

PCM Eligibility Tool
(Keep in Client File)

For PCM it is recommended that clients enter in to the PCM program on a trial basis for the first several sessions. During the first several sessions the counselor should screen the client for appropriateness for PCM, complete the assessment form, have client complete the pretest of outcomes, and complete HIV event forms for each session. Once this information collection is completed, the counselor and client will begin creation of the risk reduction plan OR the counselor will decide that the client is not ready for PCM and refer to the appropriate services. **A decision must be made about whether or not the client is appropriate for PCM by no later than the 4th Session.**

Do not enter any data into the system until it is decided whether or not the client will remain in PCM (that is, they begin creation of a risk reduction plan).

If they DO become a PCM client: enter in all data from previous and additional sessions counting the client as a PCM client.

If they DO NOT become a PCM client: enter in all data from previous session counting the client as an individual level counseling client.

Potential Clients

Information to be completed for each potential PCM client: (check when completed)

- Initial Client Screening Form
- Pre Test
- Client Assessment
- HIV Event form for each session

Official PCM Clients

Information to be completed once client officially becomes a PCM client (should be continuously updated):

- Client Negotiated Risk Reduction Plan (with clear, time-phased goals, objectives and action plan listed)
- Counselor Notes (to include progress towards goals, how goals met HIV prevention needs, barriers towards progress, referrals offered, missed PCM appointments, etc.)

Closing out Clients from PCM

When the client and/or counselor decides it is time to discharge the PCM client:

- Discharge form
- Post Test (at end of 6th session)

Guidelines for Prevention Case Management (PCM) Eligibility and Engagement For PCM Staff Use

Prevention case management is an intervention designed for specific groups of people. It is acknowledged that understanding the needs of those with multiple risks is a complex task. This screening guidance should help you determine whether or not an individual is appropriate for receiving PCM services. **These guidelines are designed for the PCM counselor and should NOT be given directly to potential PCM clients.**

The screening process for PCM involves 2 steps:

- 1) PCM Counselor Assessment of potential clients' HIV-related risks
- 2) Self-Assessment on the part of the client of readiness to engage

PCM Counselor Assessment of Potential PCM Clients' HIV-related Risks

In order to assess the potential PCM client risks, counselors should do at least one of the following things:

First, the counselor may hold a consultation with the referring party in order to assess the extent to which the client has experienced these risks. Second, a counselor may admit the potential client as a candidate for PCM on a trial basis in order to assess the extent to which they meet the criteria below. They may also do both these things in order to determine client eligibility.

In addition, the counselor should make a qualitative assessment of the potential client's willingness to engage. If it is determined that the client does not meet these risks or does not appear to be willing to engage in PCM, they should be referred to alternative services appropriate for their needs. If only one factor is checked, please refer them to other services either internal or external to your agency.

CRITERIA 1: THE CLIENT MUST HAVE ONE OF THE FOLLOWING RISKS IN ORDER TO BE ELIGIBLE FOR PCM.

Within the past 2 months has this person had or do they currently have problems with any of the following?

- Repeated instances of sexual risk-taking for acquisition or transmission of HIV
- Repeated HIV/STD testing
- Repeated instances of needle-related risk for acquisition or transmission of HIV

CRITERIA 2: The client must have at least ONE of the following in addition to one of the risks listed in Criteria 1 in order to be eligible for PCM:

Within the past 2 months has this person had or do they currently have problems with any of the following?

- Mental Health (e.g. depression, hopelessness, diagnosed with other psychiatric disorder, etc.)
- Chronic Substance Use/Abuse (e.g. chronic alcohol or other drugs)
- Chronic Lack of Access to basic needs that impact risk of acquisition or transmission of HIV (e.g. shelter, food)

Using this screening mechanism:

As it is stated above, a potential client must have at least one of the risks listed in Criteria 1 as well as one of the risks in Criteria 2.

If they do not meet these criteria, they should be referred to other services internal or external to your agency.

For example:

If they have any of the risks listed in Criteria 1, but not any of the risks in Criteria 2, they could be referred to individual level counseling or skills-building sessions appropriate to their needs offered by your agency.

If they do not have any of the risks listed in Criteria 1, but do have one or two of the risks listed in Criteria 2, they could be referred to external agencies that provide services appropriate to their needs (e.g. Substance Treatment Centers, Community Mental Health, or the FIA). Note: Please facilitate the referral process for the client.

Self-Assessment of Clients' Readiness to Engage

These questions are designed for use in conjunction with the PCM counselor assessment of potential clients' HIV-related risks. Behavior change theories (e.g. Protection Motivation Theory, Extended Parallel Processing Model) suggest that for someone to be ready to process information about risk reduction, they must first perceive that a health risk is 1) Personally relevant and 2) Scary. These theories, and others also suggest that a person must be ready to take protective action in order to do so. The EPPM further suggests that if efficacy is low, people will engage in defensive behaviors and avoid taking self-protective action. The PCM Brief Assessment is designed to assess these factors. If a potential client does not perceive high levels of these factors, they are not good candidates to engage for PCM services.

Using this client self-assessment:

This assessment should be completed by the client with help from the counselor if necessary. Questions 1 and 2 are designed to assess the frequency and type of risk behaviors for clients. Questions 3 and 4 are designed to measure perceived susceptibility to HIV. That is, how likely clients believe they are to get HIV. Questions 5 and 6 are designed to measure perceptions of the severity of HIV. Questions 7-8 are designed to measure willingness to engage in steps to protect themselves from HIV. Questions 9 and 10 measure perception of barriers. Question 11 Measures risk reduction activities. The open-ended questions should be reviewed by the counselor to help their assessment of client appropriateness for PCM. For all of the closed questions, staff should look for scores **above** the midpoint (3) on the majority of the questions, to assess readiness to begin PCM.

PCM ENGAGEMENT/PRE-TEST TOOL

Agency Name: _____

Date: _____

Client UIN # _____

1. How many times in the last month do you think you put yourself at risk for getting/transmitting HIV? _____ Times

2. What are two things you have done in the last month that you think put you at risk for getting/transmitting HIV? (If you have done nothing to put yourself at risk, please write “nothing”)

1. _____

2. _____

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
3. Given my current behaviors, I think I am likely to get/transmit HIV.	1	2	3	4	5	
4. I know I am at risk for getting/transmitting HIV.	1	2	3	4	5	N/A
5. Thinking about HIV worries me.	1	2	3	4	5	N/A
6. The thought of having/transmitting HIV is scary to me.	1	2	3	4	5	
7. I am ready to take steps to reduce my risk for getting/transmitting HIV.	1	2	3	4	5	N/A
8. I think it is time to make some changes in my life.	1	2	3	4	5	
9. There are things going on in my life that make it hard for me to protect myself from getting/transmitting HIV	1	2	3	4	5	
10. Problems that I face every day make it difficult for me to protect myself from getting HIV or giving it to others.	1	2	3	4	5	

11. What are TWO things you have done in the last month to try to reduce your risk for getting/giving someone else HIV/AIDS? (If you did nothing, please write “nothing”)

1. _____

2. _____

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
12. I am confident I can do things to protect	1	2	3	4	5	N/A

myself from getting/transmitting HIV.						
13. It is easy for me to do things to reduce my risk for HIV.	1	2	3	4	5	N/A
14. It is easy for me to use a condom.	1	2	3	4	5	
15. I am comfortable asking my main sex partner to use a condom.	1	2	3	4	5	N/A
16. I am comfortable asking my other sex partners to use a condom.	1	2	3	4	5	N/A
17. I can always access condoms when I need them.	1	2	3	4	5	

18. The next time you have an opportunity to have sex, how likely is it that you will ...

	Not at all Likely	Somewhat Unlikely	Unsure	Somewhat Likely	Very Likely	N/A
...tell your partner “no” or refuse sex	1	2	3	4	5	N/A
...ask your partner to use a male or female condom	1	2	3	4	5	N/A
...ask your partner to engage in non-penetrative sex (e.g. mutual masturbation)	1	2	3	4	5	N/A
...decide not to have sex if you are drunk or high	1	2	3	4	5	N/A
...tell your partner your HIV status	1	2	3	4	5	N/A
...ask your partner if they are HIV positive	1	2	3	4	5	N/A

19. The **last** time you had sex or had the opportunity to have sex with someone did you...

- a. ...ask your partner for oral instead of anal sex Yes No Don't Know
- b. ...tell your partner “no” or refuse sex Yes No Don't Know
- c. ...ask your partner about using a male or female condom Yes No Don't Know
- d. ...ask your partner to engage in non-penetrative sex (e.g. mutual masturbation) Yes No Don't Know
- e. ...decide not to have sex because you were drunk or high Yes No Don't Know N/A
- f. ...talk to your partner about HIV Yes No Don't Know N/A

20. Do you use injected drugs/needles?

- No Yes

If you checked “No” you are finished with the survey. If you checked “Yes” please answer the last several questions on the next page.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
21. I know how to clean my needles and works properly to prevent HIV.	1	2	3	4	5
22. I can always access clean needles when I need them.	1	2	3	4	5
23. Cleaning my needles every time I use them is easy for me.	1	2	3	4	5

24. The **last** time you used injected drugs did you... (check all that apply)

- Clean your needle Use a new needle
 Clean your works Use new works
 Decide not to share needles None of these apply to me

25. The **next time** you decide to use injected drugs how likely is it that you will ...

	Not at all Likely	Somewhat Unlikely	Unsure	Somewhat Likely	Very Likely
... clean your needle	1	2	3	4	5
...clean your works	1	2	3	4	5
... use new needles	1	2	3	4	5
... use new works	1	2	3	4	5
... decide not to share needles	1	2	3	4	5

To be filled out by agency: Client willingness/ability to engage in PCM program:

- ready
 not ready

PCM Client Assessment

I. HEALTH

1. How would you describe your overall health?

2. What health problems have you had in the past year?

3. When was the last time you were seen by a doctor? What was the occasion/reason?

4. **(If client is HIV+)** - Are you currently taking anti-retroviral therapy (HIV meds)?

- If yes, in the past week, how many times did you take a dose late, or miss a dose completely?

- In the last month?

5. What gets in the way of taking your medications as prescribed, every time?

6. How do you pay for your medical care? (cash, insurance, medicaid, medicare, other?)

Notes:

II. STD/VIRAL HEPATITIS

7. Have you ever had an STD?

8. What was it?

herpes, chlamydia, syphilis (bad blood), HPV (genital warts), Trichomonas, gonorrhea (clap, drip) etc.

9. Have you ever had symptoms of any STD (i.e. discharge, sore, or wart)?

10. Did you go to the doctor or clinic for treatment of the STD/symptoms? ____

- If yes, what did they tell you to do? How did that go?

11. *If viral* (herpes, warts), when was your last flair up? The last time you had a sore or wart? What do you do when that happens? (Dr/meds/partners/practices)

12. Have you ever been told by a doctor that you have hepatitis or problems with your liver? If yes, what did they tell you?

- What did you/they do after they told you? (Life changes, treatment?)

13. Do you recall ever being vaccinated for Hepatitis A or B as an adult?

(series of injections - over six months for both)

14. Have you ever been tested for Hepatitis C? If yes, what was the result?

15. Have you ever injected drugs or other substances (heroin, cocaine, steroids, vitamins et cetera) into your veins or under your skin?

- Did you share needles or other equipment (works) with anyone?
- Do you have any tatoos? Tell me about where and when you got them. *(parlor, sterile supplies, home, party, in jail/prison.*

Notes:

III. SEXUAL HISTORY

16. In the last 2 months, how many people have you had sex with?

- When I said sex, what were you thinking of, what did you include?
- What about blow jobs or oral sex? Someone you just met?
- How about anal sex (butt sex)?

* If you include those behaviors and partners, how many people would you say you've had any kind of sex with in the past 2 months?

17. Do you have sex with men, women or both?

18. Where do you usually meet your partners?

19. Tell me about the last time you had sex? (who/what/where?)

20. What has been your experience with condoms?

- Would you say you use condoms always, sometimes, or never?
- What makes the difference between when you use them and when you don't?

21. How old were you the first time you had sex?

22. Have you ever felt forced to have sex when you didn't want to? **(If NO, skip to question # 25)**

- Was the force physical, verbal or mental/emotional?
- Tell me about that if you would..if you don't want to that is ok too. **(If NO, skip to question # 25)**

23. Are you currently in that situation?

24. How do you feel that experience affects your ability to stay safe sexually?

25. Have you ever exchanged sex for money or drugs?

- Gave someone drugs so they would have sex with you?
- Had sex with a person to get a taste of their drugs?
- Had sex with someone to have a place to stay?

26. Have you ever refused to have sex with someone? Tell me more about that.

Notes:

IV. SUBSTANCE USE

27. What substances have you used in the past six months? Alcohol? **(if none, skip to question #36)**

Month?

28. On a typical day when you drink (or use)... how often/how much/how (smoked, snorted, shot)?

29. How often do you drink before or during sex?
___ Never ___ Sometimes ___ ½ the time ___ Most of the time ___ Always

30. How often do you get high before or during sex?
___ Never ___ Sometimes ___ ½ the time ___ Most of the time ___ Always

31. What is the connection between using and sex for you?
- Are there things you do sexually when you are high or drunk that you don't do otherwise?

32. Do you believe using affects your ability to stay safe sexually? ___ Talk to me about that.

33. Have you ever tried to cut back or quit?

How? When?

What happened?

34. Are you interested in quitting or cutting back on your use at this time? Yes ___ No ___ N/A ___

35. Are you interested in treatment? Yes ___ No ___ N/A ___

Notes:

V. ENVIRONMENTAL SUPPORT

36. How do you support yourself financially?

37. What method of transportation do you currently use the most? (bus, cab, own car, friends)

- How did you get here today?

38. Does transportation prevent you from making or keeping medical and social service appointments?

39. Tell me about your current living situation...(with whom/where/how long)?

What's good about that situation for you?

What **is not** good about the situation from your perspective?

40. What is there about who you live with, or where you live, that you feel makes it easier or harder to keep from getting HIV or another STD, (or getting reinfected)? *(for instance - lots of drugs in neighborhood, lives with party partners, sleeps with people for shelter, lives with parents et cetera).*

41. Have you been homeless in the last year (includes - stayed with friends or family when you would rather not, but had to)?

Notes:

VI. SOCIAL SUPPORT

42. Who do you talk to about important stuff in your life?

- You don't have to tell me what you talked about, but tell me about how that person reacted the last time you talked with them about something important. How was that for you?

43. Who do you trust with your secrets?

44. Are there people you talk to about HIV or STDs, (or getting something from shooting up)? Tell me a little about that...

45. Who else knows that you are here talking to me (that you are here today) about HIV?

- What do you think they think about it?

46. **(If client is HIV+)** - Who in your life knows that you are HIV+?

- In general, how have people you've told responded?

47. Lots of people find it really hard to tell someone they are attracted to that they are HIV+; have you had that experience?

- How has that been for you? How do you handle telling people?

(Explore disclosure to needle sharing partners if relevant)

Notes:

VI. MENTAL HEALTH

48. Have you ever been in counseling or under the care of a psychiatrist, psychologist, or other mental health professional? If yes:

What was the reason, tell me more about that (when, where)?

49. Have you been on medication for depression, or other mental health issues?

- What kind, when, current, adherence...
- Do they seem to help?

50. Have you ever contemplated or intended to commit suicide? **(If NO SKIP to #52)**

If YES, why?

51. Are you thinking about suicide now? If YES, move to rapid assessment.

52. What are the major causes of stress in your life at this time?

53. Are you interested in counseling at this time?

Notes:

54. What in your life do you feel reduces the chance of you getting HIV, or passing it to someone else?

- What helps you stay safe?

55. What about your life do you think increases the chance of you becoming infected or passing it on to someone else?

- What gets in the way of staying safe? What makes it hard to stay safe?

a.	a.
b.	b.
c.	c.
d.	d.
e.	e.
f.	f.

56. What are the most serious problems in your life?

57. What changes are you willing to make?

58. What benefit will you get from these changes?

Emotional	Physical	Financial	Other
1.			
2.			
3.			
4.			

PCM Client Status Form
INACTIVE/CLOSED/DISCHARGE
SUMMARY

UIN _____ Date of Discharge _____ Staff _____

Discharged

Reason for discharge:

- Graduation
- Client requests discharge (and completes follow up survey)
- Other: _____

Closed

Reasons for closing case: (no negotiated discharge)

- Ineligible
- Moved
- Unable to contact; 3 no call/no shows
- Client requests to close case
- No longer needs services
- Other: _____

Inactive

Reason for inactivity: (temporary; only up to 60 days)

- Substance Abuse Treatment
- Jail/Prison
- Vacation
- Other: _____

Should client be recontacted?

- No
- Yes Date to be recontacted: _____

Brief narrative including explanation of discharge, transition plan and referrals.

Signature of Client (if possible) _____

Date _____

Prevention Case Management Client Status Definitions

Active: Client appropriate for PCM services, has completed pre-test, assessment and goal setting and is completing sessions with the Prevention Case Manager at least every thirty days which include an assessment of steps toward achievement of prevention goals and renegotiation of goals as appropriate.

Inactive: A temporary suspension of PCM services, with services to be resumed upon request of client and review of the case.

This is to be negotiated suspension of services for up to 60 days. The expectation is that there will be a reactivation of services marked by the completion of an event or agreed upon period of time (i.e., drug treatment, extended vacation).

Discharged: Negotiated completion of services marked by the development of a discharge plan. Discharge may occur under the following conditions; 1) Successful achievement of goals accompanied by completion of discharge plan and administration of post-test tool 2) Request to discontinue services with discharge plan and post-test completed.

Closed: A termination of PCM services without a negotiated discharge occurring. This may occur under the following circumstances: 1) the client is lost to follow-up, based on three (3) no-call no-show experiences (missed appointment without explanation, no response to a telephone follow-up, or no response to mailed letter requesting contact); 2) Client requests to close case and does not make them self available for discharge planning; 3) when it is concluded, via clinical supervision and mutual agreement with the client that the client is unwilling/unable to engage and participate in a PCM care plan and/or that no further changes are likely in the near future; 4) when it is determined via clinical supervision that the client's situation or environment is dangerous to the prevention case manager