

AID Atlanta Case Management Services Final Evaluation Report

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Executive Summary

This evaluation of the AID Atlanta case management program was conducted on behalf of the Fulton County Government Ryan White Part A Program. The report provides stakeholders with information to assess progress; inform ~~the~~ decision-making processes; and ~~plan for future steps~~ program planning.

The following summary is organized by findings and recommendations:

Findings

- Nearly all case managers reported that CaseTracker is an effective, easy to use data management system.
- Although there was some confusion regarding the current centralized structure, case managers indicated both centralized and decentralized approaches to case management are important. Agency supervisors suggested that a centralized structure is more effective.
- The majority of case managers indicated case management services are consistent with professional standards and best practices.
- Case managers indicated training on working on a multidisciplinary team is important and on average rated the supervision provided to them as a seven out of ten.
- Responses ~~for from~~ case managers and agency supervisors suggest more work could be done to ensure Individualized Service Plans (ISPs) meet client needs.
- Both case managers and agency supervisors indicate treatment goals are met.

Comment [MSOffice1]: Indicated by case managers or overall?

Comment [MSOffice2]: Medical treatment goals or ISP goals?

Recommendations

- Explore ways to improve the CaseTracker data management system.
- Address challenges to meeting the needs of special populations.
- Improve case managers' medical knowledge.
- Update/Establish standard operation procedures to orient new case managers to ?.
- Focus on monitoring and accountability.
- Refine the processes for working with self-managed clients.
- Support case managers' social and emotional health.

Comment [MSOffice3]: Centralized system?

Background Information

AID Atlanta, Inc. was founded in 1982 to counter the impact of HIV/AIDS on the Atlanta community and has since grown to become the largest provider of support services for people living with HIV/AIDS (PLWHA) in the southeastern United States. – AID Atlanta aims to *reduce new HIV infections and improve the quality of life of its members and the community by breaking barriers and building community*. In part, this goal is accomplished through comprehensive case management and support ~~from~~ funded by the Fulton County Government's Ryan White Part A Program.

Overview of the Case Management Program

Case management is AID Atlanta's largest direct service program and consists of medical and non-medical case management services. Medical case management links clients with health care, psychosocial, and other services; and includes the coordination and follow-up of medical care. Key medical case management activities include (1) initial assessment of service needs; (2) development of a comprehensive, Individualized Service Plan (ISP); (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; (5) medication adherence counseling; and (6) periodic reevaluation and adaptation of the plan as necessary over the life of the client.

Non-medical case management also links clients with health care, psychosocial, and other services; however, the focus is not on adherence or following up specifically on medical treatments. Key non-medical case management activities may also include coordination of services, development of an abbreviated Individualized Service Plan (ISP), provision of self management education and support services, and monitoring and evaluation of the client's needs. It also includes all types of case management contacts, including face-to-face meetings, phone contact, and any other forms of communication.

Evaluation Overview

Purpose

This evaluation has three primary purposes:

1. *Provide stakeholders with information that ~~helps them make~~ supports decisions-making.* The evaluation strives to provide information that is timely, accurate, and useful in managing the program.
2. *Assess the infrastructure supports of the case management program.* The evaluation appraises the opportunity to refine processes and procedures.
3. *Measure and report on the outcomes of the program.* The evaluation measures the short-, medium-, and long-term outcomes of the program.

Evaluation Questions

The three broad study evaluation questions guiding this report are:

1. What key structures have been established to support case management services?
2. Are case managers trained and supervised to provide quality services?
3. Are clients satisfied with case management services?

EXHIBIT 1: EVALUATION QUESTIONS AND & SUB-QUESTIONS

What key structures have been established to support case management services?
<ol style="list-style-type: none">1. How effective is the existing data management systems?2. Is a decentralized or centralized case management structure more effective?3. Are case management services consistent with professional standards and best practices?4. How can we improve our services?5. Do we achieve theAre outputs achieved as anticipated?
Are case managers trained and supervised to provide quality services?
<ol style="list-style-type: none">1. What are the education and training needs of case managers?2. To what extent are case managers receiving adequate supervision?
Are clients satisfied with case management services?
<ol style="list-style-type: none">1. To what extent do ISPs meet client needs?2. To what extent are clients receiving case management services?3. Are treatment goals accomplished?

Comment [MSOffice4]: Medical treatment goals or ISP goals?

Data Collection and Analysis

A qualitative technique involving observations and interviews ~~was~~ used to address the questions posed in the evaluation. The data for this evaluation was primarily collected through document review and individual interviews. The evaluator worked with AID Atlanta staff to identify appropriate documents for review, as well as, strategies for the retrieval of de-identified data. While the review was taking place the interview phase of the evaluation began.

AID Atlanta case managers and agency supervisors were the population of focus. Eighteen case managers and seven agency supervisors participated in structured interviews to address the aforementioned evaluation questions. The guide used for both sets of interviews can be found in appendix A. Interviews were recorded and detailed notes were obtained for use in the analysis phase of the study. The evaluator analyzed these data using a qualitative data analysis process which involved: 1) organizing and preparing the data for analysis, 2) reading through all data, 3) initiating detailed analysis with a coding process, 4) using the coding process to generate the categories or themes for analysis, and 5) interpreting the data.

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Evaluation Findings

The themes and supporting evidence that emerged from the individual interviews are highlighted in the following exhibits. Themes are presented in all capital letters and represent a preponderance of evidence obtained from the individual interviews of case managers and agency supervisors. In some instances themes are direct quotes of participants and are both capitalized and enclosed in quotation marks. Supporting evidence is also presented in direct quotes. This can be observed in both Exhibits 2 and 3.

EXHIBIT 2: THEMES & SUPPORTING EVIDENCE FROM CASE MANAGER INTERVIEWS

What key structures have been established to support case management services?

- 1. How effective is the existing data management systems?**
CASETRACKER IS THE PRIMARY SYSTEM USED
EFFECTIVE
EASY TO USE
- 2. Is a decentralized or centralized case management structure more effective?**
BOTH ARE IMPORTANT
PROS
CONS
- 3. Are case management services consistent with professional standards and best practices?**
"BEST PRACTICES GUIDE WHAT WE DO."
- 4. How can we improve our services?**
"THERE'S ALWAYS ROOM FOR IMPROVEMENT"
ADDITIONAL FUNDING
"There are not enough resources for all the services we refer to."
"Transportation, paying for medication, housing, and shelter are some of the priority areas."
- 5. Do we achieve the outputs anticipated?**
"OUTPUTS ARE USUALLY REACHED"

Are case managers trained and supervised to provide quality services?

- 1. What are the education and training needs of case managers?**
WORKING ON A MULTIDISCIPLINARY TEAM
- 2. To what extent are case managers receiving adequate supervision?**
"A SOLID SEVEN"

Are clients satisfied with case management services?

- 1. To what extent do ISPs meet client needs?**
DETAIL IS KEY
- 2. To what extent are clients receiving case management services?**
REFERRAL SERVICES ARE EXTENSIVE
- 3. Are treatment goals accomplished?**
TREATMENT GOALS ARE MET

Comment [MSOffice5]: So, if not enough detail than not as likely to meet needs? May should say WHEN ENOUGH DETAIL IS PROVIDED, YES

Comment [MSOffice6]: What about medical adherence? This is brought up on next page as area for improvement.

EXHIBIT 3: THEMES & SUPPORTING EVIDENCE FROM AGENCY SUPERVISOR INTERVIEWS

What key structures have been established to support case management services?

1. How effective is the existing data management systems?

CAREWARE IS THE PRIMARY SYSTEM

PROS

CONS

2. Is a decentralized or centralized case management structure more effective?

CENTRALIZED

3. Are case management services consistent with professional standards and best practices?

YES

4. How can we improve our services?

“The caseload is low among Board of Health case managers, but the number should be increasing. This can be improved by having better practices on identifying clients and doing referrals. Also, clients that have been identified as needing case management only seem to be receiving community resources and there is not as much of a focus on medical adherence.”

5. Do we achieve the outputs anticipated?

YES

Comment [MSOffice7]: Do you think its notable that they name 2 different systems? How do they use them in combination?

Are case managers trained and supervised to provide quality services?

1. What are the education and training needs of case managers?

“Case managers need a concentration in the case management process and ways to incorporate education about living a healthy lifestyle.”

2. To what extent are case managers receiving adequate supervision?

“The supervisors at AID Atlanta supervise the case managers.”

Comment [MSOffice8]: Education for case managers or for clients?

Are clients satisfied with case management services?

1. To what extent do ISPs meet client needs?

THEY MEET THE NEEDS

“We try to complete them every six months.”

2. To what extent are clients receiving case management services?

CASE MANAGERS ASSIST WITH EVERYTHING

3. Are treatment goals accomplished?

YES

“I believe the treatment goals are being met. I do not see how they are documented directly, but I know paperwork is done.”

“Most do.”

Comment [MSOffice9]: What is “everything”?

Comment [MSOffice10]: Seems like opportunity for improvement. If not documented than impossible to evidence that tx goals actually are being met. But since likely they are being met, easy solution?

Summary of Findings

How effective is the existing data management systems?

Generally both case managers and supervisors gave favorable responses regarding the use of the current data management system. Case managers reported on their use of CaseTracker and supervisors reported on their use of Careware. One case manager reported that “CaseTracker is easy to use” and this sentiment was shared by most. Another case manager did note that although it was “user friendly” most of the time “Case Tracker was not as easy to use when an employee was off site.” For example, “the system is accessible from the internet which allows some to work from home and for case managers to communicate with each other.” However, case managers indicated that they had difficulty with attachments when working remotely. Several participants also reported that some redundancy was an issue when working with the system. For example a case manager indicated that coding for referral services was often redundant and that generally “the coding system is time consuming.”

Supervisors also reported pros and cons related to the data management system they utilized which they referred to as Careware. The majority responded favorably regarding Careware commenting that “it gives us a picture of what we’re doing.” Many supervisors also noted that “it meets their needs,” it’s “easy to use,” and it provides a “very good picture of your service utilization.” Although most supervisors provided favorable responses they also indicated that “the system was not perfect.” Many noted the reliance on others to fill out the information, that “the numbers don’t really tell you what’s going on in the clinic” and that the system “cannot possibly capture all that is done” as barriers to the system being “perfection.” But there ~~seemed to was~~ consensus that participants found ??? to be effective.

Is a decentralized or centralized case management structure more effective?

The question regarding decentralized and centralized proved to be somewhat confusing for participants. Although the current structure is a centralized one because AID Atlanta is the only contracting agency, the majority of participants in this evaluation identified the current structure as decentralized. Therefore the following responses must be read with that lens. Case managers agree that both a decentralized and a centralized system is important to the case management structure at AID Atlanta in order for the agency to meet the needs of its clients. One case manager stated that “decentralized works best for the clients because you provide the services where they are.” Another noted that from a case management perspective “having the flexibility to serve clients at different locations is a plus.” Others expressed the same sentiment as they noted “clients can just blend in, in places where they were going anyway,” and “most importantly a decentralized model expands the reach of the agency.” Although the importance of decentralization was underscored case manager did include some cons. For instance, case managers reported that a decentralized configuration leads to case managers in the field being less connected to the central agency. It was noted that “a centralized structure yields better support, is more streamlined, and ensures less overlap in services.” It is important to indicate that although participants noted limitation with a decentralized structure they all thought it was best for the clients.

Agency Supervisors echoed the sentiments of the case manager noting that “decentralized is more effective to address acute needs, and it is convenient for people who cannot get to the central location.” One supervisor discussed the fact that what the case manager provided is a much needed service and stated “if we had to do it ourselves, we’d have to find the funding” addressing the fact that the position of the case manager is funded through AID Atlanta, but is important to the work they do at their agency. They also suggested that case managers working out of satellite agencies must buy in to the work being done there. One supervisor stated “we’ve had several case managers but the one^s who were most

Comment [MSOffice11]: Do you think they think its decentralized because they sit at different locations? Were majority who said this case managers?

effective bought in to what we were doing here.” Much like the case managers, agency supervisors also agreed that “access” was the number one reason why the current structure was most effective.

Are case management services consistent with professional standards and best practices?

Nearly all case managers interviewed attested to the fact that the services provided are consistent with professional standards and best practices. One participant summed it up by saying “BEST PRACTICES GUIDE WHAT WE DO.” Another added, “all of our case managers are extremely professional... We share best practices in our team meetings.” Other case managers referenced the fact the clients were called “members” and were treated with respect. Although most case managers expressed the aforementioned sentiment, there were case managers who saw room for improvement in this area. One stated, “I don’t see consistency across the board. Like with charts and documentation.” Another echoed the same sentiment reporting, “charts aren’t thorough.” Two participants also expressed their perceptions of unfair treatment of members suggesting “exceptions are made for certain clients.” It should be reiterated that case managers overwhelmingly expressed the services were in fact consistent with standards and agency supervisors agreed stating, “they are consistent...the case managers work under the Ryan White standards of practice.”

How can we improve our services?

Although participants reported being “satisfied with the services provided by the agency,” many agreed, “THERE’S ALWAYS ROOM FOR IMPROVEMENT.” Some of those improvements include the need for more resources as one case manager responded, “there are not enough resources for all the services we refer to.” Another added, “there are gaps in services related to food services and housing.” Along with the need for more funding case managers also report gaps in services related to “transportation, paying for medication, housing, and shelter.” Some suggest that more services are needed for specific populations. For example, one participant reported the need for “more services for the Hispanic and Latino community, more support groups for heterosexual men and members over fifty.” Agency supervisors suggest streamlining tasks to support increases in case load as one states, “the caseload is low among Board of Health case managers, but the number should be increasing. This can be improved by having better practices on identifying clients and doing referrals. Also, clients that have been identified as needing case management only seem to be receiving community resources and there is not as much of a focus on medical adherence.” They also suggest rotating case managers as a change that may benefit some clients citing, “some clients become too dependent on one case manger.” Even though there are many suggestions most agree that the services provided are good but not perfect and any number of the aforementioned changes could be made to improve them.

Do we achieve the outputs anticipated?

Overwhelmingly Case managers and agency supervisors agreed that “**OUTPUTS ARE USUALLY REACHED,**” but, that “there is always room for improvement.” Case managers suggest that although outputs are usually reached “streamlining processes, making sure there is not an overlap in services and more training could make them easier to achieve.”

Comment [MSOffice12]: What are the expected outputs and how do they know if they are reached?

What are the education and training needs of case managers?

Agency supervisors suggest that the “case managers need a concentration in the case management process and ways to incorporate education about living a healthy lifestyle.” Some added that case managers seemed to be well trained and able to do their job. Case managers describe their team as multidisciplinary which includes personnel with degrees in public health, psychology, sociology, education, criminal justice, and social work. Case managers are divided evenly between those with undergraduate degrees and individuals with graduate degrees. Case managers exhibited an appreciation for training stating that “you can never have enough training.” Participants reported needing training in the following areas:

Comment [MSOffice13]: I think this needs some clarification since I’m pretty sure this is on how to incorporate education for members on living a healthy lifestyle and not for the case managers!

- mental health
- supervision
- resources
- harm reduction
- medical/medications
- crisis prevention
- self-care
- substance abuse
- cultural competency

To what extent are case managers receiving adequate supervision?

As AID Atlanta provides all supervision, agency supervisors did not address this issue. Overall participants rated the supervision process “A SOLID SEVEN.” It should be noted there were some high as well as low outliers. Most report that supervision usually includes a once per month meeting, case audits, setting goals and feedback on job performance.

Comment [MSOffice14]: Out of 10?

To what extent do ISPs meet client needs?

Since case managers complete ISPs with clients only their responses to this question will be included here. The all agreed that the key to good effective ISPs are the details. “Client satisfaction often depends on the extent immediate needs are met,” so it is important for the ISP to be client--driven and very detailed. This helps the clients “prioritize needs.” All case managers must complete ISPs however the quality of them varies. Participants expressed that “less variation in ISPs will lead to better outcomes for clients.”

To what extent are clients receiving case management services?

Clients are receiving case management services specifically referral services are extensive. The case manager “links the client to as many resources as possible to meet their needs.” Case managers also report that a quality of life survey is also completed by clients. Case managers also added, “We have a lot of lunch and learns that seem to be beneficial to clients.” There seem to be was a consensus among case managers that a variety of services are needed but a few noted gaps in some areas, stating, “There are limited services for straight men, women and the transgendered population.”

Are treatment goals accomplished?

There seems to be was agreement among case managers and agency supervisors that treatment goals are met. This is documented in the ISP as well as in CaseTracker. Participants indicated that meeting treatment goals can be a challenge when working with Hispanic populations and incarcerated members. They also noted, “follow-up can be a challenge after initial needs are met.”

Conclusions and Recommendations

1. *Explore ways to improve the CaseTracker data management system.* Although several system strengths were mentioned by case managers, CaseTracker was often described as having an overly complex coding system with frequent system crashes that result in data loss. An increase in the number of sessions available to case managers will help resolve some issues. Consider adding pre-population features for previously entered data elements (i.e., ISP and ROE data).
2. *Address challenges to meeting the needs of special populations.* Case managers would benefit from additional training and resources related to the provision of services to special populations (i.e., straight men, women, transgendered, and homeless clients). Also, case managers would benefit from the ability to consult with area experts and consultants on how to best meet the needs of these unique populations.
3. *Improve case managers' medical knowledge.* Agency supervisor comments regarding case management services were overwhelmingly positive. However, more than one agency supervisor indicated that case management services could be improved if case managers knew more about the medical conditions and medications. This view was shared by case managers who indicated they could benefit from additional training in this area. A review of medical terminology and how to identify-interpret pertinent information in medical reports (i.e., lab reports) would prove helpful. Consider cross-training or rotating case managers between agencies to improve knowledge and skill.
4. *Update/Establish standard operation procedures to orient new case managers.* New case managers have encountered challenges with learning all the policies and procedures required to perform their duties. Provide all case managers with a current policy and procedures manual. Additionally, regularly update resource manuals available to case managers. Electronic versions of resource and policy/procedure manuals would assist in this endeavor.
5. *Focus on monitoring and accountability.* Establish clear supervisory roles and responsibilities to ensure consistency across case management services, particularly with charting. Consider forming a monitoring and accountability team or committee to distribute-share supervision tasks and extend support to agency based case managers. Explore ways to expand the use CaseTracker in monitoring and accountability by?
6. *Refine the processes for working with self-managed clients.* Proper identification and management of self-managed clients may significantly reduce caseloads and result in improved services to higher need clients.
7. *Support case managers' social and emotional health.* Use informational sessions (i.e., trainings, brown bags, webinars, etc.) to provide case managers with information on stress management. A focus on self-care will help improve coping skills and decrease burnout among case managers. As one case manager stated, "We give a lot in this position!"

Comment [MSOffice15]: What does that mean?
Number of log-in sessions?

Comment [MSOffice16]: I think this is interesting – their multi-disciplinary teams don't seem to include healthcare providers. What if a team approach was used more and case managers were included in clinic-based case discussion about clients?

Comment [MSOffice17]: Do they have metrics for measuring success?

Comment [MSOffice18]: Any thoughts on how to improve this?

APPENDIX A
INTERVIEW PROTOCOL

What key structures have been established to support case management services?

1. How effective is the existing data management systems?

Tell me about your current data management system. In your opinion, is it easy to use, does it meet your needs, are there any major elements missing?
What are the strengths of the system?
What are the systems weaknesses?

2. Is a decentralized or centralized case management structure more effective?

Tell me what you think about decentralized or centralized case management structures. Which do you think would work best for your agency? Why do you think this approach has advantages over the other?

3. Are case management services consistent with professional standards and best practices?

When you think about professional standards and best practices do you feel like the case management services the agency provides are consistent with them?
(Yes) Tell me about that consistency. Do you have some examples?
(No) Why do you think it is inconsistent? Do you have any examples of that inconsistency?

4. How can we improve our services?

Do you think there are gaps in the services provided by the agency?
If so, what are the gaps? How do think they could be filled?

5. Do we achieve the outputs anticipated?

Are case managers trained and supervised to provide quality services?

6. What are the education and training needs of case managers?

Tell me a little about your education background.
Do you participate in continuing education?
In what areas do you think you could benefit from further training?

7. To what extent are case managers receiving adequate supervision?

On a scale of 1 to 10 how would you rate the supervision you receive?
Tell me about how you came up with that rating.
Tell me what aspects of your supervision work really well.
What aspects of it do not meet your needs?
How do you think the supervision you receive could be better?

Are clients satisfied with case management services?

8. To what extent do ISPs meet client needs?

Walk me through how an ISP is done. What are the steps?
How much of the ISP is directed by the client?
Currently, is there any method of inquiry that looks at client satisfaction?

9. To what extent are clients receiving case management services?

What services are provided to clients?
Walk me through how the referral process works.

10. Are treatment goals accomplished?

How is the accomplishment of treatment goals documented?
In your opinion, do most clients meet their treatment goals?

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