

CFP TECHNICAL ASSISTANCE BULLETIN

PREVENTION WITH POSITIVES IN COBRA CASE MANAGEMENT

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INTRODUCTION & PURPOSE

The Health Resources and Services Administration (HRSA) has joined with CDC and others in providing recommendations for “Incorporating HIV Prevention into the Medical Care of Persons Living with HIV”.¹ The Community Follow-up Program (CFP) fulfills a critical role in assuring a continuum of services to meet the needs of HIV-infected individuals in NYS. By virtue of the long-term, trusting relationship that exists between a case manager and client, case managers are particularly well-positioned to identify and make arrangements to address and support the prevention needs of clients. This assistance may be especially important when competing issues and needs often impede a client’s ability to do so. Addressing relationships, housing, economic security, personal safety, etc. are all equally important in engaging people in prevention.

This TA Bulletin is intended to clarify the roles of individual case managers in relation to HIV prevention services by setting forth expectations and guidance. These activities are consistent with and will, in turn, advance the overall goals of the CFP “to increase universal access to HIV-related services, promote early intervention, prevent or delay institutionalization, and foster independence and self-sufficiency.”

WHY IS PREVENTION IMPORTANT?

Persons who are HIV-infected should receive prevention services and interventions to assist

them in adopting and consistently practicing healthy behaviors, behaviors that also prevent transmission of HIV infection to others.

Examples of prevention messages may include:

- The use of condoms and other latex barriers can prevent an HIV-infected person from acquiring an STD.
- Condom use can also prevent transmission of HIV from that individual to any uninfected sex partner(s).
- Emphasizing to HIV-infected individuals the importance of using sterile injection equipment to avoid contracting hepatitis can also prevent the spread of HIV to uninfected individuals.
- Preventive measures can also protect persons living with HIV from becoming infected with another strain of HIV. HIV “superinfection” is one of many possible causes of treatment failure.

INTEGRATING PREVENTION INTO CFP PROGRAM STANDARDS AND GUIDANCE

The multi-step nature of case management lends itself to providing ongoing, flexible and comprehensive support of the prevention needs of clients and their families. Integration of prevention into case management can be achieved during the intake, re/assessment and service plan phases.

A. Intake:

While intake is a point in the case management process where clients do not typically share detailed personal information, it is an opportunity to gather initial impressions about clients that may be hints or “red flags” concerning risk behaviors.

It is important that staff doing intakes:

- Create a confidential and safe environment in which sensitive issues related to prevention can be discussed.
- Identify whether or not the clients have received or are receiving HIV prevention services.
- Look and listen for signs of active substance use, mental health issues, domestic violence and any references clients make regarding their sexual behavior (and then document objectively).

All of this information is essential to providing case management staff with impressions that will help guide more in-depth assessment of client’s needs.

B. Assessment and Reassessment:

Unlike intakes, assessments occur over a longer period of time so that staff can engage clients in a more trusting, **non-judgmental relationship**. Assessment of a client’s personal behaviors related to preventing his/her further exposure to HIV, or exposing someone else, can be very value laden unless presented in an objective and non-judgmental manner.

Address risk behaviors with clients in the context of maintaining their own health. Focusing on preventing additional exposure to them personally will also protect their partners who may or may not have HIV.

Before an initial assessment is completed, the client should have experienced the benefit of

case management meeting some of his or her immediate, critical needs. Case management staff should not hesitate to use what has already been done for the client, not to “bribe” them, but rather to demonstrate how case management can help a client, if they are ready and willing to share information about their prevention needs and accept services.

Additional prevention tips appropriate during the assessment stage include:

- Ascertain if clients have disclosed their HIV-infection status to family, friends and partners/prospective partners and the need for support/assistance in disclosure.
- Determine the needs of clients and family members for HIV prevention education/risk reduction services and whether or not these needs are met.
- For clients who are sexually active, assess their access to condoms and other latex barriers, their understanding of proper usage and identify any unmet needs related to safer sex.
- Determine the status of other STD screening, diagnosis and treatment for sexually active clients. Assess hepatitis screening and vaccination, as appropriate.
- Determine whether clients or family members use hypodermic needles and syringes for self-administration of medications (injection drugs, steroids or other purposes), and how arrangements for safe disposal of used syringes are met.
- Determine drug and alcohol use in order to mitigate potential issues of relapse, and therefore, relapses in healthy prevention behaviors.
- Note any challenges, barriers or obstacles to effective prevention.
- Review prevention goals, activities and services for relevance and effectiveness at each reassessment.

C. Service Plan Development & Implementation:

Service planning for prevention services should be no different than planning for any other need that a client may have. Service planning needs to address the issue of prevention at whatever readiness stage the client is in and be deliberate with steps (tasks/activities) that a client can take toward achieving a prevention-related goal.

Examples of prevention goals could include:

- Client will be willing to discuss risk behaviors by ____
- Client will accept a referral for prevention services by ____
- Client will use condoms consistently, 100% of the times they have sex through ____
- Client will use bleach to clean his/her works consistently, 100% of the times they share syringes through ____
- Client will accept a referral to a syringe exchange program by ____
- Client will accept referral to partner notification services to disclose HIV status to ____ by ____

Identify short- and long-term prevention goals, activities and services that may include the following:

- Integrate prevention into case conferencing and reinforce the role of other providers (i.e., PCP/health care provider, mental health, substance abuse, and housing) in supporting prevention goals.
- Maximize opportunities to integrate harm reduction and/or health educators into service planning, as appropriate. Service plans should document the goal of developing a personalized prevention plan with an educator, whether on site or through referral.
- Provide information about prevention that addresses identified sexual and/or injection drug risks.

- Arrange for enrollment in syringe exchange or provide information and referral to the Expanded Syringe Access Demonstration Program (ESAP) for clients who have unmet needs for sterile syringes.
- Facilitate access to STD screening for clients who are sexually active. Facilitate hepatitis screening and vaccination, as appropriate.
- Identify client satisfaction with the prevention plan and its implementation.

WHAT DOES ALL THIS MEAN FOR CASE MANAGERS?

The CFP Standards set forth a comprehensive program into which primary and secondary prevention services may be integrated. Agencies should provide all case management staff with information about available prevention resources, including ongoing training updates and staff development.

1) Know Your Community Resources

Inventory available community resources that support prevention goals and collaborate with prevention providers to better meet client needs. If your program does not have a prevention or health educator on site, network with an agency that specializes in it.

2) Know Your Client's Medical Provider

Prevention is a shared responsibility. It is vitally important to develop and maintain open communication with health care providers. Most health care providers are also promoting prevention into their regular services, and case managers should work to compliment those services rather than duplicate them. This requires regular case conferencing with health care providers.

3) A Word about Disclosure

Case managers should be mindful that issues of disclosure are "potent stressors

in the lives of HIV infected individuals whether or not they choose to reveal their status...”² There is no universal right answer, or definitive advice, for a client struggling with the decision of whether or not to disclose their HIV/AIDS status to family, friends and service providers.

Disclosure doesn't guarantee safe behavior, and may in fact produce severe and negative consequences. Helping people assess their readiness to disclose and developing the skills to do so is different than telling people they must disclose.

Furthermore, assisting clients with direct disclosure should only be done by professionals qualified to do so, such as Clinical Case Managers and partner notification programs.

4) *Staff Training & Development*

The AIDS Institute offers training courses that can help individual case managers develop knowledge, skills and abilities to integrate prevention services into ongoing activities.

The *Statewide Calendar of HIV/AIDS Training* contains several courses that are appropriate for case managers, offered through both Centers of Expertise and Regional Training Centers. Some examples include:

- HIV Disclosure: Deciding Who & When to Tell (1/2 day)
- Reducing the Risk and Harm of HIV (3 days)
- Addressing Prevention in HIV Case Management (1 day)

The training calendar can be accessed via the following link:

<http://www.health.state.ny.us/diseases/aids/training/index.htm>

5) *Materials for Clients/Consumers*

The AIDS Institute's *Consumer Catalog of HIV/AIDS Materials* contains numerous prevention-related materials that case managers can use in discussions and service plan development with clients, including the brochure, *There's Something I Need to Tell You: A step-by-step guide to telling your partners that they may have HIV*. Materials can be accessed for the Department of Health website via the following links:

<http://www.health.state.ny.us/diseases/aids/publications/>

<http://www.health.state.ny.us/diseases/aids/facts/index.htm>

<http://www.health.state.ny.us/diseases/aids/youth/index.htm>

IMPORTANT TERMS³

Disclosure: is the act of informing any individual or organization of the sero-status of a person with HIV. However, the objectives and the consequences of disclosure may be beneficial or harmful.

Informed consent: is based on the principle that competent individuals are entitled to make informed decisions regarding their participation in or agreement to HIV tests, other HIV/AIDS-related interventions, and to health care providers disclosing their HIV status to others.

Partner notification (PN): Also known as contact tracing or partner counseling, is the process of contacting sexual or injecting partners of a person with HIV in order to advise them of their potential exposure to HIV and to encourage them to come forward for counseling, testing and – where applicable – treatment.

Primary prevention: Activities with both infected and uninfected people to reduce primary (i.e. initial or new) HIV infections.

Secondary prevention: Activities to maintain well-being of people with HIV (including wider sexual health), and delay disease progression.

Superinfection: is infection with another strain of HIV, including strains that are potentially drug resistant.

REFERENCES

1. Centers for Disease Control and Prevention (CDC), "Incorporating HIV Prevention into the Medical Care of Persons Living with HIV" Morbidity and Mortality Weekly Report.
2. Holt, R., Court, P., Vedhara, K., Nott, K.H., Holmes, J. & Snow, M.H. (1998). The role of disclosure in coping with HIV infection. *AIDS Care*, 10(1), 49-60.
3. International HIV/AIDS Alliance, "Positive Prevention – Prevention Strategies for People Living with HIV/AIDS" Alliance Emerging Practice Series.