## Thursday 2/27

- ✓ Meet briefly with supervisor for check-in
- ✓ Order needed supplies
- ✓ Update mailing database

## Friday 2/28

- ✓ Meet with supervisor
  - Outline supervision schedule for 1<sup>st</sup> month and beyond
  - Discuss professional development and training needs
- ✓ Continue ongoing work

## Monday 3/3

- ✓ Meet with supervisor
  - Review what went well and what could have been better for 1<sup>st</sup> week
- ✓ Continue 1-on-1 meetings with staff as needed (all week)
- ✓ Continue reading relevant materials (all week)
- ✓ Continue ongoing work projects (all week)

## Tuesday 3/4

- ✓ All day database training

## Wednesday 3/5

- ✓ Staff meeting
- ✓ Begin on-line research and gathering data for grant application

## Thursday 3/6

- ✓ Quick check in with supervisor
  - Review progress on training, reading, projects etc.

## Friday 3/7

- ✓ Meet with supervisor
  - Plan out the next 2-4 weeks of work



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

Revised 4/18/05



**For a healthy community**

# Peer Protocol and Operations Manual

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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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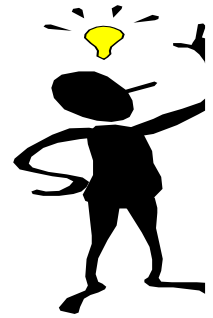
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## **Section I. Program Description**

### **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**

<b>Position: Peer Counselor</b>	<b>Exempt Status:</b> Non- Exempt	<b>Work Status:</b> Volunteer (stipend)
<b>Job Code:</b>	<b>Division:</b> HIV Primary Care	
<b>Reports To:</b> La Trischa Miles- Treatment Adherence Specialist		<b>Date:</b> 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)

<b>Position: Peer Counselor</b>	<b>Exempt Status:</b> Non- Exempt	<b>Work Status:</b> Volunteer (stipend)
<b>Job Code:</b>	<b>Division:</b> HIV Primary Care	
<b>Reports To:</b> La Trischa Miles- Treatment Adherence Specialist		<b>Date:</b> 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**

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

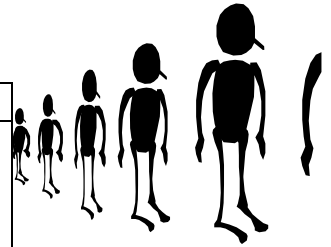
**Section II. Protocols, Forms and Reports**



<b>Client Referral Form</b>	
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"> <li>1. Primary Care Team</li> <li>2. Treatment Adherence Program Manager</li> <li>3. Treatment Adherence Specialist</li> <li>4. Ryan White Case Manager</li> <li>5. Self-Referred</li> </ol>
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.**

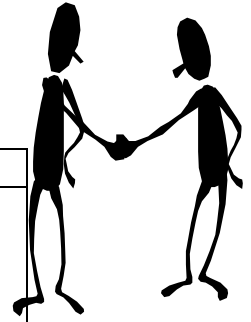
## Section II. Protocols, Forms and Reports



<b>Intake Form</b>	
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"> <li>1. Peer Counselor</li> <li>2. Treatment Adherence Specialist</li> <li>3. Treatment Adherence Program Manager</li> </ol>
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



<b>Consent/Confidentiality Agreement</b>	
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"> <li>1. Peer Counselors Roles and Responsibilities</li> <li>2. Client Roles and Responsibilities</li> <li>3. Confidentiality</li> </ol> <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"> <li>1. Client</li> <li>2. Peer Counselor</li> </ol> <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



<b>Peer Treatment Adherence Checklist-Client First Meeting</b>	
Description	<p>The Peer Treatment Adherence Checklist is used at a Client First Meeting for:</p> <ul style="list-style-type: none"> <li>• newly diagnosed,</li> <li>• new patients to care at the clinic,</li> <li>• patients interested in the SHP program,</li> <li>• patients expected to begin ARV regimens, and/or</li> <li>• patients who report or are identified to the Peer Program that may be experiencing problems with adherence.</li> </ul> <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"> <li>1. complete all necessary paperwork required;</li> <li>2. advise the client of resources and services available at the clinic;</li> <li>3. engage the client in communication about the disease with open-ended sample questions;</li> <li>4. the Peer Counselor - at their discretion may share their story or give background of working in the field; and</li> <li>5. Review the Treatment Adherence Peer Education Checklist on Appendix H to give the client an overview of Peer education training.</li> </ol> <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"> <li>1. Peer Counselor</li> <li>2. Treatment Adherence Specialist or</li> <li>3. Treatment Adherence Program Manager</li> </ol>
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"> <li>1. When was your last medical appointment</li> <li>2. When is your next medical appointment</li> </ol> <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**

<b>Peer Treatment Adherence Goals Plans</b>	
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"> <li>1. Client</li> <li>2. Peer Counselor</li> <li>3. Treatment Adherence Specialist or</li> <li>4. Treatment Adherence Program Manager</li> </ol>
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).

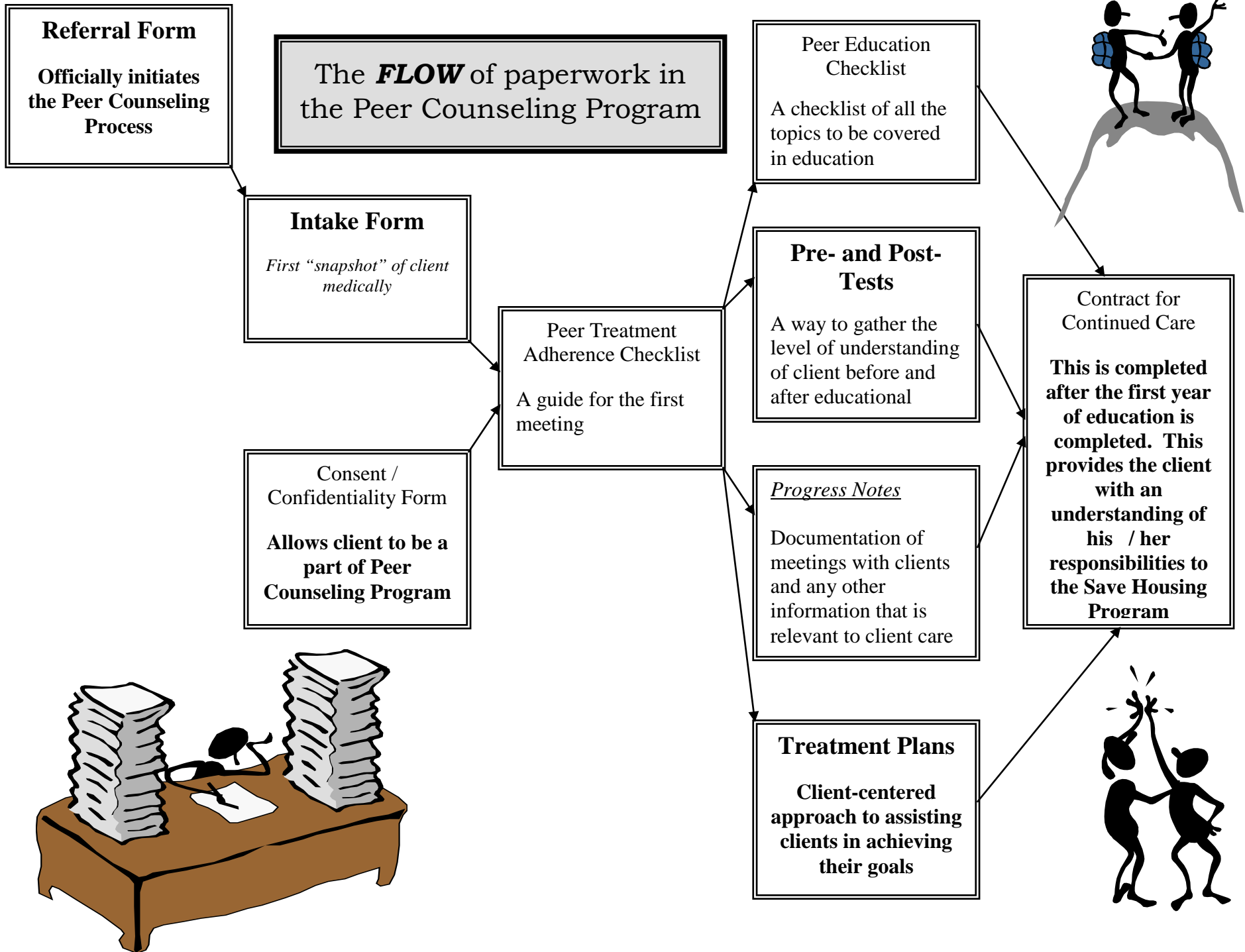
Call all the DNKA clients and identify yourself as a peer counselor. Ask if they realized they missed their appointment. Try to engage them in conversation, you can ask if they are ok on their medication refills or if there is anything you can do to assist them in keeping their appointments. Document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

<b>Peer to Peer Monthly Report</b>	
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"> <li>• Courtesy contact calls by race and gender (appointment reminder calls)</li> <li>• DNKA contact calls (Did Not Keep Appointment contact calls)</li> <li>• Peer to Peer contact calls by race and gender (monthly Peer contact by phone, office visit or correspondence)</li> <li>• Patient Computer sign in sheet (located in the waiting area for clinic patients to use.)</li> </ul>
Task Performed By	<ol style="list-style-type: none"> <li>1. Peer Counselor</li> <li>2. Treatment Adherence Specialist</li> </ol>
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>





## **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**

<b>SHP Program</b>	
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"> <li>1. Peer Counselor and Client are responsible for adhering to the roles and responsibilities listed on Appendix C.</li> <li>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"> <li>• Enrollment letters</li> <li>• Urgent Contact letters</li> <li>• SHP Year 1 verification monthly letters</li> <li>• SHP Year 2 verification quarterly letters</li> <li>• Monthly SHP and Non-SHP Active client lists</li> </ul> </li> </ol> <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**

<b>Peer Treatment Adherence Program Contract for Continued Care</b>	
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"> <li>1. Peer Counselor</li> <li>2. Treatment Adherence Specialist</li> </ol>
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"> <li>• How is client coping with the disease (medically, home life)</li> <li>• Family (kids names, ages, husband/wife supportive/not?)</li> <li>• Do you have family or any other support other than the clinic?</li> <li>• What have you heard about HIV?</li> <li>• Have you known someone with HIV?</li> <li>• Do you have concerns/questions?</li> </ul> <i>Always ask the client about medical appointments:</i> <ol style="list-style-type: none"> <li>1. When was your last medical appointment</li> <li>2. When is your next medical appointment</li> </ol> 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. <b>ONLY PROCEED TO HIV 101-EDUCATION IF YOU FEEL CLIENT IS READY AND TIME ALLOWS</b>	
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:

<b>S</b>	Specific	Exact and Concrete
<b>M</b>	Measurable	Observable or tangible
<b>A</b>	Achievable	The client is willing to work towards the goal
<b>R</b>	Realistic	The client is able to accomplish the goal
<b>T</b>	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.

<b>HIV and Transmission Part 1:</b>	<b>True</b>	<b>False</b>	<b>Not Sure</b>
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.			
<b>HIV education, lab tests, health problems and information Part 2:</b>	<b>True</b>	<b>False</b>	<b>Not Sure</b>
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.			
<b>HIV medications Part 3:</b>	<b>True</b>	<b>False</b>	<b>Not Sure</b>
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.			
<b>Health Maintenance Part 4:</b>	<b>True</b>	<b>False</b>	<b>Not Sure</b>
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 3<sup>rd</sup> party insurance, e.g. Medicaid, Medicare, private insurance.)
2. Currently receiving medical care (has been seen once within the last year) at KCFHC (3<sup>rd</sup> 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

**THE KANSAS CITY  
FREE HEALTH CLINIC**

**Policy and  
Procedure Manual  
for Treatment  
Adherence Program**

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## **Vision**

Creating solutions for a healthy community

## **Mission Statement**

The purpose of The 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.

### **We accomplish this by:**

- **respecting the dignity of each individual**
- **servicing a diverse community**
- **providing outreach services within the community**
- **working collaboratively with volunteers**
- **fostering individual and community partnerships**
- **responding to the changing health and wellness needs of the community**
- **maximizing our financial resources**



## PATIENT'S BILL OF RIGHTS

These patient rights below have been adopted by the Kansas City Free Health Clinic to ensure collaboration between patients, physicians, volunteers, staff and other health care professionals. The Clinic recognizes that open and honest communication, respect for personal values, and sensitivity to differences is integral to optimal patient care. The Clinic believes that:

- The patient has the right to considerate and respectful care.
- The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis.
- The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care and to be informed of the medical consequences of this action.
- The patient has the right to an advanced directive (i.e., a living will, health care proxy, or durable power of attorney) concerning treatment or designating a surrogate decision maker with the expectation of honoring the intent of the directive.
- The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.
- The patient has the right to expect that all communications and records pertaining to his/her private health information and care will be treated as confidential and protected as described in the Clinic's Notice of Privacy Practices
- The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement and to have studies fully explained prior to consent.
- The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted.
- The Patient has the right to file a grievance if he or she believes any of these rights have been violated.



## Patient Confidentiality Policy

Original Policy Date: 12/1999	Policy Number:	Director of Operations:
Policy Title: Patient Confidentiality Policy		Executive Director:
Revised Policy Date: 4/2003	Policy Relevant to: All Staff and Volunteers	Addendum:

### **Policy**

Under no circumstances are staff members or volunteers to give out any information regarding the Kansas City Free Health Clinic's patients or former patients to anyone requesting information, unless they have a specific signed release or the Clinic is compelled to do so by law.

In the case of the latter, records requested by law will be handled by the HIPAA Privacy Officer. Discussion of clients for the purpose of case conferencing is intended to be for the purpose of client benefit only, and is not appropriate outside of the facility.



## Patient Grievance Policy

Original Policy Date: 12/1999	Policy Number:	Director of Operations:
Policy Title: Patient Grievance Policy		Executive Director:
Revised Policy Date: 4/2003	Policy Relevant to: All Staff and Volunteers	Addendum:

### Policy

Patients have a right to be satisfied with the services they received through the Kansas City Free Health Clinic. Patients may report complaints, concerns, or problems to any provider, volunteer or staff member.

The staff member receiving the complaint, concern or problem will complete an incident report and forward that report to their supervisor. The supervisor will assure that the appropriate Program Director will receive the report.

The Program Director will discuss the incident with the relevant individuals involved and every effort is made to resolve the issue. The Program Director will note the resolution on the incident report and will discuss the situation with the Executive Director and Director of Operations. The Director of Operations is responsible for maintaining a record of all complaints, concerns or problems.

Complaints not resolved at the Program Director level will be referred to the Executive Director. Complaints not resolved through the Executive Director will be referred to the Director of the Board of Directors.



## Interpretive Services Policy

Original Policy Date: 12/1999	Policy Number:	Director of Operations:
Policy Title: Interpretive Services Policy		Executive Director:
Revised Policy Date: 4/2003	Policy Relevant to: All Staff and Volunteers	Addendum:

### Policy

In an attempt to meet the needs of our diverse patient population, The Kansas City Free Health Clinic will evaluate all patients for interpretive services needs when receiving any services.

### Procedure

- Initial evaluation of interpretive services needs may be done during the course of scheduling an appointment. If a patient is identified as speaking any language other than English (including American Sign Language), the scheduler will attempt to identify if the patient will need interpretive services at the time of their appointment.
- The need for and type of interpretive services will be noted in the schedule by reason for visit and reported to the provider with whom the patient is scheduled to see or to the respective Program Director. A note will be written on the contact sheet regarding the need for interpretive services when the chart is pulled for clinic.
- Interpretive Services for Spanish speaking clients are available through volunteers and staff for respective programs or through use of Interlingua.
- Interpretive Services for all other languages are available through a telephone based company called Interlingua.
- The use of an interpreter will be noted in the patient's progress note for that day including name of interpreter and/or interpreter service.
- The provision of interpretative services provided by patient's family or friends is discouraged in order to ensure patient confidentiality.





## Policy Statement Regarding the Health Insurance Portability and Accountability Act (HIPAA)

Original Policy Date: 4/2003	Policy Number:	Director of Operations:
Policy Title: HIPAA Policy		Executive Director:
Revised Policy Date: 7/10/2006	Policy Relevant to: All Staff and Volunteers	Addendum:

### Policy

The Health Insurance Portability and Accountability Act (HIPAA) is a Federal legislation which governs patient privacy and security for all Protected Health Information (PHI). This legislation was written in 1996 and effective for all covered entities April 14, 2003. This Clinic is classified as a covered entity and thus required to follow the guidelines outlined by HIPAA.

The goal of HIPAA is to protect all patient information from unauthorized disclosures to any party not utilizing the information for treatment, payment or operations. When disclosing information for the above, disclose only the minimum amount of PHI necessary for the party to complete their task. This rule should be recognized when disclosing externally as well as internally. The Clinic has undergone a risk assessment and compliance readiness by Versant Group, Inc., in preparation for HIPAA implementation. Clinic management and employees have had training and education regarding HIPAA. The Clinic has made changes in the physical facility, patient flow and procedure to become compliant with these regulations.

### Procedure

HIPAA regulations affect every aspect of the Clinic including but not limited to appointment setting, check-in, patient exams, counseling sessions and medical charting. Any HIPAA procedure would be too vast to outline in this policy and procedure handbook.

Each patient/client of the Kansas City Free Health Clinic will be given a copy of our Notice of Privacy Practices prior to their initial exam or visit. Each person is asked to read and acknowledge their understanding with a signature. This notice outlines the HIPAA legislation and the patient's right to privacy therein.

**For specific procedures including the Clinic risk assessment, training handouts, patient flow diagrams and HIPAA policy and procedures, see the Director of Operations for the complete HIPAA guidebook. Issues regarding the check-in and appointments, please refer to the Front Office Policy and Procedure Manual.**



## Termination of Patient/Client from Clinic Services

Original Policy Date: January 2007	Policy Number:	
Policy Title: Termination of Patient/Client from Clinic Services		Executive Director:
Revised Policy Date:	Policy Relevant to: All Staff and Volunteers	Addendum:

### **Purpose**

This policy delineates the circumstances under which a patient or client may be terminated from all Clinic services. Please see separate policy for discharge from specific programs for eligibility issues, behavioral problems, and non-adherence to treatment plans.

### **Policy**

It is the responsibility of the Clinic to assure that all Clinic services are provided within a safe and secure environment.

Patients/clients may exhibit behavior which threatens the safety and security of the environment and may threaten the safety of staff, volunteers, visitors and other patients/clients. Such behavior may include but is not limited to: threats of physical violence towards staff, volunteers, patients, clients, visitors; possession of or brandishing a weapon in the Clinic buildings or on Clinic property; threats of property damage; or other behavior which threatens the safety and security of the Clinic environment.

Patients/clients exhibiting such behavior may be terminated from all services at the Clinic.

The decision to terminate a patient/client from services will be the responsibility of the Director of Finance and Administration.

### Procedure

1. Incident/behavior/threat is observed by staff.
2. Staff member reports the situation to immediate supervisor. Immediate supervisor determines if situation poses a threat to the safety and security of the Clinic environment or to staff, volunteers, visitors or other patients/clients. If so, the immediate supervisor reports the situation to the department director.
3. Department Director takes immediate action, which may include suspension of services pending further investigation, notification of authorities or other appropriate action, to secure the environment and the safety of staff, volunteers, visitors and patients/clients.

4. Department Director reports situation to the Director of Finance and Administration and requests that the Termination of Services committee meets to review the situation.
5. Department Director determines if other departments are providing services to the patient/client and informs the appropriate Director(s) of the situation and request for termination of services.
6. Termination of Services committee meets within 3 working days of the request.
7. Termination of Services committee reviews the incident. Information the committee may consider will include, but is not limited to:
  - Observation of incident by staff, volunteers, visitors or other patients/clients
  - Reports from program staff providing services to patient/client
  - Reports from other staff with first hand knowledge of the patient or client being considered for termination
8. Termination of Services committee makes recommendation to the Director of Finance and Administration regarding action to be taken.
9. Director of Finance and Administration makes final decision and reports to Executive Director.
10. Director of Finance and Administration reports action to all programs providing services to the patient/client.
11. Director of Finance and Administration notifies patient/client of termination from services by sending a certified letter. Patient/client is informed of the Clinic's grievance policy and a copy of the policy is included in this letter.
12. Documentation of incident, work of the Termination of Services committee and recommended action is kept on file in the Department of Finance and Administration.
13. Events leading to termination from services and the actions taken as a result of these events are documented in patient/client's program files or records.
14. Return to services at the Clinic may be considered on a case by case basis after a minimum of 6 months termination based upon the date of the termination letter.

**Composition of Termination of Services committee**

Chair: Director of Finance and Administration

Members:     At least 1 Department Director  
                   At least 1 Manager  
                   At least 2 staff member  
                   At least one Consumer Advisory Council member

Advisor:       Human Resources Manager



## Integration of Peer to Peer Treatment Adherence Program with HIV Primary Care Services

HIV Clinical Director	Policy Number:	Original Policy Date: January 2003
Executive Director:		Revised Policy Date: September 2, 2009
Policy Title: Integration of Peer Treatment Adherence Program with HIV Primary Care Services	Policy Relevant to: All Primary Care staff and volunteers	Addendum:

### Policy

The Peer Treatment Adherence Program is an integral part of HIV Primary Care Services. Successful self management of HIV disease requires many interventions, supports, tools and resources. Peer to Peer Treatment Adherence is available to every client of HIV Primary Care Services.

### Procedure

- The Treatment Adherence Specialist is a member of the HIV Primary Care Services staff and attends staff meetings and Primary Care/Case Management Case Conferences.
- The Treatment Adherence Specialist is responsible for the delivery of all Treatment Adherence Services either directly or through the Peer Educators.
- Peer Educators communicate directly with HIV Primary Care Services staff, students and volunteers regarding their individual clients or other assigned duties.
- The Treatment Adherence Specialist acts as a liaison between the Peer Educators and Primary Care staff, students and volunteers when needed.
- Peer Educators are available on site daily.



## Recruitment and Training of Peer Educators

Director of Operations		Policy Number:	Original Policy Date: January 2003
Executive Director:		Revised Policy Date: September 2, 2009	
Policy Title: Recruitment and Training of Peer Educators	Policy Relevant to: Primary Care staff, volunteers, Human Resource Manager and Volunteer Manager		Addendum:

### Policy

Peer Educators are integral to the Treatment Adherence Program and provide specialized services in a professional environment.

### Procedure

- Recruitment and hiring of Peer Educators follows the standard processes and is the responsibility of the Human Resources Manager.
- Recruitment of volunteer Peer Educators is a collaborative effort between the Volunteer Manager and Treatment Adherence Specialist.
- Recruitment will occur in collaboration with the Treatment Adherence Specialist and will include a variety of methods to reach communities reflective of the demographics of the HIV epidemic. These may include, but are not limited to, personal recruitment, advertisements in community publications, flyers, announcements at meetings and other community events, and targeted community recruitment.
- The Treatment Adherence Specialist is responsible for training and supervising staff and volunteer Peer Educators. Training of new Peer Educators will include the following:
  - Peer Educator expectations including program guidelines, and confidentiality
  - Training of FACTORS and Ridgemark Database
  - People to People level I and II curriculum that includes:
    - HIV 101
    - Viral Life Cycle
    - Understanding HAART, common and long term side effects to medications
    - Understanding Drug Resistance and Problem Solving Adherence Strategies
    - Understanding and Making sense of Lab Values
    - Communication Skills
    - Impact of Stigma and Engagement in Care
    - Cultural Competency
    - Workplace Expectations

- Role Playing application of skills acquired
- Continued education for Peer Educators occurs in the following ways:
- Onsite training
- State and National Conferences
- Community Forums
- Assigned readings with Q&A assignments
- Video
- Teleconference



## Roles and Responsibilities of Peer Treatment Educators

Director of Operations		Policy Number:	Original Policy Date: January 2003
Executive Director:		Revised Policy Date: September 3, 2009	
Policy Title: Roles and Responsibilities of Peer Treatment Educators	Policy Relevant to: All Peer Staff	Addendum:	

### Policy

Peer Educators provide specialized, professional services designed to enhance adherence to treatment and engagement in HIV primary care. These services are individual, population and community based.

### Procedure

- Each Peer Educator is assigned a case load of clients by the Treatment Adherence Specialist.
- Peer Educators are part of the health care team and participate in the clinic's weekly multidisciplinary team meeting
- Under the supervision of the Treatment Adherence Specialist and in collaboration with the client, a plan of care is developed.
- This plan is documented on the FACTORS database and is updated at regular intervals.
- Peer Educators document in the FACTORS database after each individual or group client level intervention
- Requirements for client contact are tailored to meet the individualized needs of the client.
- Clients will receive information related to HIV disease and its treatment, including treatment options, risks, benefits, expected outcomes, potential side effects, adherence strategies and educational resources as determined.
- A variety of education information and modalities are available dependent upon the client's learning style and preference. These include:
  - Written materials (pamphlets and books) in English and Spanish
  - Videos and CD's in English and Spanish
  - Computer with Internet access
  - Audiotapes in English and Spanish
  - One on one education with Peer Educators
  - Educational and informational group meetings and training opportunities
  - A variety of adherence tools are available for use dependent upon the client's preference. These include:
    - Single dose, daily and weekly pill boxes

- Calendars
- Alarm wrist watches
- Water Bottles
- Magnets with clinic contact information
- Peer Educators prepare medical charts for next day HIV Primary Care appointments
- Peer Educators perform appointment reminders and did not keep appointment follow up phone calls for all patients of HIV Primary Care Services.
- Peer Educators provide *Just In Time* meetings with clients who want one time emotional support
- Peer Educators plan, market and prepare for facilitation of group level education-*Adhering to Wellness Groups* (quarterly)
- Peer Educators plan and co-facilitate the *Monthly Support Group*
- Peer Educators provide staff support at the weekly *Substance Abuse Group*
- Peer Educators update clinic examination rooms with educational materials
- Each Peer Educator maintains at least 5-32 office hours per week.





## Peer Program Hours of Operation

Original Policy Date: 1/2003	Policy Number:	Director of HIV Primary Care:
Policy Title: Peer Program Hours of Operation		Executive Director:
Revised Policy Date:	Policy Relevant to: All Staff and Volunteers	Addendum:

### **Policy**

To define set hours of operation for Peer Program Services.

### **Procedure**

- Peer Program Services are available Monday through Friday 9:00 am to 5:00 pm and Wednesday until 7:00 pm.
- Services are provided preferable by appointment; however are offered as requested during business hours.



## Policy for Appointment Reminder and Follow up Phone Calls for HIV Primary Care Services

HIV Clinical Director	Policy Number:	Original Policy Date: January 2003
Executive Director:		Revised Policy Date:
Policy Title: Appointment Reminder and Follow up Phone Calls for HIV Primary Care Services	Policy Relevant to: All Staff and Volunteers	Addendum:

### Policy

Patient privacy and confidentiality is a priority of HIV Primary Care Services. Therefore, all patients at each visit are asked to verify phone numbers and permission to call and/or leave messages. All patients, from whom we have received permission, will receive appointment reminder phone calls. All patients, from whom we have received permission, will receive a follow up phone call for all missed appointments.

### Procedure

- The Peer to Peer Treatment Coordinator is responsible for assuring that all reminder and follow up phone calls occur.
- Peer to Peer Treatment Advocates will place reminder phone calls to all scheduled patients.
- The Treatment Advocates will obtain a listing of the next day's scheduled patients from the HIV Primary Care Services clinical assistant.
- Treatment Advocates will pull each patient's chart and review patient information sheet (See Attached) to determine appropriate phone number to call and ascertain if we have permission to call.
- Treatment Advocates will place the call.
- Treatment Advocates will check the previous day's appointment log and schedule to determine any patient who did not keep their appointment.
- Treatment Advocates will pull each patient who did not keep an appointment chart and review patient information sheet to determine appropriate phone number to call and ascertain if we have permission to call.
- Treatment Advocate will place the call. In their conversation with the patient, or in the message left for the patient, they will ask the patient to call and reschedule the appointment. They will also offer to discuss barriers to not keeping the appointment and offer to assist the patient in eliminating those barriers.

**KANSAS CITY FREE HEALTH CLINIC  
HIV SERVICES  
PATIENT INFORMATION RECORD**

Please Print your name, address and phone numbers and answer the questions on the following lines.

**NAME:** \_\_\_\_\_ **NICKNAME:** \_\_\_\_\_  
(please print)

**ADDRESS:** \_\_\_\_\_  
(Street)  
\_\_\_\_\_ OK to receive mail: yes \_\_\_ no \_\_\_  
(City, Zip)

**PHONE:** Home: \_\_\_\_\_ OK to leave a message: yes \_\_\_ no \_\_\_  
Work: \_\_\_\_\_ OK to leave a message: yes \_\_\_  
no \_\_\_

May we have the name of someone to contact in case of emergency?  
Do they know of your HIV status? Yes \_\_\_ No \_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Do you have insurance? no \_\_\_ yes \_\_\_ Name and insurance  
# \_\_\_\_\_

Do you have Medicaid? no \_\_\_ yes \_\_\_ Medicaid  
# \_\_\_\_\_

Do you have Medicare? no \_\_\_ yes \_\_\_ Medicare  
# \_\_\_\_\_



## Referral of Clients to Treatment Adherence Program

HIV Clinical Director	Policy Number:	Original Policy Date: 2-3-09
Executive Director:		Revised Policy Date: September 3, 2009
Policy Title: Referral of Clients to Treatment Adherence Peer Program	Policy Relevant to: Primary Care and Case Management Staff	Addendum:

### Policy

All HIV Primary Care Services patients benefit from the Treatment Adherence Program and some may benefit from the establishment of a Peer Educator to client relationship.

### Procedure

- HIV Primary Care (including Pharmacist), Case Management and Behavioral Health staff may refer clients to the Peer Treatment Adherence program.
- Clients may self refer to the Peer Treatment Adherence program
- All new patients are referred to the Treatment Adherence Specialist by the second visit for assessment of need for services.
- Referrals are communicated verbally or through a FACTORS referral to the Treatment Adherence Specialist.
- The Treatment Adherence Specialist is responsible for the assessment of referred clients to determine their suitability for the program, identification of needs to be met by the program, and assignment to the appropriate Peer Educator.



## Client Intake for Treatment Adherence Program

HIV Clinical Director	Policy Number:	Original Policy Date: 2-3-09
Executive Director:		Revised Policy Date: September 3, 2009
Policy Title: Client Intake for Treatment Adherence Program	Policy Relevant to: All Staff	Addendum:

### Policy

To define the intake process for all patient referrals received by the Treatment Adherence Specialist and establishment of a Peer Educator to client relationship.

### Procedure

- HIV Primary Care (including Pharmacist), Case Management and Behavioral Health staff refer clients to the Peer Treatment Adherence program
- The Treatment Adherence Specialist accepts referrals in the FACTORS database after client assessment to determine their suitability for the program and identification of needs to be met by the program, and assigns to a Peer Educator
- The assigned peer educator makes contact with the referred client within 5 business dates. Contact with the client is documented in FACTORS database.



## Documentation of Peer Program Services

Original Policy Date: 1/2006	Policy Number:	Director of HIV Primary Care:
Policy Title: Documentation of Peer Program Services		Executive Director:
Revised Policy Date:	Policy Relevant to: Peer Program Staff and Volunteers	Addendum:

### Policy

To identify structure for documentation of services provided to clients in the peer program.

### Procedure

- Peer Educators will maintain confidentiality of physical files in a protected lock system.
- Peer Educators will maintain confidentiality of computer files with a password protected system
- Peer educators will document program services rendered to clients in electronic client record (FACTORS) within **five (5) business** days. Services not recorded on the day they occur are delayed entries. They will be entered as soon as possible.
- Client records cannot be altered after the notes screen is closed. If any errors are found in a client’s electronic record, a notation should be made that it is not a part of that client’s record and should not be considered.
- Safeguard the confidentiality of clients at all times by keeping files closed, turning computer screen away from public view, using fax covers sheets marked “confidential”, and included client names only in password protected emails.
- Documentation of time with clients will be completed in the encounter log. Time is recorded in 10-minute increments. Multiple interactions with a client in a single day maybe bundled in a single encounter that records total time expended. Peer Educators should only use J-Codes to record their time encounters.



## Documentation of Client Treatment Adherence Goals

Original Policy Date: 12-2008	Policy Number:	Director of HIV Primary Care:
Policy Title: Documentation of Treatment Adherence Goals		Executive Director:
Revised Policy Date:	Policy Relevant to: Peer Program Staff and Volunteers	Addendum:

### Policy

To identify structure for documentation of Client Treatment Adherence Goals that is the tool for delivery of client services.

### Procedure

- Peer Educator will meet with client to assess client needs based on program services over the 3-6 month program timeline.
- The client and Peer Educator will work collaboratively to identify goals to work towards in the peer/client working relationship.
- The client and Peer Educator will explore interventions to meet client goals such as individual interventions, groups-Support Group, Adhering to Wellness and other Community Educational Programs.
- Goals will be reviewed every 3 months to assess achievement, revision and identification of additional goals.



## Supervision of Peer Educators

Director of Operations		Policy Number:	Original Policy Date: January 2003
Executive Director:		Revised Policy Date: September 2, 2009	
Policy Title: Supervision of Peer Educators	Policy Relevant to: Peer Program	Addendum:	

### Policy

Peer Educators will receive supervision by the Treatment Adherence Specialist to support provision of quality client services.

### Procedure

- The Treatment Adherence Specialist will provide weekly supervision to Peer Educators to review their client case load.
- Supervision will include review of administrative duties, clinical support given to patients and assess peer educator needs in delivery of client services.
- The Treatment Adherence Specialist will randomly audit peer educator encounters in FACTORS for quality management purposes. Outcome from audit will be utilized for quality improvement.
- The Treatment Adherence Specialist will plan and coordinate monthly team meetings to increase communication with team members, plan client groups, identify gaps in peer program services and conduct client case conferences.





## Supervision of Treatment Adherence Specialist

Director of Operations		Policy Number:	Original Policy Date: January 2003
Executive Director:			Revised Policy Date: September 2, 2009
Policy Title: Supervision of Peer Treatment Adherence Specialist	Policy Relevant to: Peer Program		Addendum:

### Policy

The Treatment Adherence Specialist will receive supervision from Peer Program Manager to encourage quality delivery of supervision to Peer Educators and client services.

### Procedure

- The Peer Program Manager will provide weekly supervision to the Treatment Adherence Specialist.
- Supervision will include review of administrative duties, assess delivery of services by peer educators to clients and identify program needs.
- The Peer Program Manager will randomly audit peer educator encounters in FACTORS for quality management purposes. Outcome from audit will be utilized for quality improvement.
- The Peer Program Manager will attend monthly team meeting to increase communication with team members, assess delivery of peer program services and conduct client case conferences.



## Multidisciplinary Team Meeting

Original Policy Date: 1/1/2003	Policy Number:	Director of Operations:
Policy Title: HIV Case Conference/Consultation		Executive Director:
Revised Policy Date: 7/1/2006, 10/22/09	Policy Relevant to: HIV Primary Care	Addendum:

### Purpose

Multidisciplinary care is the hallmark of high quality HIV comprehensive care and is demonstrated in the Multidisciplinary team meeting. The Kansas City Free Health Clinic hosts “Multi-D”, a crucial element for the Clinic’s comprehensive care model.

The intent of Multi-D is to prospectively review client care and make professional recommendations on how to best support engagement in care and ability to adhere to treatment.

Regardless of the location of the client’s Case Management services, all HIV Primary Care clients should have the opportunity to have their care services reviewed in a Multi-D meeting.

### PRIMARY FUNCTIONS

- Gain a comprehensive picture of the client’s HIV care and progress. This contributes to collaboration among providers to ensure appropriate referrals, timely coordination and accountability (including client’s own accountability)
- Contribute to providers’ knowledge of the client’s abilities, resources and past success related to self-management of health care. These “strengths” can be recruited to support the client’s engagement in care and treatment;
- Contribute to team’s knowledge of the client’s current or potential barriers to care. Barriers include:
  - health and medically related diagnosis,
  - psychosocial concerns that inhibit the client’s ability or motivation to engage in care (i.e. substance use, mental illness, basic needs, informal supports, living arrangements, transportation, payor sources);
- Track accountability to communicate concerns to the client, recruit for support services, or enroll in programs.

### SECONDARY FUNCTIONS

- Provide a forum for the continuing education of multidisciplinary team of health and social service professionals
- Share data for program requirements (i.e. lab results, access to ARVs, risk reduction activities, adherence assessment, eligibility criteria review, etc)
- Contribute to innovation, research and participation in HIV programs and services



## Participation for Peer Educators

### IDENTIFY CLIENTS

1. Identify the clients in HIV Primary Care at the Kansas City Free Health Clinic.
2. Identify clients to be “case conferenced” and provide list to one of the Multi-D Facilitators
3. Clients “case conferenced” are chosen based on:
  - a. Newly enrolled (since last meeting)
  - b. 6-month time span since last formal case conference
  - c. Update/Change in client’s status, care or eligibility

### PREPARING FOR AND ATTENDING MULTI-D

1. Multi-D meetings - Wednesday at 11:00am
2. Peer Educators are expected to be knowledgeable of the client’s psychosocial situation, financial access to care, services accessed, treatment adherence, transmission risks, etc.



## Continuing Education for HIV Primary Care Services Staff

HIV Clinical Director		Policy Number:	Original Policy Date: January 2003
Executive Director:		Revised Policy Date:	
Policy Title: Continuing Education for HIV Primary Care Services	Policy Relevant to: All Staff and Volunteers	Addendum:	

### Policy

Continuing Education is a responsibility of all HIV Primary Care Services staff. Education relevant to HIV disease, its treatment, co-morbidities, psycho-social aspects, public policy issues and professional development will be encouraged and supported by the Clinic.

### Procedure

- Each staff member is responsible for identifying their learning needs and registering and attending appropriate activities.
- Each staff member is responsible for reporting this activity on a monthly basis to the Director of HIV Primary Care.
- Each staff member is responsible for maintaining records of their educational activities.
- Educational activities may include academic classes, on line classes or seminars, video tapes, written continuing education materials, pharmaceutical company sponsored events, seminars or other educational activities.
- Each staff member will receive up to 16 hours of paid leave per year to attend these activities.
- Registration fees for local educational activities will be paid for by the Clinic as funding permits and as approved by the Director of HIV Primary Care.
- Out of state activities will be approved on a case by case basis by the Director of HIV Primary Care Services. Relevance to the practice, availability of funding and previous attendance at out of state activities will be considered in the decision making.



## Peer Program Completion or Discharge Policy and Procedure

HIV Clinical Director	Policy Number:	Original Policy Date:
Executive Director:		Revised Policy Date: September 2009
Policy Title: Peer Program completion or discharge Policy and Procedure.	Policy Relevant to: Peer Program Staff	Addendum:

### Policy

Client completion or discharge from the peer program is a client driven process. The decision will be made collaboratively between the client and peer educator, unless the client is unresponsive to attempts made by peer educators to engage in the program. All clients, from whom we have received permission, will receive a discharge letter in the mail. Peer Educators will notify the health care team of discharge.

### Procedure

- The peer educator and client will assess client’s success and challenges with achievement of identified goals. If all goals are achieved client will be discharged and invited to receive group level program support.
  - If client is no longer willing to work towards achievement of goals, the client and peer educator will agree to discharge from the program with option to re-engage in the program at another time.
  - Peer educators will make 4 attempts to engage the client in the program upon receipt of program referrals. At the last attempt it will be documented that client is unresponsive and referral source will be notified of discharge.
  - Client will be discharged upon relocation outside of the Kansas City TGA
  - Client will be discharged from the program if terminated from all agency services.
  - Peer educators will send discharge letter to clients with whom there is permission to receive mail.
  - Peer Educators will notify the health care team (Case Manager, BH Team, and Primary Care Team) of discharge from the program.
  - Discharge from the program will be documented in the FACTORS database
- Completion of the program is a client driven process.



# Sample Confidentiality Agreement

As a client of \_\_\_\_\_ and a participant in the \_\_\_\_\_ Peer Advocate Program, you can expect to receive peer support that is professional, respectful, and trustworthy.

**Professional** peer support means that you can expect your Peer Advocate to maintain a confidential relationship with you. She will not share information about you with anyone outside of WORLD without your consent. There is, however, an exception to this rule. Confidentiality may be waived if your safety or the safety of someone close to you is in question. If questions of safety arise, she will contact either your FCN case manager or another professional for assistance. In most cases, the peer advocate will let you know if she plans to speak with your case manager.

**Respectful** peer support means that you can expect your Peer Advocate to honor your privacy. You may choose to share many personal topics with your Peer Advocate; however, you need only to share personal information if and when you feel comfortable.

At times, she may offer advice or suggestions, but she will keep in mind that you know what is best for you.

**Trustworthy** peer support means that you can expect your Peer Advocate to follow through with the support that she offers to you. She will be on time and listen to you during your time together. Time spent together may include peer counseling, accompaniment to doctor visits, visits to your home, phone check-ins, and other activities as decided upon by you and your Peer Advocate.

As a client of our organization, you are encouraged to speak with your Peer Advocate if you have questions, concerns or complaints about the program.

By signing below, you and your Peer Advocate are agreeing to the above guidelines. You also are indicating your understanding of the standards inherent in the peer advocate/client relationship:

**Client:**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Peer Advocate:**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

