



# Leveraging Intensive Case Management to Address People Living With HIV's Critical Events

**TARGET POPULATION:** People Living with HIV with significant barriers to care

**LOCATION:** Colorado

**PROGRAM DESIGN:** Intensive Case Management and Critical Events System

**ESTIMATED COST:** \$1,000,000

**FUNDING SOURCE:** ADAP rebate funding

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## CORE ACTIVITIES

### CRITICAL EVENTS SYSTEM

The Colorado Department of Public Health and Environment developed the Critical Events System, a six month program that provides intensive case management and planning to clients in need. Clients must be newly diagnosed, lapsed in care, or medically vulnerable in order to participate, along with experiencing a critical event, including homelessness, unemployment, substance use, mental health concerns, intimate partner violence, or engagement in sex work.

### INTENSIVE CASE MANAGEMENT

Ryan White-funded case managers work closely with motivated clients nominated for the program to create plans aimed at moving clients toward psycho-social stability. Clients are asked to meet with their case manager regularly and to complete tasks assigned in each plan, with the goal of helping them engage in medical care. Task completion is vital for continuation in the program and being approved for financial assistance. Through planning

and follow-up, clients are given consistency and additional support to maneuver difficult situations.

**The Critical Events System is a Colorado Department of Public Health and Environment effort to limit the transmission of HIV by providing additional supportive services for PLWH as they experience instability in their lives. Through support and assistance in accessing care and re-engaging in treatment, along with help in stabilizing their personal lives, the program attempts to aid clients in reaching viral suppression, and thus becoming less likely to transmit HIV.**

## CONNECTING TO CARE

As the primary mission of the program, one of the first tasks assigned to clients is connecting to care and adhering to medications. Case managers help clients process their diagnoses, the side effects of starting or re-starting medications, and adherence concerns. They also hold clients accountable for attending medical appointments and following through on providers' recommendations, with the assistance of incentives. After a client completes the program, case managers continue to follow up to encourage clients to stay engaged in care.

## OUTCOMES

**Client motivation is crucial.** Gauging client motivation has been proven difficult. Case managers have started assigning tasks to clients to complete before enrolling them in the program in hopes of better assessing motivation level. This seems to be beneficial in evaluating client initiative.

**Longer-term solutions are needed in order to make substantial, lasting impacts on client health.**

While housing clients temporarily until they have regained health has short-term benefits (e.g., reducing a high viral load), it does not help clients sustain long term health outcomes. Considerable effort is needed in discerning root causes for client unemployment, homelessness, or substance use and helping clients develop skills and tools so that they do not continue cycles of instability. These tools could include accessible mental health care, budgeting classes, identifying triggers, substance use treatment, and vocational support. Critical Events hopes to develop more resources in the future that can offer clients' skills toward self-sufficiency.

## DATA

Of the 134 clients enrolled between 4/1/2015 and 12/31/2016, 77 people or 57% completed the program. Of those that completed the program in 2015, 75% had an undetectable viral load at case closure and 60% still had an undetectable viral load after 6 months of case closure. Of the most

common barriers, 53 indicated substance use, 34 had a diagnosed mental health disorder, 100 were homeless or at risk of eviction, 44 were newly diagnosed with HIV within the previous year, and 12 were pregnant and in need of assistance during unpaid maternity leave. Those that fully participated and completed the program had much greater success in keeping their viral load reduced compared to those that did not fully participate and were closed early. Those that were newly diagnosed were much more likely to complete the program and those that had lapsed in care for at least one year prior to enrollment were less likely to complete the program.

## EVALUATION

The evaluation process for the program is still being developed. Clients' achievement of decreased viral load will be the primary outcome indicator for future evaluation efforts. A client satisfaction survey has been created, but not widely distributed yet.

## FUNDING AND COSTS

ADAP rebate funds are used to support the program. Critical Events follows HRSA Standards of Care for allowable use of funds and Colorado ADAP is used to screen for client income limits. The most common requests are housing, transportation, emergency financial assistance, food assistance, and inpatient substance use treatment. In 2015, \$555,000 was spent on client needs, with the majority, \$436,000, directed to temporary housing support.

## STAKEHOLDERS

The Critical Events program relies heavily on Ryan White case management providers, including Colorado Health Network, The Empowerment Program, Boulder County Aids Project, and Colorado Children's Hospital Immunodeficiency Program.

## STRENGTHS

Emergency Financial Assistance (EFA) available through Ryan White Part A and B is very limited. The Critical Events Program gives case managers and clients the ability to access additional resources and financial assistance, stretched over a longer period of time until clients are able to become self-sufficient.

The program gives additional assistance to pregnant women who might not be able to take time off work for medical appointments or might lose housing due to unpaid maternity leave. CE is able to act as a buffer to the additional costs of being a HIV+ post-partum mother.

The program is able to provide assistance to those actively using drugs through treatment and support. Many of the clients enrolled in the program due to substance use have little relational support in their lives, making it even more difficult to break the cycle of addiction. Case managers are able to act as an additional support in their recovery as they locate an inpatient or outpatient treatment program.

## LIMITATIONS

Colorado is currently in a substantial affordable housing crisis. With around 75% of clients in the program facing homelessness or eviction, finding stable and affordable housing for clients is difficult.

Similarly, affordable and accessible substance use treatment centers are in short supply in Colorado and many are not capable of supporting those with severe mental health disorders. Many clients enrolled in the program for substance use are dual diagnosed with a mental health disorder.

The demand for substance use treatment centers, housing, and/or mental health support makes it difficult for clients to maintain motivation and be successful in a short-term, six-month program.

## PROGRAM CONTACT

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