

PRIMARY CARE ASSESSMENT TOOL

Support Services Module

Grantee:
Location:
Date of Review:
Reviewer's Signature

**PRIMARY CARE ASSESSMENT TOOL
SUPPORT SERVICES MODULE
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**PRIMARY CARE ASSESSMENT TOOL
SUPPORT SERVICES MODULE**

I. INTRODUCTION

A. General Instructions

The support services module is one of four documents used by the HIV/AIDS Bureau during site visits to assess the policies and practices of primary care providers funded under the Ryan White CARE Act. This module addresses case management, psychosocial and mental health, substance abuse services and consumer involvement in the planning, implementation and evaluation of programs. Specifically, it examines quality of the services provided and access issues.

The questions included in this module are directed to community health centers, other community-based programs, and stand-alone HIV clinics. If reviewing large institutions such as university or hospital-based clinics, the consultant is directed to review the policies and practices of the specific program component funded by the Ryan White CARE Act.

The reviewer is reminded to work closely with other members of the review team, since areas of review often overlap and the perspectives of other team members are relevant to constructing an overall impression of the practice.

B. Documents for review

In order to best utilize time on-site, certain documents should be reviewed prior to the visit; others can be reviewed on-site.

Documents to be reviewed prior to visit	Reviewed	Unavailable
Case management standards		
Protocols for mental health services		
Protocols for substance abuse services		
Comprehensive Quality Improvement (CQI) plan/standards		
Mission statement of Consumer Advisory Board		

Documents to be reviewed on-site	Reviewed	Unavailable
• Ancillary services policies and procedures		
• Orientation materials for Consumer Advisory Board members		
• Minutes of Advisory Board meetings		
• Consumer education/orientation/outreach materials		
• Client satisfaction surveys		
• Summaries of focus groups (if applicable)		
• Linkages and affiliations agreements		
• Sample client plans of care/treatment		
• Outreach plan		
• Evidence of consumer involvement in developing their plan of care		
• Sample case management/mental health/substance abuse services forms (assessment, service/treatment plan,		
• Job descriptions (case managers, outreach workers, peer educators, mental health and substance abuse staff)		

II. CASE MANAGEMENT

A. Models of Care

Access	Yes	No	N/A	Notes
1) Are case management services available? <i>If case management services are available, whether on-site or through referral elsewhere, continue with the questions regarding case management (Part II).</i>	<input type="checkbox"/> On site <input type="checkbox"/> Referral			
2) Which of the following describes the case management model used? <i>Provide additional comments regarding case management model in NOTES section.</i> <ul style="list-style-type: none"> a. Clinical b. Psychosocial c. Centralized in one location (applicable to programs with one site, or multiple site programs where case management services are provided in one place) d. Decentralized (applicable to multiple site programs where case management services are provided in each of the sites) e. Individual f. Family centered g. Other _____ 				

Access	Yes	No	N/A	Notes
3a) Are case management services routinely available to all patients?				
3b) <i>Explain in the NOTES section how eligibility for case management services is determined, and whether there are any barriers to accessing case management services.</i>				
<i>For Title I and Title II programs:</i> 4) Do eligibility policies/procedures comply with Title I/Title II guidelines regarding case management eligibility?				

Access	Yes	No	N/A	Notes
5) Check which of the following best describes how new patients access case management services: <i>In the NOTES section describe how case management is operationalized for existing clients (e.g., how are case management services provided and reviewed with on-going clients?).</i> a. All patients are automatically referred				
b. Patients are referred as determined by physicians or other health care personnel				
c. Patients are referred upon their request				
d. Other (specify) _____				

Access	Yes	No	N/A	Notes
<p>6a) Are there provisions for access to after-hours/crisis intervention services (e.g., on-call systems, staff beepers, etc.)? <i>Describe in NOTES section</i></p>				
<p>6b) How are clients made aware of the availability of this service? <i>Describe in NOTES section</i></p>				

Quality Standards	Yes	No	N/A	Notes
<i>1a) Describe case management protocol in the NOTES section:</i>				
1b) Are case management standards in place?				
1c) If YES, are they being followed?				
2) Does the case management protocol include reassessment of needs and development of a service plan?				
3a) Are there standardized forms for assessment?				
3b) If YES, does the assessment form include level of acuity/need?				

Quality Standards	Yes	No	N/A	Notes
<p>4) Which of the following health and/or psychosocial needs are addressed in the assessment form? <i>(check all that apply)</i></p> <p>___ a. Access to medications</p> <p>___ b. Treatment education</p> <p>___ c. Adherence issues</p> <p>___ d. Financial need</p> <p>___ e. Medicaid/Medicare/Social Security/local assistance eligibility</p> <p>___ f. Housing</p> <p>___ g. Food/Nutrition</p> <p>___ h. Child care</p> <p>___ i. Transportation</p> <p>___ j. Mental health</p> <p>___ k. Substance abuse</p> <p>___ l. Support groups</p> <p>___ m. Vocational training/education</p> <p>___ n. Socialization</p> <p>___ o. Legal issues</p> <p>___ p. Home care</p> <p>___ q. Foster care</p> <p>___ r. Adoption/Permanency planning</p> <p>___ s. Other _____</p> <p>___ t. Other _____</p>				
<p>5) Are there standardized forms for:</p> <p>a Service plans?</p>				

Quality Standards	Yes	No	N/A	Notes
b Evaluation of service plan				
c Service plan updates?				
6) Is a time-framed prioritized service plan developed? How often is it updated?				
7) Is there evidence in patient records that patient participated in the development of the plan?				
8) Is there evidence in patient records of the patient's initial acceptance of the plan?				
9) Is there evidence in patient records that a copy of the plan is provided to the patient/guardian?				
10) Is assistance to complete applications for benefits/assistance part of case management services?				

Quality Standards	Yes	No	N/A	Notes
11) For referrals determined by the service plan, who makes the initial contact? ____ a The client ____ b The case manager				
12a) When referring clients to other services, are forms made available as needed to the referral agency with appropriate patient information?				
12b) If YES, are consents for release of information signed for all referrals and maintained in the records?				
13a) Are referrals tracked and their outcome documented in the service plan, or other form used by case managers?				
13b) <i>Explain in NOTES section how information is shared between the grantee and the referral site.</i>				

Quality Standards	Yes	No	N/A	Notes
<p>14a) Are there mechanisms/procedures in place for ensuring patient continuity/ follow-up after discharge from case management services (because a client is no longer eligible, chooses to receive case management elsewhere, has moved out of the area, etc.)? <i>Describe mechanism in NOTES section.</i></p>				
<p>14b) Is there evidence that these procedures were followed?</p>				
<p>15) Are case management services included as part of the overall agency's CQI plan?</p>				

Service Coordination	Yes	No	N/A	Notes
1a) Are case management forms and progress notes integrated into medical records?				
1b) If Not, are there mechanisms in place to facilitate exchange of information between medical providers and case managers? <i>(Explain in NOTES section)</i>				
<i>If program serves families:</i> 2a) Are there different files for family members?				
2b) Do family members have the same case manager?				

Service Coordination	Yes	No	N/A	Notes
2c) <i>If there are multiple case managers and/or different files, describe in the NOTES section how the grantee ensures that information is shared among the different providers of family members?</i>				
3) What mechanisms are in place to share information between clinicians and case managers?				
4) Do case managers participate in inter-disciplinary patient case conferences?				

B. Case Load/Level of Service

Case Load	Notes			
1) What parameters/criteria define an active client? (e.g., weekly/monthly/quarterly contact, telephone/face-to-face, minimum amount of time contact, etc.)				
2) What is the average active caseload per case manager? Specify number of individuals/families/groups, with frequency of encounters (e.g., times per week/month).				
3) What is the total number of unduplicated clients in care?				
Case Load	Yes	No	N/A	Notes
4a) Does the grantee have mechanisms in place to vary case manager caseload based on acuity or intensity of need, age of client, or other characteristics?				

Case Load	Yes	No	N/A	Notes
4b) <i>If YES, explain how in NOTES section.</i>				
5a) Is there a waiting list for case management services?				
5b) <i>If Yes, how long is the waiting list (Specify number of clients or time)? _____</i>				
5c) Are patients given priority status (on waiting list) based on acuity/need?				
5d) Is there a triage process? <i>If Yes, describe in Notes section.</i>				
5e) Are there any plans for handling emergencies? <i>If Yes, describe in Notes section.</i>				

Case Load	Yes	No	N/A	Notes
5f) Describe in Notes section what happens to clients while on waiting list.				

C. Staff - (Note to Reviewer: Please coordinate your assessment of this section with the administrative reviewer to avoid duplication of effort)

Qualifications/Supervision	Yes	No	N/A	Notes
1a) Is there a written job description for case managers?				
1b) If YES, does the job description include minimum qualifications (e.g., level of education, level of experience)?				
1c) Does it include other relevant requirements such as language and/or knowledge of community resources?				
2) Do existing case management staff meet the minimum qualifications specified in job descriptions?				

Qualifications/Supervision	Yes	No	N/A	Notes
3) Are case management staff reflective of patient population?				
4) Are case managers evaluated at least annually?				
5a) Is there a system, for formal supervision of case management staff?				
5b) What mechanisms are used for supervision of case management staff (e.g., one-on-one meetings, staff meetings, etc.)				
5c) Who supervises case management staff				
6) Do case managers routinely meet with other case managers in the community?				
7) Are training and other continuing education opportunities available for case managers?				

Notes:

III. PSYCHOSOCIAL AND MENTAL HEALTH SERVICES

A. Models of Care

Access	Yes	No	N/A	Notes
1) Are mental health/psychosocial services available? <i>If mental/psychosocial services are available, whether on-site or through referral elsewhere, continue with the questions in Part III.</i>	— On site — Referral			
2a) Are mental health/psychosocial services available to all patients?				

Access	Yes	No	N/A	Notes
<p>2b) <i>Explain in the NOTES section how eligibility for such services is determined, and whether there are any barriers to accessing case management services.</i></p>				
<p>3) Check which of the following best describes how new patients access mental health/psychosocial services: <input type="checkbox"/> a. All patients are automatically referred <input type="checkbox"/> b. Patients are referred as determined by physicians/other health care personnel <input type="checkbox"/> c. Patients are referred upon their request <input type="checkbox"/> d. Other (specify) _____</p>				
<p>3e) <i>Describe in NOTES how mental health/ psychosocial services are operationalized for existing clients.</i></p>				

Access	Yes	No	N/A	Notes
4a) Is there a triage process, by a qualified staff, based on need?				
4b) <i>Describe process in NOTES section, and how emergencies are handled.</i>				
5) Do mental health/psychosocial services include specialized services for children?				
6) Do mental health/psychosocial services include specialized services for adolescents?				
7) Do mental health/psychosocial services include specialized services for affected families?				

Access	Yes	No	N/A	Notes
8a) Are there provisions for access to after-hour/ crisis intervention services (e.g., on-call systems, staff beepers, etc.)? <i>Describe in NOTES section.</i>				
8b) How are clients made aware of the availability of this service? <i>Describe in NOTES section.</i>				
9) Does the program have linkages with psychiatric in-patient facilities?				
Quality Standards	Yes	No	N/A	Notes
1) Are there standardized forms for mental health screening?				
2) Are there standardized forms for: a. Treatment plans?				
b. Evaluation of treatment plan?				

Quality Standards	Yes	No	N/A	Notes
c. Treatment plan updates?				
3a) Is the treatment plan time framed?				
3b) How often is the plan updated? -----				
4a) Are there standards of care for mental health services?				
4b) If YES, are the standards being followed?				
4c) Are these standards evaluated in terms of outcome measures (e.g., clinical outcomes)? <i>Explain what the outcome measures are in NOTES section.</i>				
5a) Are there mechanisms/procedures in place for ensuring patient continuity/follow-up after discharge from mental health services? <i>Describe mechanism.</i>				

Quality Standards	Yes	No	N/A	Notes
5b) Is there evidence that these procedures are followed?				
<i>If mental health services are provided through referral:</i> 6a) Are referrals tracked and outcomes documented?				
6b) <i>Describe in NOTES section the process for following up on referrals</i>				
7) Are mental health/psychosocial services included as part of the overall agency's CQI plan?				

Available Services	Yes		No	Notes
	On Site	Through Referral		
1) Counseling/Therapy				
a. Individual				
b. Group				
c. Family				
d. Child				
e. Other _____				
2) Psychiatric consultation				
3) Peer support				
4) Support Groups <i>List types of groups in NOTES section (e.g., women, gay men, substance users, etc.).</i>				
5) Other _____				
6) Other _____				

Service Coordination	Yes	No	N/A	Notes
1) What mechanisms are in place to share information between mental health providers, other clinical personnel, and case managers?				
2) Do mental health professionals participate in inter-disciplinary patient case conferences?				
3a) Are mental health/psychosocial assessments and progress notes integrated into medical records?				
3b) If not, are there mechanisms in place to facilitate exchange of information between medical and mental health providers? <i>(Explain in NOTES)</i>				
4a) <i>If program serves families:</i> Are there different files for family members?				
4b) <i>If YES, describe in NOTES section how the grantee ensures that information is shared among different providers serving individual family members.</i>				

B. Case Load/Level of Service

Case Load	Notes			
1. What parameters/criteria define an active client? (e.g. weekly/monthly/quarterly contact, telephone/face-to-face, minimum amount of time contact, etc.)				
2. What is the average active caseload per mental health professional? <i>Specify number of individuals/families/groups with frequency of encounters (e.g., times per week/month).</i>				
3. What is the total number of unduplicated clients in care?				
Case Load	Yes	No	N/a	Notes
4a) Does the grantee have mechanisms in place to vary provider caseload based on acuity or intensity of need, age of client, or other characteristics? <i>If YES, explain in NOTES section.</i>				
5a) Is there a waiting list for mental health services?				

Case Load	Yes	No	N/a	Notes
5b) If YES, how long is the waiting list (specify number of clients or time)? _____				
5c) Are patients given priority status (on waiting list) based on acuity/need?				
5d) Describe in NOTES section what happens to clients while on waiting list.				

C. Staff - (Note to Reviewer: Please coordinate your assessment of this section with the administrative reviewer to avoid duplication of effort)

Qualifications/Supervision	Yes	No	N/A	Notes
1a) Is there a written job description for mental health providers?				
1b) If YES, does the job description include minimum qualifications (e.g., level of education, level of experience)?				

Qualifications/Supervision	Yes	No	N/A	Notes
1c) Does job description include other relevant requirements such as language and/or knowledge of community resources?				
2) Do existing mental health staff meet the minimum qualifications specified in job descriptions?				
3a) Are the qualifications of the mental health professionals appropriate for the services being provided?				
3b) Do they have the required certifications/licences?				
4) Are the mental health staff reflective of the patient population?				
5a) Is there a system for formal supervision of mental health staff?				
5b) What mechanisms are used for staff supervision (e.g., one-on-one meetings, staff meetings, etc.)?				
5c) Who supervises mental health staff?				

Qualifications/Supervision	Yes	No	N/A	Notes
6) Are mental health staff evaluated at least annually?				
7) Are training and other continuing education opportunities available for mental health staff?				
<i>For programs providing peer support:</i> 8a) Are the peer/counselors/volunteers/buddies provided training?				
8b) <i>If YES, describe training provided in NOTES</i>				
8c) Are the peer counselors/volunteers/buddies routinely supervised?				
8d) <i>If YES, indicate in NOTES section who supervises them</i>				

IV. SUBSTANCE ABUSE SERVICES

A. Models of Care

Access	Yes	No	N/A	Notes
1) Are substance abuse services available?	— On site — Referral			
a. Alcohol				
b. Other drugs <i>If services are available, on-site or through referrals elsewhere, continue with the questions in Part IV.</i>	— On site — Referral			
2) Describe the focus of the substance abuse services in the NOTES section (e.g., abstinence vs. harm reduction).				
3a) Are substance abuse services available to all clients?				
3b) Explain in NOTES how eligibility for services is determined and whether there are any barriers to accessing substance abuse services.				

Access	Yes	No	N/A	Notes
4a) Are substance abuse assessments conducted on all new patients?				
4b) <i>Indicate in NOTES how often assessments are conducted</i>				
5) Check which of the following best describes how patients access substance abuse services: ____ a. Patients are referred as determined by physician or other health care personnel ____ b. Patients are referred upon their request ____ c. Other (specify) _____				
5d) <i>Describe in NOTES how substance abuse services are operationalized for new and existing clients.</i>				

Access	Yes	No	N/A	Notes
6a) Are clients offered choices of substance abuse treatment?				
6b) <i>Explain in NOTES section how the appropriate substance abuse treatment option is matched with client need.</i>				
7) Do substance abuse services include specialized services for women?				
8) Do substance abuse services include specialized services for adolescents?				
9a) Are there provisions for access to after-hour, and/or crisis intervention services (e.g., on-call systems, staff beepers, etc.)? <i>Describe in NOTES section.</i>				
9b) How are clients made aware of the availability of this service? <i>Describe in NOTES section.</i>				

Access	Yes	No	N/A	Notes
10) Does the program have linkages with in-patient treatment facilities?				

Quality Standards	Yes	No	N/A	Notes
1) Are there standardized assessment forms for substance abuse services?				
2) Are there standardized forms for a. Treatment plans?				
b. Evaluation of treatment plan?				
c. Treatment plan updates?				
3a) Is the treatment plan time framed?				
3b) <i>Explain in NOTES section how often the plan is updated.</i>				

Quality Standards	Yes	No	N/A	Notes
4a) Are standards of care in place for substance abuse services?				
4b) Are these standards being followed?				
4c) Are these standards evaluated in terms of outcome measures (e.g., clinical outcomes)? <i>Explain how in NOTES section.</i>				
5) Are substance abuse services included as part of the overall agency's CQI plan?				
6a) Are there mechanisms/procedures in place for ensuring patient follow-up/after care?				
6b) <i>Describe mechanism in NOTES section.</i>				

Quality Standards	Yes	No	N/A	Notes
6c) Are these procedures followed?				

Available Services	Yes		No	Notes
	On Site	Through Referral		
1) Outpatient Alcohol/Drug Treatment a. Abstinence program				
b. Harm reduction				
c. Methadone maintenance				
d. Methadone detox				
e. Other _____				

Available Services	Yes		No	Notes
	On Site	Through Referral		
2) In-patient Alcohol/Drug Treatment				
a. Intermediate care (28 days)				
b. Long-term care				
3) Medical Detoxification				
4) Counseling				
a. Individual				
b. Group				
c. Family				
5) Aftercare				

Available Services	Yes		No	Notes
	On Site	Through Referral		
6) 12 step groups (AA/NA)				
7) Other:				
8) Other:				

Service Coordination	Yes	No	N/A	Notes
1a) If services are required outside grantee organization, who makes referrals? ___ a Case manager ___ b Substance abuse specialist ___ c Other _____				

Service Coordination	Yes	No	N/A	Notes
1b) <i>If referrals are made by someone other than case manager, explain in NOTES section how these referrals are coordinated with case manager.</i>				
2) What mechanisms are in place to share information between substance abuse providers, clinical personnel and case managers?				
3) Does substance abuse staff participate in inter-disciplinary patient case conferences?				

B. Case Load/Level of Service

Case Load	Notes
1) What parameters/criteria define an active client? (e.g., weekly/monthly/quarterly contact, telephone/face-to-face, minimum amount of time contact, etc.)	
2) How long can a patient be inactive before being considered discharged?	
3) What is the average active caseload per substance abuse professional? <i>Specify number of individuals/families/ groups with frequency of encounters (e.g., times per week/month).</i>	
4) What is the total number of unduplicated clients in care?	

Case Load	Yes	No	N/a	Notes
5a) Does the grantee have mechanisms in place to vary caseload based on acuity or intensity of need, age of client, or other characteristics?				
5b) <i>If YES, explain how in NOTES section.</i>				
6a) Is there a waiting list for substance abuse services?				
6b) If YES, how long is the waiting list (specify number of clients or time)? _____				
6c) Are patients given priority status (on waiting list) based on acuity/need?				
6d) <i>Describe in NOTES section what happens to clients while on waiting list.</i>				

C. Staff - (Note to Reviewer: Please coordinate your assessment of this section with the administrative reviewer to avoid duplication of effort)

Qualifications/Supervision	Yes	No	N/A	Notes
1a) Are there written job descriptions for substance abuse services staff?				
1b) If YES, does the job description include minimum qualifications (e.g., level of education, level of experience)?				
1c) Does job description include other relevant requirements such as language and/or knowledge of community resources?				
2) Do existing staff meet the minimum qualifications specified in job descriptions?				
3a) Are the qualifications of the substance abuse staff appropriate for the services being provided?				
3b) Do they have the required certifications/licences?				
4) Is substance abuse staff reflective of the patient population?				

Qualifications/Supervision	Yes	No	N/A	Notes
5a) Is there a system for formal supervision of substance abuse services staff?				
5b) What mechanisms are used for staff supervision (e.g., one-on-one meetings, staff meetings, etc.), and frequency of implementation (e.g., how often meetings take place)?				
5c) Who supervises staff?				
6) Are substance abuse services staff evaluated at least annually?				
7a) Are substance abuse staff knowledgeable about HIV issues?				
7b) Have they received training on HIV?				
8) Note what training and other continuing education opportunities are available for substance abuse staff.				

V. Outreach Services

A. Program Expectations	Yes	No	N/A	Notes
1) Does the grantee (or subcontractor) conduct CARE Act funded outreach? <i>If YES, continue with the questions in this section</i>				
2) Are the goals of outreach to identify high-risk persons and PLWH: a. to increase access to counseling and testing?				
b. to increase access to early intervention services (primary care)?				
c. for secondary prevention activities?				
d. for general HIV education?				
e. for general primary HIV prevention?				
3a) Are the populations targeted reflective of the HIV/AIDS epidemiological profile of the community?				

A. Program Expectations	Yes	No	N/A	Notes
3b) Describe in NOTES section how the grantee defines high risk populations				
4) Which of the following materials are used in outreach activities?				
a. PSAs/advertisements				
b. Posters/flyers				
c. Educational brochures/pamphlets				
d. Agency brochures describing services				
e. Other _____				
5) Are outreach messages/materials appropriately tailored to various populations being targeted in terms of:				
a. language				
b. culture				
c. literacy level				
d. risk factors				

A. Program Expectations	Yes	No	N/A	Notes
6) Are outreach locations appropriate for reaching populations being targeted?				
7) Are outreach services provided at times appropriate to reach desired target populations?				
8) Are CARE Act funds spent on any of the following materials as part of outreach services:				
a. bleach				
b. condoms				
c. female condoms				
d. dental dams				
e. lubricant				
f. needles				
9a) Are there standardized forms for outreach workers to document services?				

A. Program Expectations	Yes	No	N/A	Notes
9b) Explain in NOTES section when the forms are completed (e.g., based on memory, right after outreach activities are conducted).				
10) Do outreach forms document number of:				
a. people contact				
b. group/community presentations				
c. materials distributed				
d. referrals to counseling/testing				
e. referrals to primary care				
f. referral to other community services				
11) Do outreach forms document contacts by				
a. gender				
b. race/ethnicity				
c. location				

A. Program Expectations	Yes	No	N/A	Notes
12) Are there mechanisms in place to track the number of referrals made by outreach workers that result in clients receiving: a. counseling and testing				
b. primary care				
c. other community services				

B. Staff Qualifications/Supervision (Note to Reviewer: Please coordinate your assessment of this section with the administrative reviewer to avoid duplication of effort)	Yes	No	N/A	Notes
1a) Is there a written job description for outreach workers?				
1b) If YES, does the job description include minimum qualifications (e.g., level of education, level of experience)?				
1c) Does job description include other relevant requirements such as language and/or knowledge of community resources?				

B. Staff Qualifications/Supervision (Note to Reviewer: Please coordinate your assessment of this section with the administrative reviewer to avoid duplication of effort)	Yes	No	N/A	Notes
2) Do existing outreach workers meet minimum qualifications specified in job descriptions?				
3) Are outreach workers reflective of patient population (e.g., race/ethnicity, gender, language, etc.?)				
4a) Is there a system for formal supervision of outreach workers?				
4b) What mechanisms are used for staff supervision (e.g., one-on-one meetings, staff meetings, etc.), and frequency of implementation (e.g., how often do meetings take place)?				
4c) Whether supervision includes periodic "in the field" observation.				

B. Staff Qualifications/Supervision (Note to Reviewer: Please coordinate your assessment of this section with the administrative reviewer to avoid duplication of effort)	Yes	No	N/A	Notes
4d) Who supervises outreach workers?				
5) Are outreach workers evaluated at least annually? a) Please explain how? (i.e Does this include supervision in the field)				
6) Are outreach workers knowledgeable about HIV related issues? <i>Explain in NOTES</i>				
7) Are training and other continuing education opportunities available for outreach workers?				

VI. CONSUMER INVOLVEMENT

A. Mechanisms	Yes	No	Notes
1) Which of the following mechanisms are in place to solicit client input in planning, delivery, and evaluation of CARE Act-funded services?			
a. Client satisfaction surveys			
b. Consumer advisory boards			
c. PLWH representatives on Board of Directors			
d. Development/review of grant applications			
e. Development of/participation in needs assessment			
f. Development/review of patient education/orientation materials			
g. Development/review of policies and procedures			
h. Focus groups			
i. Suggestion Box			

A. Mechanisms	Yes	No	Notes
j. Program/strategic planning meetings			
k. Program evaluation meetings/CQI committees			
l. Paid staff positions			
m. Volunteer positions			

B. Practices	Yes	No	N/A	Notes
1a) Are there any barriers to consumer input/involvement?				
1b) What is the grantee doing to overcome barriers? <i>Explain in NOTES section.</i>				

B. Practices	Yes	No	N/A	Notes
<i>Client Satisfaction Surveys</i>				
2) How often are client satisfaction surveys conducted? <i>(Indicate in NOTES section).</i>				
<i>Client Satisfaction Surveys</i>				
3) Is there evidence of consumer input in the development of the surveys?				
4) Is there evidence of consumer involvement in the review and analysis of the surveys?				
5) Is there evidence that issues of concern raised are adequately addressed by management?				

B. Practices	Yes	No	N/A	Notes
6) How is data for consumer satisfaction surveys collected? <i>Explain in NOTES how the surveys are administered, whether they are language appropriate, etc.</i>				
7) What is the rate of return for the surveys (i.e., the number of surveys returned in proportion to the number of clients)?				
<i>Consumer advisory board</i>				
8) How often does the consumer advisory board meet? <i>(Indicate in NOTES)</i>				
9) Are minutes of meetings kept?				
10) Are there written recruitment policies for the advisory board?				
11) Is the advisory board representative of client population?				
12) Does the advisory board have a written purpose, goals and objectives, and areas of responsibilities?				

B. Practices	Yes	No	N/A	Notes
13) Are there clear mechanisms for feedback of concerns to program management? <i>Describe in Notes</i>				
14) Is there evidence that issues of concern raised are adequately addressed by management?				
15) Are there mechanisms in place to support, maintain, and/or retain members? a. Training				
b. Reimbursement of participation expenses				
c. Participation in conferences/ networking meetings				
d. Volunteer recognition activities				
e. Other _____				

B. Practices	Yes	No	N/A	Notes
<i>Suggestion Boxes</i>				
16) Are they prominently placed in visible locations?				
17) Do they allow for anonymous suggestions?				
18) Are the contents checked on a regular schedule?				
19) Are there clear mechanisms for feedback of suggestions to management?				
<i>Other Input Mechanisms</i>				
20) What mechanisms are in place to assess service needs:				
a. focus groups				
b. surveys				
c. interviews				
d. prepared studies				
e. resource inventories				
f. Other _____				

B. Practices	Yes	No	N/A	Notes
21a) Do these mechanisms target PLWHs not currently in care?				
22) Is there evidence that consumers/care givers are involved in the development and implementation of their treatment plans?				
23a) Are there written policies and procedures for dealing with client grievances?				
23b) If YES, are clients routinely advised of grievance processes?				

Notes:

IV. OVERALL ASSESSMENT OF SUPPORT SERVICES

Summarize your overall assessment of the grantee's support services program and how well they serve to support the provision of primary care. Consider the level of care and quality of the services provided to people living with HIV/AIDS, including the timeliness and adequacy of available services.

Program Strengths	Program Weaknesses

**APPENDIX A
CLIENT PANEL INTERVIEW FORM**

This form is designed to help reviewers collect and summarize information regarding client satisfaction with the services provided. It is expected that the reviewers will interview clients in panels rather than on an individual basis. Thus, the checklist below is provided to help reviewers summarize client responses. The intent is not to complete one form for each client, but to document information in the aggregate.

1. How did clients generally hear/find out about the program?	
<input type="checkbox"/> From a friend/family member <input type="checkbox"/> Referred by another community-based organization <input type="checkbox"/> Assigned by managed care plan	<input type="checkbox"/> From agency outreach efforts <input type="checkbox"/> Referred by other health care professional <input type="checkbox"/> Other _____

Client Satisfaction with Services	Notes
2. Rate satisfaction with the following services	Describe general satisfaction with services. Do the clients perceive the waiting time for the services used to be appropriate? Are clients generally satisfied with the services received?
Medical (routine appointments)	
Medical (walk in)	
Dental	
Nutrition	

Client Satisfaction with Services		Notes
2. Rate satisfaction with the following services		Describe general satisfaction with services. Do the clients perceive the waiting time for the services used to be appropriate? Are clients generally satisfied with the services received?
	Mental health	
	Support groups (specify):	
	Substance abuse	
	Case management	
	Pharmacy	
	Clinical trials	
	Transportation (to facilitate access to services)	
	Child care (to facilitate access to services)	
	Other	
	Other	

Client Satisfaction with Services		
3. Are clients generally satisfied with the level of coordination regarding appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat	
4. Are clients generally satisfied with the level of coordination/communication among provider staff (e.g., case managers, clinical personnel, substance abuse staff, mental health staff)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat	
5. Do clients think case managers are knowledgeable about available resources in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat	
6. Do clients think case managers are knowledgeable about HIV-related issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat	
7. Do clients think mental health staff are knowledgeable about HIV-related issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat	
8. Do clients think substance abuse services staff are knowledgeable about HIV-related issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat	
9. Do clients think substance abuse services staff are knowledgeable about available resources in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat	

Client Satisfaction with Services		
10. Do clients perceive waiting rooms to be clean and comfortable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat	
11. Do clients perceive examining rooms to be clean and comfortable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat	
12. Do clients feel their privacy and confidentiality is respected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat	
13. Do clients feel they are treated with respect?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat	
14. Do clients feel they are receiving quality care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat	
15. Do clients feel providers give clear explanations of the care being provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat	
Client Access		Notes
1. Are clients aware of the process to access after-hours care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat	

Client Satisfaction with Services		
2. Have clients received treatment education and/or are other mechanisms to promote treatment adherence provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat	
3. Do clients feel comfortable asking providers questions about care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat	
4. Do clients understand the medications they are taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat	

Notes:

CONSUMER AWARENESS/INVOLVEMENT IN THE PLANNING, DELIVERY AND EVALUATION OF SERVICES

Awareness/Involvement scale: 0= totally unaware/uninvolved, 1= little awareness/involvement, 2= somewhat knowledgeable/involved, 3= knowledgeable/active, 4= very knowledgeable/involved

How would you rate the level of consumer awareness of and participation in the following planning activities (as applicable)?	Awareness	Participation	Notes
Consumer advisory boards	0 1 2 3 4	0 1 2 3 4	
PLWH representation in Board of Directors	0 1 2 3 4	0 1 2 3 4	
Development/review of grant applications	0 1 2 3 4	0 1 2 3 4	
Development of/participation in needs assessment	0 1 2 3 4	0 1 2 3 4	
Development/review of patient education/orientation materials	0 1 2 3 4	0 1 2 3 4	
Development/review of policies/procedures	0 1 2 3 4	0 1 2 3 4	
Client satisfaction surveys	0 1 2 3 4	0 1 2 3 4	
Focus groups	0 1 2 3 4	0 1 2 3 4	
Suggestion box	0 1 2 3 4	0 1 2 3 4	
Program/strategic planning meetings	0 1 2 3 4	0 1 2 3 4	
Program evaluation meetings/CQI committees	0 1 2 3 4	0 1 2 3 4	
Paid staff positions	0 1 2 3 4	0 1 2 3 4	
Volunteer positions	0 1 2 3 4	0 1 2 3 4	
Other _____	0 1 2 3 4	0 1 2 3 4	
Other _____	0 1 2 3 4	0 1 2 3 4	

