MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
BUREAU OF INFECTIOUS DISEASE AND LABORATORY SCIENCES
HIV/AIDS AND STD SURVEILLANCE PROGRAM
AND OFFICE OF HIV/AIDS

Strategic Peer-Enhanced Care and Treatment Retention Model (SPECTRuM) Initiative

Intervention Protocol #1

September 30, 2014

Contents

Overview

SPECTRuM maximizes engagement and retention in HIV medical care and treatment by means of short-term intensive linkage and retention services and communication of HIV laboratory data between the Massachusetts Department of Public Health and medical providers. This document describes the protocol for an intensive linkage and retention service intervention provided by a peer/nurse team (Strategy #1). The Appendix contains tools and other materials including a Data Collection Protocol that provides instructions for completing and submitting forms referenced in this document.

Oversight

The Massachusetts Department of Public Health (MDPH) SPECTRuM Implementation Team, three pilot sites, and three expansion sites are responsible for implementing this intervention protocol. The SPECTRuM Implementation Team is comprised of staff from the Massachusetts HIV/AIDS and STD Surveillance Program (MHASP) and the Office of HIV/AIDS in the Bureau of Infectious Disease and Laboratory Sciences. This team is responsible for ensuring that site staff are trained on conducting the interventions. When MDPH or site staff propose modifications to any aspect of the intervention protocol, the team reviews the proposals at its monthly meetings to assess the potential impact of the revision on the integrity of the intervention, the evaluation, and contract funding. The team determines whether or not to revise the protocol based on consensus. When necessary, the Institutional Review Board is consulted. One team member is designated with the responsibility for ensuring that revisions are documented in writing. Before an updated protocol is released to sites, this individual sends the revised document to all members of the team for review, comment, and confirmation.

Goal

SPECTRuM linkage and retention services are intended to help individuals with intensive service needs access supports that will help them engage and stay retained in HIV medical care and treatment. Peer/nurse teams provide short-term services to a small caseload and prepare clients for transition to routine HIV/AIDS Medical Case Management (MCM) or self-management.

Eligibility

Agencies may offer SPECTRuM peer/nurse services to clients who meet the following criteria.

1. The client is newly diagnosed with HIV (within one year of diagnosis).
2. The client is new to HIV care at your hospital or health center and falls into one of the categories below:
    a. Has been released from jail/prison within the past 12 months;
    b. Has immigrated or has moved to the U.S. as a refugee within the past five years;
    c. Has missed an intake appointment or the first HIV medical visit after intake.
3. The client has been receiving HIV care at your hospital or health center and falls into one of the categories below, as determined by internal records and/or line lists provided by the MDPH HIV/AIDS Surveillance Program:
    a. Has missed two or more consecutive appointments with the HIV medical provider;
    b. Has not had CD4 or viral load labs drawn in more than 6 months;
    c. Has a detectable viral load while on HIV treatment.

d. Has a moderate-to-high level of need as determined by the SPECTRuM Acuity Tool in one or more of the following areas: 1) medical/adherence/insurance 2) housing, 3) mental health, and 4) alcohol and drug use.

Information used to determine eligibility is provided by clients, found in internal records, offered by external providers, and made available by the MDPH HIV/AIDS Surveillance Program (see Intervention Protocol #2).

Forms to Complete
Acuity Tool
Surveillance-Site Communication Form

Peer/Nurse Roles and Qualifications

Agencies designate one nurse and one peer to comprise the service team. Agencies assign one staff member to oversee services and to supervise both the nurse and peer. Nurses and peers may work full-time or part-time on SPECTRuM but must have enough time allocated in their daily schedule to fully implement all SPECTRuM requirements.

SPECTRuM nurses are licensed Nurse Practitioners (NPs) or Registered Nurses (RNs). SPECTRuM peers are HIV+ individuals who meet the job description requirements referenced in the MDPH/BPHC Peer Support Guidelines (see Appendix), including having comfort with openly acknowledging their HIV status, demonstrating an accurate understanding of HIV disease and treatment, possessing verbal and written communication skills, and having proficiency in basic computer programs such as Microsoft Word. The peer and nurse have equal status on the team and work in partnership to implement programmatic, operational, and administrative components of service provision. The nurse offers clinical expertise to this partnership while the peer brings his/her perspective as having experienced life as an HIV+ individual.

Service Delivery

1. Recruiting Clients

Agencies create written referral protocols with internal and external partners, including HIV testing providers and sites where HIV+ individuals access primary, specialty, inpatient, urgent, or emergency care. Agencies actively solicit referrals and attempt to recruit clients who meet eligibility criteria for a range of reasons. Agencies may choose which staff will a) make/receive referrals, b) produce data reports, c) review data reports, and d) communicate with MHASP staff.

2. Determining Service Suitability

After assessing for eligibility, agencies decide which clients are most likely to benefit from the service. Clients who meet the eligibility criteria may not be suitable for the service due to its short-term nature or for other reasons. For example, a medical provider may know that a client's detectable viral load is not related to adherence challenges but to co-occurring medical conditions that intensive adherence support would not address. Another eligible individual may have immigrated to the U.S. less than five years ago but appears to have the supports s/he needs to stay in care. A client who has missed two consecutive medical appointments may have attended enough other appointments to comply with his/her treatment plan.

The decision to offer enrollment to a client is based on the details of each client's situation and is made by the medical provider, medical case management (MCM) team, or the nurse and peer. Agencies establish a process for determining suitability by identifying the types of client issues that will be considered relevant, the internal records that will be reviewed, and the process for discussing and making decisions related to suitability. Agencies coordinate access to other services when clients will not be offered this service.

3. Offering Services to Clients

After agencies decide whether a client is suitable for the service, they contact the client, describe the service to the client, and explain what it means to enroll and to consent to participation. Agencies ensure that the client demonstrates an understanding that the service is short-term, that the nurse/peer team will contact the client at regular intervals throughout the period of enrollment, and that the client may not have access to the same staff after the service ends.

If the client is interested in the service, the agency reviews the consent form with the client and asks the client if s/he has any questions. After responding to questions, the agency asks if the client wants to enroll in the service. If the client does not want to enroll, the agency explains routine MCM and/or peer support services and offers assistance enrolling in these services. The agency tells the client that s/he may be able eligible to enroll in the service in the future and offers contact information in case the client change his/her mind. If the client asks for time to decide whether or not to enroll, the agency contacts the client to inquire about enrollment once a week for a maximum of three weeks. If three weeks have passed and the client has not yet made a decision, no additional attempts to enroll the client are necessary. Clients have the option to decide to enroll after the three-week period has passed. Agencies work with these clients to review the service and requirements related to enrollment and consent.

Offering SPECTRuM services to clients may take place before, during, or after agency intake. Throughout this period of client contact, agencies support engagement in HIV medical care. Agencies designate which staff will explain and offer the service to clients. Agencies establish their own timeframes between receiving referrals for potential clients and contacting the client.

Forms to Complete
Outreach Log
Surveillance-Site Communication Form

4. Enrolling Clients

Clients who decide to enroll in the service sign the consent form which is available in English and Spanish. The agency also signs the consent form and stores signed forms in a secure location. After a client signs the consent form, SPECTRuM staff offer him/her a copy of the form. If a client chooses not to take a copy, staff notify the client that s/he may request a copy in the future. The agency then completes the SPECTRuM Enrollment Form with the client. The agency may choose which staff are designated to help clients enroll in the service. If the client is new to the agency in addition to SPECTRuM, the agency and client complete additional, standard agency enrollment paperwork. Part of this process must include the documentation of all telephone numbers; home, work, and/or other addresses; and e-mail addresses where the client agrees to be contacted.

Forms to Complete
Consent Form
Enrollment Form

5. Providing Services

After enrollment, the peer/nurse team provides intensive support, including field-based services, to help clients stay engaged in care and treatment. If initial linkage or re-engagement in care has not yet taken place, this will be a goal. Throughout service provision, staff review the SPECTRuM Surveillance Communication Form on a monthly basis and review internal agency reports to follow up on the line lists and assess client engagement in care and treatment. The nurse and peer provide services for a minimum of six months. After six months have passed, there are two sequential options to renew for additional three-month periods until a maximum of 12 months has been reached.

Caseloads

SPECTRuM is different from routine Medical Case Management due to the level of intensity with which services are provided. The peer/nurse teams have smaller caseloads than routine MCM providers, have more contact with clients, and can conduct outreach and/or meet with clients outside of the agency. Caseloads include approximately 20 clients.

Frequency of Contact

The nurse and peer contact clients every other week at a minimum, and more frequently as necessary, for the first three months of service provision. After three months have passed, the nurse and peer work with the client to reassess frequency of contact. For the next three months, they either continue the same level of contact or shift to one contact per month until the full six-month period of SPECTRuM service provision has passed. At any point during the second three-month period, staff and clients may negotiate a change in frequency as long as the minimum amount of contact is maintained.

Acuity Tool:

Agencies complete the SPECTRuM Acuity Tool (see Appendix) for most clients within two weeks of enrollment, at the three-month mark, and at the six-month mark of service provision, at a minimum. Some clients are referred to SPECTRuM as a result of a moderate- to high-acuity determination from a screening administered as part of routine MCM. If the client had an acuity screening within three months prior to enrollment, agency staff review and update it as appropriate. If the acuity screening was administered more than three months prior to enrollment, agency staff re-administer it as soon as possible, within two weeks of enrollment at a maximum.

Agency staff need a significant amount of information, located in medical records or provided by the client, to complete the Acuity Tool. Agencies may assign more than one staff member to collect this information, but designate only one individual to compile it for the Acuity Tool. This individual may be the SPECTRuM nurse, an intake coordinator, MCM program manager, or other designated staff member. The client does not need to be present when the Acuity Tool completed.

Completed Acuity Tools are stored in secure electronic or paper client files. Agencies submit proposals describing their process for completing the Acuity Tool, including sources of information and methods of documentation, to MDPH for review and approval.

Service Plan Development and Monitoring:

Based on the results of the initial acuity screening process, the peer and nurse work with the client to develop a SPECTRuM service plan that includes goals, action steps, and timelines (see Appendix). The service plan identifies short-term goals that are specifically intended to reduce acuity, with the intent of transitioning the client to routine MCM or self-management after SPECTRuM service provision.

Both the nurse and peer are responsible for monitoring the service plan and for coordinating access to necessary services such as housing, substance use counseling/treatment, and mental health services, through supportive referrals. The peer and nurse review the plan at the three-month and six-month mark, at a minimum, and often more frequently. As with the Acuity Tool, agencies store completed service plans in secure electronic or paper files.

Service Elements:

Medical Case Management core components

SPECTRuM services are intended to enhance routine MCM and as such, include all routine MCM core service components but with an expanded scope and level of intensity. In order to centralize and streamline service provision while clients are enrolled in SPECTRuM, the nurse and peer directly provide as many MCM components as they have the capacity to offer. In limited situations, agencies assign specific services, e.g., specialized housing search and advocacy or HDAP certifications, to other agency staff including, but not limited to, Medical Case Managers, Benefits Counselors, or Housing Advocates. The nurse and peer, Medical Case Managers, and other agency staff meet regularly to discuss clients' needs and to review the services they are providing to clients.

Support before, during, and after medical appointments

The peer and nurse provide an enhanced level of service devoted to preparing for, remembering, attending, and following up on medical appointments. Clients who are newly-diagnosed, new to care, and/or new to the agency often need particularly intensive support related to medical appointments. This support begins with scheduling the first HIV medical appointment. Staff work within their facilities to ensure that appointment scheduling systems facilitate effective linkage to care. Although the clinic may not have control over the design of larger hospital or health center scheduling systems, staff may have flexibility to adopt practices that facilitate communication and coordination among central scheduling staff, clinic administrative staff, MCM and SPECTRuM providers, and clients.

Once the first HIV medical appointment is scheduled, the peer and nurse work with clients before the appointment to describe what to expect, identify and help manage potential barriers (e.g., transportation, child care, long wait times, need to request time off from work), prepare questions the client may have, answer questions, help complete essential paperwork, and offer to accompany clients to the appointment. If the peer has not already disclosed his or her HIV status, the disclosure now takes place. Peers may then share personal experiences about living with HIV, elicit client stories about their experiences, provide emotional support, build rapport, and establish relationships.

Agencies tailor the frequency and location of service encounters to client needs. The nurse and peer may contact clients once a week before the first appointment, seven days before the appointment, the day before the appointment, or according to another schedule. Some clients benefit from a call or text the morning of the first medical appointment. Others find it helpful for the nurse and/or peer to meet with them in the hospital or health center lobby to help find the doctor's office.

The nurse and peer offer to accompany clients to medical appointments. Typically, clients who accept this offer ask the nurse and/or peer to wait in the lobby or waiting room during the appointment. The client may ask the nurse and/or peer to accompany him/her during the appointment. In these situations the SPECTRuM staff explain their role to the doctor and address any confidentiality or other concerns that are raised. After the appointment, the nurse and peer work with clients to debrief about their experiences, review and clarify information provided (e.g., HIV disease information, HIV medications, HIV lab results, medical instructions, side effect management, resistance and resistance testing, drug and food interactions), and ask if there are any questions about the visit. When the nurse and/or peer accompany

staff to the appointment, follow-up may take place the same day. When the nurse and/or peer do not accompany the client, the nurse and peer contact the client the next day for follow-up.

Agencies continue offering clients these services before, during, and after additional medical appointments. Many clients benefit from extensive coaching, education, and follow-up. Nurses help clients coordinate appointments with specialty and primary care providers.

The nurse and peer provide reminders about upcoming appointments and call or text clients one week before, one day before, and/or the morning of appointments, with the frequency and timing determined based on client needs. For straightforward communications such as appointment reminders, agencies may opt to use a translation "app" for individuals who speak languages that are outside the linguistic capacity of agency staff.

Follow-up to missed appointments

Monitoring appointment attendance and following up with clients after missed appointments is a critical element of SPECTRuM service provision. Agencies routinely run reports to identify clients who have missed their last appointment and who have missed more than one consecutive appointment. Agencies select the types of reports to produce. Examples of reports include, but are not limited to, the following: 1) a daily list of patients who missed appointments the previous work day, 2) a monthly list of patients who missed two or more consecutive appointments within the previous four months, or 3) a quarterly list of patients who have not attended appointments within the previous six months. In addition to monitoring medical appointment attendance, agencies monitor attendance to non-medical SPECTRuM-related appointments. Missed SPECTRuM appointments may be a warning sign that a client is at heightened risk for falling out of care and may need additional support.

Agencies select the staff responsible for running the reports. These individuals then communicate the content of the reports to the nurse and peer who decide which clients to contact and who will make the contact. The nurse and peer contact clients after a missed appointment to check in, offer help rescheduling another appointment, and offer assistance managing barriers to attend the appointment.

HIV health literacy

The peer and nurse assess client HIV health literacy and provide education and skill-building that enhances understanding of HIV disease, transmission, and treatment, and common co-occurring conditions. Agencies may select their own methods for assessing HIV health literacy and may choose their own educational methods and curricula, however all screening tools and educational plans and materials must be submitted to MDPH for review and approval prior to use.

Medication adherence support

The nurse and peer provide an enhanced level of medication adherence support with SPECTRuM clients. Adherence support includes HIV health literacy assessments. For clients who are newly-diagnosed or newly considering treatment, agencies conduct HIV treatment readiness assessments. For clients who already are on Anti-Retroviral Therapy, agencies conduct specialized adherence assessments. These assessments are conducted as part of the acuity screening process and may include, but are not limited to, self-report,[1] pill counts, pharmacy refill checks, electronic monitoring, and other strategies.

[1] The International Association of Physicians in AIDS Care recommends self-report and pharmacy refill monitoring as effective methods for assessing adherence in "Guidelines for Improving Entry Into and Retention in Care and Antiretroviral Adherence for Persons with HIV," March 5, 2012.

Although adherence support may include the provision of printed materials, it is centered on discussions that the nurse and peer have with clients. These discussions address topics such as the importance of adherence relative to HIV viral load, medication resistance, and common side effects, in addition to potential or actual adherence challenges. The nurse and peer work with clients to consider options, develop practical plans, and engage in skill-building activities to address identified challenges. The nurse and peer maintain updated information on adherence methods including various types of medication reminders, scheduling strategies, and mechanisms for maintaining privacy and confidentiality.

The roles of the peer and nurse in providing adherence services are complementary. The peer uses the experience living with HIV and taking HIV medications to provide emotional and practical supports to the client. The nurse uses clinical expertise to communicate with prescribing providers and pharmacists, and to discuss issues such as side-effect management from a medical perspective. Agencies select their own assessment tools, educational methods, and printed materials, pending review and approval by MDPH prior to use.

Data review and follow-up

A core component of SPECTRuM involves developing data review and data communication protocols to promote linkage to and retention in care, and routinizing these protocols as part of the agency's infectious disease clinic practice. As described above, clinic staff use data to monitor adherence to HIV appointments and treatment plans, and the nurse and peer follow up with individuals who may be out of care or struggling with medication adherence. The use of data to enhance care and retention is a clinic-wide effort that relies on a partnership of the nurse and peer, clinical staff, and routine MCM staff to be successful. To facilitate ongoing sharing of information, the nurse and peer communicate with medical providers and routine MCM staff weekly, at a minimum, to discuss clients with acute service needs and to plan action steps. Mechanisms for routine communication often include case conferences, telephone, e-mail, and electronic charting.

Field work

SPECTRuM services include those that are provided outside of the clinic, in the community. SPECTRuM caseloads are smaller than routine MCM caseloads in part to accommodate increased field-based services to find clients who may be out of care or who are at high risk of falling out of care. The nurse and peer meet with clients in their homes or in other locations where they access services or otherwise spend time. Typically, the nurse works in the field selectively, during the first few meetings with a client and later when clinical expertise is expected to be beneficial or is indicated. The peer works outside of the clinic more frequently and throughout the course of service provision. Depending on the nurse's qualifications and licensure, in addition to agency policies and patient care agreements, the nurse may provide basic clinical services to clients in the field. If the nurse and peer observe signs of potential medical problems (including major mental health issues), or if the client shares medical issues with them, they coordinate follow up care as soon as possible. Agencies must have written field safety protocols that are communicated to the nurse and peer and that are supported and monitored at the managerial level.

Forms to Complete
Acuity Tool
Service Plan
Daily Peer and Nurse Encounter Form
Surveillance-Site Communication Form
Quarterly Reporting Form

Assessing for Service Continuation or Transition

When agency staff describe SPECTRuM to potential clients, they ensure that clients demonstrate an understanding that SPECTRuM is a short-term service culminating in transition into routine MCM or self-management. As referenced above, clients are enrolled in SPECTRuM for a minimum of six months. However, a client's service acuity may decrease significantly before six months have passed. In this situation, if the nurse, peer, and client determine that the client no longer needs SPECTRuM services, they can modify the service plan at the three-month mark to accommodate a decrease in intensity. For example, they may decide to have the nurse and/or peer call the client monthly, rather than every other week, until the six month period is complete.

The nurse and peer use the SPECTRuM Acuity Tool to help determine readiness for transition. Ideally, clients who entered into services with moderate to high acuity in the medical/adherence/insurance, housing, mental health, and/or alcohol and drug use domains will have decreased their acuity in these areas. However, some clients with moderate to high acuity in one or more of these areas have the capacity to successfully transition. Decisions regarding transition are made in concert with clients, and the nurse, peer, clinical providers, and routine MCM staff provide insight from their experiences directly working with clients through the course of service provision to make a fully informed decision.

To promote effective client transition, agencies have established policies and procedures to ensure that essential services are continued without interruption; that expectations for all involved staff are understood; and that communication among staff, and between staff and clients, is clear. Effective strategies for facilitating transition include introducing clients to routine MCM staff several weeks before transition, involving routine MCM staff in meetings with clients prior to transition, using strengths-based approaches to build self-efficacy throughout SPECTRuM service provision, showing the client visual documentation of progress made while in SPECTRuM services (e.g., changes in acuity, viral load), and helping the client reflect upon his or her accomplishments.

Clients who continue enrollment in SPECTRuM beyond the minimum six-month period do not need to stay in SPECTRuM for another six months. In these situations, agency staff determine the frequency with which they administer the Acuity Tool as service provision progresses in order to inform plans for further service continuation or transition. At the twelve-month mark, agencies must transition clients to routine MCM, other services, or self-management, irrespective of current level of acuity.

When clients transition out of SPECTRuM and subsequently become eligible again, they may be referred back into SPECTRuM. If these clients have not had an Acuity Tool completed within the past three months, agency staff re-assess their needs, complete a new Acuity Tool, and develop a new SPECTRuM service plan. The SPECTRuM consent form is valid for 12 months; therefore, in most situations clients will not have to re-consent.

During the initial 6-month period of service provision, agency staff and/or clients may determine that SPECTRuM services are not effective, appropriate, or desired in a particular situation. Agency staff and the client may agree to terminate active service provision, however, with limited exceptions including the withdrawal of client consent, client enrollment must be maintained until the six-month period has ended. For these clients, agencies continue to submit SPECTRuM quarterly reporting forms that document the reason why the client is no longer receiving SPECTRuM services and which services the client is now accessing, as applicable.

To the extent possible, agencies wishing to terminate services prior to completion of the six-month period should have established criteria for making these decisions. Case consultation with clinic staff is useful in discussing the benefits and drawbacks associated with early service termination. In these situations, agency staff must determine what other types of services might be more effective for the client, and assist the client to access these services.

If a client stops responding to contacts by agency staff, the nurse and/or peer implement the following protocol: first, they call the client three times, on three different days, at three different times of day; next, they send the client a letter; then, after 30 days of unsuccessful contact, they attempt to visit the client at home, (if the client previously consented to home visits). If the client is located and wishes to re-engage, there is no need to re-enroll the client in SPECTRuM. If the client cannot be contacted or refuses engagement, the agency terminates SPECTRuM service provision but keeps the client officially enrolled until the end of the initial six-month period. Agencies may then choose to enroll additional clients so that they maintain an active case load of approximately twenty clients. SPECTRuM services can be re-initiated at any time mutually agreed upon by the agency and client.

Forms to Complete
Acuity Tool
Service Plan
Daily Peer and Nurse Encounter Form
Surveillance-Site Communication Form
Quarterly Reporting Form

Follow-Up on Client Engagement in Care

The goals of the follow-up period are to assess continued engagement in HIV medical care and to ensure ongoing communication between the SPECTRuM staff and MCM team. The MCM team and SPECTRuM peer and nurse communicate monthly, at a minimum, about clients who were transitioned from SPECTRuM to routine MCM. Agencies use weekly case consultation or other staff meetings to communicate about clients who have transitioned out of SPECTRuM.

Agencies collect data for clients who have transitioned to routine MCM or self-management for 24 months after termination of SPECTRuM services. The nurse completes and submits the SPECTRuM Quarterly Reporting Form that is used for this purpose.

Forms to Complete
Surveillance-Site Communication Form
Quarterly Reporting Form

Fidelity Monitoring

1. Training and technical assistance

Prior to initiating service provision, the nurses and peers meet with MDPH staff and technical assistance (TA) consultants for a training and TA assessment. After MDPH staff and the consultants develop a training and TA plan and coordinate access to relevant supports, the nurses and peers typically engage in individual-level TA with the consultants who have the matching expertise.

SPECTRuM peers complete a group peer core competency training, and both the peers and nurses participate in at least one Motivational Interviewing training. Nurses and peers may opt to participate in available MCM trainings. A consultant plans and facilitates TA meetings and telephone calls for the nurses and peers based on provider interest. Sessions are designed to cultivate collective learning and address a variety of topics related to delivery of SPECTRuM services.

2. Supervision

The program manager provides administrative supervision to the nurse and peer, who also have access to regular clinical supervision. Agencies determine the frequency of supervision provided. The nurse and peer have regularly scheduled supervision sessions together, in addition to individual supervision.

3. Programmatic contract monitoring

Agencies complete annual contract work plans and end-of-year reports that include sub-sections specifically addressing SPECTRuM. They submit these documents to their OHA contract managers according to a schedule established by MDPH each year, and the contract managers conduct a thorough review of these documents and respond within 45 days of their due date. Contract managers implement at least one programmatic site visit of each OHA vendor every year. Programmatic site visits include meetings with program managers and direct care staff and a review of a sample of client files. These site visits address issues related to all OHA-funded services at the agencies, which include SPECTRuM.

Contract managers hold monthly calls with agencies and discuss SPECTRuM implementation on every call. The notes from these calls are documented in electronic contract files. On a quarterly basis, the calls incorporate a review of SPECTRuM data (see Data Review below).

4. **Data review**

SPECTRuM epidemiologists provide agencies with aggregate data reports on a quarterly basis. Agencies have an opportunity to review the reports prior to their monthly calls. During the calls, the epidemiologists and contract managers review and discuss the data, both for quality assurance and fidelity monitoring purposes. Epidemiologists and agency staff communicate as needed by telephone and e-mail with questions regarding reporting and data submissions.

Appendix #1: SPECTRuM Acuity Tool

Area of Functioning	Intensive Need (3)	Moderate Need (2)	Basic Need (1)	Self Management (0)
Adherence to Medical Care and Treatment and Health Status				
Care Adherence *Acuity level:*	☐ Has missed two or more consecutive HIV medical appointments in the last 6 months ☐ Has not been seen in the last six months	☐ Has missed one or two (non-consecutive) HIV medical appointment in the last 6 months but has been seen by medical provider	☐ Has attended all HIV medical appointments in the last 6 months but may have missed an appointment within the 12 months or has rescheduled multiple appointments	☐ Has attended all HIV medical appointments in the last 12 months
Current Health Status *Acuity level:*	☐ Has detectable VL and CD4 below 200 and refuses ARVs ☐ Has current OI and is not being treated ☐ Has been hospitalized in last 30 days	☐ Has detectable VL and CD4 below 350 and refuses ARVs ☐ Has history of OI in last six months ☐ Has been hospitalized in last six months	☐ Has detectable VL but is on ARVs ☐ Has no history of OIs in last six months or is on treatment for an OI ☐ Has had no hospitalizations in last six months	☐ Is virally suppressed ☐ Has no history of OIs in last 12 months ☐ Has no history of hospitalizations in last 12 months
Medication Adherence *Acuity level:*	☐ Misses doses daily ☐ Needs DOT or other intensive adherence support	☐ Misses doses weekly ☐ Is starting new ARV regimen	☐ Misses doses monthly	☐ Never misses a dose

Health Literacy				
Health Literacy and HIV/HCV/STI Knowledge *Acuity level:*	☐ Demonstrates no understanding of HIV/HCV/STI transmission, treatment, or risk reduction ☐ Exhibits extreme difficulty understanding basic health or prescription information	☐ Demonstrates minimal knowledge about HIV/HCV/STI transmission, treatment or risk reduction ☐ Exhibits significant difficulty understanding health and prescription information	☐ Demonstrates basic understanding of HIV/HCV/STI transmission, treatment, or risk reduction but needs some additional information and assistance understanding health and prescription information	☐ Demonstrates solid understanding of HIV/HCV/STI transmission, or risk reduction treatment ☐ Manages health and prescription information with little or no assistance
Housing				
Acuity level:	☐ Lives in shelter ☐ Lives in place not meant for human habitation (street, car, etc.) or that has major health or safety hazards ☐Has critical unmet ADL needs ☐ Is expected to be released from incarceration in the next 3 months ☐ Faces imminent eviction	☐ Lives in transitional/temporary housing or is doubled-up ☐ Was released from incarceration within the last 6 months ☐ Has chronic challenges maintaining housing ☐Has inadequate help managing ADLs	☐ Lives in permanent or stable/safe housing but needs short term rent or utilities assistance to remain housed ☐ wants to relocate	☐ Has stable, affordable, and appropriate housing

Mental Health				
Acuity level:	☐ Clinical diagnosis with no current mental health provider or treatment compliance ☐ Danger to self or others ☐ Score of 15 or greater on GAD-7 ☐ Score of 3 or greater on the PHQ-2	☐ Clinical diagnosis with current mental health provider but inconsistent treatment compliance ☐ Indication of need for additional mental health support and/or clinical mental health assessment ☐ Exhibits erratic behavior ☐ Score of 10 or greater on the GAD-7 ☐ Score of 2 or greater on the PHQ-2	☐ Clinical diagnosis with consistent treatment compliance but indication of need for additional mental health support or regular check-in by MCM	☐ No indication of need for clinical mental health assessment, change in treatment, or need for assistance complying with treatment
Alcohol and Drug Use				
Acuity level:	☐ Score of 2 or higher on the CAGE-AID ☐ Chronic daily abuse or dependence that consistently interferes with adherence to HIV care and/or daily living, and not in substance abuse treatment ☐ Doesn't acknowledge negative impact of drug and alcohol use	☐ Score of 1 or higher on the CAGE-AID ☐ Current or recent use that sometimes interferes with adherence to HIV care and/or daily living ☐ Currently in substance abuse treatment ☐ Indication of need for clinical substance use assessment	☐ Current or recent use that does not interfere with adherence to care and/or daily living but indicates need for additional support or regular check-in ☐ In recovery for a year or less	☐ No current or past issues with substance use ☐ In recovery with no indication of need for additional support ☐ In recovery for two or more years

Legal				
Acuity Level:	☐ Is involved in eviction proceedings or faces imminent risk of eviction ☐ Has time-sensitive need to complete standard legal documents (e.g., will, guardianship, etc.) ☐ Needs linkage to services to address urgent non-HIV-related legal issues	☐ Has legal issues related to benefits access ☐ Has current HIV-related employment dispute ☐ Needs linkage to services to address significant non-HIV-related legal issues	☐ Needs assistance completing standard legal documents ☐ Needs linkage to services to address basic non-HIV-related legal issues	☐ No current or recent legal issues ☐ All desired legal documents are complete
Income/Personal Finance Management				
Acuity level:	☐ Has immediate need for financial assistance to stay housed, maintain utilities, obtain food, or access medical care ☐ Needs referral to representative payee	☐ Income is inadequate to consistently meet basic needs ☐ Benefits have been denied ☐ Makes money management choices that have negative outcomes	☐ Income occasionally inadequate to meet basic needs; requests support with benefits applications and/or other means to increase and manage income ☐ Benefits applications pending; requests support with budgeting	☐ Has steady income; manages all financial obligations
Transportation				
Acuity level:	☐Has limited to no access to transportation which impacts engagement in medical care	☐ Has inconsistent access to transportation and routinely needs assistance to stay engaged in medical care ☐ Has mental health or other challenges that limit ability to coordinate transportation	☐ Occasionally needs assistance with transportation to stay engaged in medical care	☐ Has consistent and reliable access to transportation

Nutrition				
Acuity level:	☐ Has little to no access to food; needs immediate linkage to medical care due to acute problems related to weight, appetite, nausea, vomiting, or other urgent health issues.	☐ Has had inadequate access to food five or more times in last year (or frequently has inadequate access to food?) ☐ Needs linkage to nutritional counseling to help manage chronic or non-urgent health issues.	☐ Needs assistance accessing food on occasion; needs information about nutrition, and/or food preparation to improve or maintain health.	☐ All nutrition needs are met
Domestic Violence/Intimate Partner Violence				
Acuity level:	☐ Reports current or potential domestic violence and needs immediate intervention; needs immediate attention but refuses intervention	☐ Reports feeling isolated or unsupported in relationships ☐ Has experienced domestic violence in the past year.	☐ Has inadequate support systems	

Appendix #2: SPECTRuM Individual Service Plan

DATE:					**PLAN LEVEL:**			**Initial ☐ 3-Mo: ☐ 6-Mo ☐ Other: _____**									**CLIENT'S NAME:**		
CLIENT ID:															**PAGE #:**		**NURSE/PEER TEAM:**		

Acuity Level:	

MEDICAL CASE MANAGER:	

SPECTRuM Client Readiness Determination

This readiness scale is used in conjunction with the acuity scale. Working collaboratively, the client and nurse/peer team will work with the client to assess the client's readiness for greater healthcare self-management by understanding where the client falls on the Likert scale, and will set appropriate goals to achieve a higher number for each scale (and a lower acuity level). The client and the SPECTRuM team determine readiness for moving out of the SPECTRuM program and into medical case management or self-management.

1. I feel confident that I will attend all my health care provider appointments in the next 6 months.

0 Not Confident — **5** — **10** Confident

2. I feel confident that I can adhere to my medication regimen

0 Not Confident — **5** — **10** Confident

3. I am confident that I know who to contact/call if there is a problem with my medication.

0 Not Confident — **5** — **10** Confident

4. I am confident that I can find out my viral load

0 Not Confident — **5** — **10** Confident

5. I have a clear understanding of HIV/HCV/STI transmission.

0 No Clear Understanding — **5** — **10** Clear Understanding

6. I feel confident that I have a support network to help me stay healthy.

0 Not Confident — **5** — **10** Confident

7. I feel confident that I will recognize, express the need and initiate mental health treatment if needed.

0 Not Confident — **5** — **10** Confident

8. I feel confident that I will recognize, express the need, and initiate substance use treatment if needed.

0 Not Confident — **5** — **10** Confident

Notes:	

No. (Priority)	SMART Goal	Action Step(s) (identify specific steps and who is responsible for each, with time frames identified)	Target Date or Ongoing		Follow-up Date
				☐ ONGOING	☐ DONE
				☐ ONGOING	☐ DONE
				☐ ONGOING	☐ DONE
	Potential Challenges:			☐ ONGOING	☐ DONE
Notes:					
				☐ ONGOING	☐ DONE
				☐ ONGOING	☐ DONE
				☐ ONGOING	☐ DONE
	Potential Challenges:			☐ ONGOING	☐ DONE
Notes:					

Client, Nurse & Peer: *I have participated in the creation of this document.*

Client's Signature	Date	Nurse's Signature	Date	Peer's Signature	Date

Provide Client with a Copy of this Completed Document.

Supervisor: *QA/Supervisory Review has occurred:*

Supervisory Review:		Date:	