

Health Care for the Homeless

INFORMATION RESOURCE CENTER

888/429-3300 • Fax 518/439-7612

#17. MISCELLANEOUS FORMS

- Advisory board application (*BAL 54*)
- Advisory board questionnaire (*BAL 55*)
- Consumer advisory board – regulations/application (*HSC 1*)
- Discharge summary (*HCLA 11*)
- Employment/support status form (*HCLA 16*)
- Family/social relationships assessment form (*HCLA 14*)
- Multicultural HIV prevention – Competency assessment for organizations (*WIN 2*)
- Multicultural HIV prevention – Competency assessment for service providers (*WIN 3*)
- Multicultural HIV prevention competency assessment – Facilitator guide (*WIN 4*)
- Interdisciplinary assessment form (*BAL 16*)
- Legal status assessment form (*HCLA 15*)
- Multidisciplinary problem list (*BAL 17*)
- Pediatric appointment reminder - English/Spanish (*MON 10*)
- Pediatric lifecycle tracking chart (*NOR 15*)
- Pocket card – For urgent medical needs (*BAL 44*)
- Physician/nurse volunteer application (*TRA 2*)
- Quality assurance plan (*MER 2*)

HCH CLINIC CONSUMER ADVOSORY BOARD
QUESTIONNAIRE

What do you like best about serving on the Consumer Advisory Board?

What suggestions do you have to improve the Consumer Advisory Board

What suggestions so you have to improve the services offered by the HCH clinic?

Signature (Optional): _____

Date: _____

HEALTH CARE FOR THE HOMELESS

HCH CLINIC ADVISORY BOARD

<u>Purpose</u>	To seek consumer input on a regular basis concerning a broad range of program implementation issues including: <ol style="list-style-type: none"> 1. Services offered 2. Hours of operation 3. General policies and procedures 4. Program development and management
<u>Advisory Board Qualifications</u>	An advisory board member must be a consumer of the HCH clinic.
<u>Length of Term</u>	Advisory board terms are one year in duration. An advisory board member can serve a maximum of two terms.
<u>Number of Members</u>	The advisory board will have a minimum of five members and a maximum of nine members.
<u>Frequency of Meetings</u>	Advisory board meetings will be held every other month.
<u>Selection of Advisory Board Members</u>	Members will be selected by the HCH executive director in consultation with the HCH clinic advisory board and HCH staff members. The director may appoint a committee of advisory board members and HCH staff to review applications.
<u>Officers</u>	A chair and vice-chair will be elected by the HCH clinic advisory board.
<u>Liaison</u>	The HCH clinic director will serve as an ex-officio, non-voting member of the advisory board.
<u>Meeting Place</u>	All advisory board meetings will be held at the HCH clinic.

HCH CLINIC ADVISORY BOARD

APPLICATION

Name: _____ Date: _____

Address where you can be reached:

Phone Number where you can be reached:

Are you currently an HCH client?

How long do you intend to live in this area?

Why do you want to serve on the advisory board?

HCH CLINIC CONSUMER ADVOSORY BOARD
QUESTIONNAIRE

What do you like best about serving on the Consumer Advisory Board?

What suggestions do you have to improve the Consumer Advisory Board

What suggestions so you have to improve the services offered by the HCH clinic?

Signature (Optional): _____

Date: _____

**HOMELESS HEALTH CARE LOS ANGELES
DISCHARGE SUMMARY**

NAME _____ DOB _____ CLIENT # _____

LAST FACE-TO-FACE CONTACT _____ DISCHARGE DATE _____

REASON FOR DISCHARGE	LENGTH OF TIME IN TREATMENT
NO CONTACT FOR 30 DAYS REFERRED OUT (WHERE) _____ MOVED OUT OF THE AREA VIOLATION OF PROGRAM RULES RETURNED TO WORK ATTENDING SCHOOL/JTPA PROGRAM COMPLETION OTHER, EXPLAIN _____	ONE MONTH OR LESS 1-3 MONTHS 3-6 MONTHS 6-9 MONTHS 9-12 MONTHS OVER ONE YEAR DATE OF LAST DRUG USE _____

DRUG/ALCOHOL STATUS		
DRUG USE IN PAST 30 DAYS?	DRUG USE IN PAST 90 DAYS?	DRUG USE IN PAST 180 DAYS?
YES NO UNKNOWN	YES NO UNKNOWN	YES NO UNKNOWN

HOUSING STATUS				
HOUSING AT INTAKE		HOUSING AT DISCHARGE		CHANGE?
STREET	SHELTER	STREET	SHELTER	YES
SOBER LIVING	OWN APARTMENT	SOBER LIVING	OWN APARTMENT	NO
HOTEL	RESIDENTIAL TX CENTER	HOTEL	RESIDENTIAL TX CENTER	
FAMILY/FRIENDS	DETOX HOSPITAL	FAMILY/FRIENDS	DETOX HOSPITAL	
OTHER, SPECIFY		OTHER, SPECIFY		

EMPLOYMENT/VOCATIONAL STATUS				
EMPLOYMENT AT INTAKE		EMPLOYMENT AT DISCHARGE		CHANGE?
UNEMPLOYED	PART TIME REG/IRREG HRS	UNEMPLOYED	PART TIME REG/IRREG HRS	YES
FULL TIME	RETIRED/DISABLED	FULL TIME	RETIRED/DISABLED	NO
STUDENT FULL/PART TIME/VOC REHAB		STUDENT FULL/PART TIME/VOC REHAB		

HEALTH STATUS				
NEED FOR MEDICAL TX AT INTAKE		NEED FOR MEDICAL TX AT DISCHARGE		CHANGE?
NOT AT ALL	MODERATE	NOT AT ALL	MODERATE	YES
CONSIDERABLE	EXTREME	CONSIDERABLE	EXTREME	NO

HAS CLIENT BEEN ARRESTED WHILE ENROLLED? YES NO

HAS CLIENT BEEN SOBER FOR ONE YEAR? YES NO

IF CLIENT HAS BEEN A CUSTODIAL PARENT, HAS S/HE REGAINED CUSTODY OF ANY CHILDREN WHILE IN TREATMENT? YES NO NA

COUNSELOR SIGNATURE _____ DATE _____

EMPLOYMENT/SUPPORT STATUS

Client ID # _____

*1. Education completed (GED = 12 years)
Years Months

How much money did you receive from the following sources in the past 30 days? Questions 12-17

*2. Training or technical education completed
Months

12. Employment (net income)

3. Do you have a profession, trade or skill?
0 - No 1 - Yes, specify: _____

13. Unemployment compensation

4. Do you have a valid driver's license? 0 - No 1 - Yes

14. DPA

5. Do you have an automobile available for use?
(Answer No if no valid driver's license) 0 - No 1 - Yes

15. Pension, benefits or social security

16. Mate, family or friends (money for personal expenses)

6. How long was your longest full-time job?
Years Months

17. Illegal

*7. Usual (or last) occupation. (Specify in detail)

18. How many people depend on you for the majority of their food, shelter, etc.?

8. Does someone contribute to your support in any way?
0 - No 1 - Yes

19. How many days have you experienced employment problems in the past 30?

FOR QUESTIONS 20 & 21 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

9. (ONLY IF ITEM 8 IS YES) Does this constitute the majority of your support? 0 - No 1 - Yes

20. How troubled or bothered have you been by these employment problems in the past 30 days?

10. Usual employment pattern (past 3 years)
1 - full time (40 hrs/wk) 5 - service
2 - part time (reg hours) 6 - retired/disability
3 - part time (irreg, daywork) 7 - unemployed
4 - student 8 - in controlled envmnt.

21. How important to you *now* is counseling for these employment problems?

INTERVIEWER SEVERITY RATING

11. How many days were you paid for working in the past 30? (include "under the table" work)

22. How would you rate the patient's need for employment counseling?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

23. Patient's misrepresentation 0 - No 1 - Yes

24. Patient's inability to understand? 0 - No 1 - Yes

Comments:

FAMILY/SOCIAL RELATIONSHIPS

Client ID # _____

1. Marital status:

- 1 - Married 3 - Widowed 5 - Divorced
- 2 - Remarried 4 - Separated 6 - Never Married

Have you had significant periods in which you have experienced serious problems getting along with:

0 - No 1 - Yes

2. How long have you been in this marital status?

(If never married, since age 18)

Years	

Months	

3. Are you satisfied with this situation?

0 - No 1 - Indifferent 2 - Yes

*4. Usual living arrangements (past 3 years)

- 1 - w/ sexual partner & children 6 - With friends
- 2 - With sexual partner alone 7 - Alone
- 3 - With children alone 8 - Controlled envmt.
- 4 - With parents 9 - No stable arrangements
- 5 - With family

5. How long have you lived in these arrangements

(If with parents or family, since age 18)

Years	

Months	

6. Are you satisfied with these living arrangements?

0 - No 1 - Indifferent 2 - Yes

Do you live with anyone who:

6A. Has a current alcohol problem? 0 - No 1 - Yes

6B. Uses non-prescribed drugs? 0 - No 1 - Yes

7. With whom do you spend most of your free time?

1 - Family 2 - Friends 3 - Alone

8. Are you satisfied spending your free time this way?

0 - No 1 - Indifferent 2 - Yes

9. How many close friends do you have?

Direction for 9A-18:

Place "0" in relative category where the answer is clearly no for all relatives in the category; "1" where the answer is clearly yes for any relative within the category; "X" where the answer is uncertain or "I don't know" and "N" where there never was a relative from that category.

9A. Would you say you have had close, long lasting, personal relationships with any of the following people in your life:

- Mother
- Father
- Brothers/Sisters
- Sexual Partner/Spouse
- Children
- Friends

10. Mother

11. Father

12. Brothers/Sisters

13. Sexual Partner/Spouse

14. Children

15. Other significant family

16. Close friends

17. Neighbors

18. Co-workers

Past 30 days

In your life

Did any of these people (10-18) abuse you:

0 - No 1 - Yes

**18A. Emotionally (make you feel bad through harsh words)?

**18B. Physically (cause you physical harm)?

**18C. Sexually (force sexual advances or sexual acts)?

19. How many days in the past 30 have you had serious conflicts:

A. with your family?

B. with other people (excluding family)

FOR QUESTIONS 20 - 23 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

How troubled or bothered have you been in the past 30 days by these:

20. Family problems

21. Social problems

How important to you now is treatment or counseling for these:

22. Family problems

23. Social problems

INTERVIEWER SEVERITY RATING

24. How would you rate the patient's need for family and/or social counseling?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

25. Patient's misrepresentation? 0 - No 1 - Yes

26. Patient's inability to understand? 0 - No 1 - Yes

****If client has experienced abuse in past 30 days, complete safety assessment below and provide resources.**

- _____ Are you afraid to go home? _____ Do you need access to a shelter? _____ Have there been threats of homicide or suicide?
- _____ Are there weapons present? _____ Do you want police intervention? _____ Are family members being abused or at risk?
- _____ Can you stay w/ family or friends?

Comments:

MULTICULTURAL COMPETENCY ASSESSMENT FOR ORGANIZATIONS

This survey was designed to assess staff and client perceptions about how well this organization provides multiculturally competent HIV prevention services for people with different backgrounds. It serves as a group discussion guide to identify and discuss areas in which the organization is multiculturally competent and also areas in which improvements can be made.

Instructions: Rate this organization's current level of multicultural competency on a scale from 1 (not at all) to 5 (extremely).

At an AGENCY level, this organization...	Not at all					Extremely				
	1	2	3	4	5	1	2	3	4	5
1. Has a written mission or vision statement supporting multiculturalism throughout the organization.	1	2	3	4	5					
2. Has a Board that includes a significant number of members reflective of the population the agency serves and intends to serve.	1	2	3	4	5					
3. Has policies to assure that decision-making processes include the voices of less powerful staff members and also minority opinions.	1	2	3	4	5					
4. Has an institutionalized commitment to recruitment and retention of staff reflective of the populations the agency intends to serve.	1	2	3	4	5					
5. Has a systematic and long-term commitment to educate board members, employees, and volunteers about multiculturalism.	1	2	3	4	5					
6. Shows its commitment to the communities served by involving community members in the design and evaluation of services and programs.	1	2	3	4	5					

Comments:

At an ADMINISTRATIVE level, this organization...	Not at all					Extremely				
	1	2	3	4	5	1	2	3	4	5
7. Has advisory boards, task forces or committees that include a significant number of culturally diverse community members.	1	2	3	4	5					
8. Implements policies requiring the following individuals to participate in multicultural training:										
Board members	1	2	3	4	5					
Staff	1	2	3	4	5					
Volunteers	1	2	3	4	5					
9. Has a staff reflecting multicultural diversity at all levels of the organization.	1	2	3	4	5					
10. Uses position descriptions that identify expectations related to knowledge, sensitivity and skills to serve diverse populations.	1	2	3	4	5					
11. Advertises position vacancies in diverse print, other media and organizations reaching diverse populations.	1	2	3	4	5					
12. Has personnel policies that respect cultural differences (e.g., leave time is flexible to accommodate differences in holidays or important community or family events).	1	2	3	4	5					
13. Provides opportunities for Board members, staff and volunteers to engage in self- and agency assessment.	1	2	3	4	5					

Comments:

At a SERVICE DELIVERY or DEPARTMENTAL level, this organization ...	Not at all			Extremely	
	1	2	3	4	5
14. Uses an intentional process (e.g., needs and strength assessment) to collect information about the local target population from a variety of sources.	1	2	3	4	5
15. Collects information to assess diversity among clients and staff.	1	2	3	4	5
16. Can adequately respond to needs of clients whose primary language is different from that of the majority population served by the organization (e.g., Spanish, Hmong, American Sign Language, etc.)	1	2	3	4	5
17. Actively involves individuals reflecting relevant differences (as listed below) in planning and design of prevention programs. On-going feedback from diverse individuals is obtained throughout the implementation and evaluation stages.					
ethnicity	1	2	3	4	5
gender	1	2	3	4	5
sexual orientation	1	2	3	4	5
age	1	2	3	4	5
HIV status	1	2	3	4	5
Other:	1	2	3	4	5
18. Has developed service linkages and working relationships with other agencies serving the same client population.	1	2	3	4	5
19. Assures that clients are provided information in their primary language (through video, publication, with services of a translator, or appropriate referral).	1	2	3	4	5

<p>20. Provides client-centered services which means the client's confidentiality is strictly maintained and the client retains the right to accept and reject services and to include partners, family members and others in these services.</p> <p>AND/OR</p> <p>21. Provides population- or group-centered prevention education to address the needs and strengths of program participants.</p>	<p>Not at all</p> <p>Extremely</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p>
<p>22. Makes referrals to other agencies, as appropriate, and prepares clients for interactions at these agencies.</p>	<p>1 2 3 4 5</p>
<p>23. Involves clients and members of the community served in evaluation of the prevention programs.</p>	<p>1 2 3 4 5</p>
<p>24. Documents and acts upon grievances and affirmations, with particular attention to issues related to cultural differences.</p>	<p>1 2 3 4 5</p>
<p>25. Evaluates the outcomes of programs to determine whether the target populations are being served and whether the programs are successful in changing behaviors and norms consistent with the WI HIV Prevention Plan and State priorities.</p>	<p>1 2 3 4 5</p>

CONCLUSIONS

1. What are the most significant ways in which this agency (or department) strives for multicultural competency?
2. What are the 3 most important indicators this agency (or department) should focus on to enhance its multicultural competency? For each of these 3, what are the next steps that need to be taken?

**MULTICULTURAL COMPETENCY SELF-ASSESSMENT
FOR PREVENTION SERVICE PROVIDERS**

Multicultural competency is a commitment to: (a) exploring the influences of one's own culture or cultures, (b) understanding ways in which groups of people have been, and are, treated in society, and (c) developing knowledge and skills to provide effective HIV prevention services for people who are diverse in terms of gender, age, race, ethnicity, sexual orientation, religion, HIV status, primary language, disability, etc. This survey provides a tool for you to assess your multicultural competency and to guide discussion among HIV prevention service providers about ways in which you can increase your effectiveness in providing HIV prevention services for diverse individuals.

Rate your level of multicultural competency on a scale from 1 (not at all) to 5 (extremely).

	Not at all			Extremely	
	1	2	3	4	5
CULTURAL AWARENESS					
a. I recognize the influence of my own culture(s) on my actions and thoughts.	1	2	3	4	5
b. I am aware of my life experiences as a person related to a culture (or multiple cultures.)	1	2	3	4	5
c. I have assessed my involvement with persons of other cultures.	1	2	3	4	5
d. I have contact with individuals, families and groups of people reflective of other cultures.	1	2	3	4	5

Comments:

KNOWLEDGE	Not at all		Extremely		
a. I am knowledgeable about the community, demographics, history, problems, and strengths of the social and cultural groups of individuals with whom I work.	1	2	3	4	5
b. I know that the diversity within cultures can be as important as diversity between cultures.	1	2	3	4	5
c. I am knowledgeable about the sexual cultures (and nuances of these cultures) of the individuals with whom I work.	1	2	3	4	5
d. I am knowledgeable about drug use in the context of sexual expression of the individuals with whom I work.	1	2	3	4	5
e. I am knowledgeable about the following factors and their relationship to HIV/AIDS prevention and risk behaviors:					
racism	1	2	3	4	5
sexism	1	2	3	4	5
classism	1	2	3	4	5
heterosexism	1	2	3	4	5
homophobia	1	2	3	4	5
ageism	1	2	3	4	5
HIV status	1	2	3	4	5
f. I am knowledgeable about alcohol and other drug use related to HIV/AIDS among the individuals with whom I work.	1	2	3	4	5
g. I am knowledgeable about mental health related to HIV/AIDS among individuals with whom I work.	1	2	3	4	5

Comments:

SKILLS	Not at all					Extremely				
a. I express concern, interest, credibility and competence to the individuals with whom I work.	1	2	3	4	5					
b. I show respect for the unique and culturally-defined strengths of various individuals.	1	2	3	4	5					
c. I show respect for the unique and culturally-defined needs of various individuals.	1	2	3	4	5					
d. I am able to work with the multiple roles and identities of individuals.	1	2	3	4	5					
e. I am able to advocate for individuals (and on my clients' behalf).	1	2	3	4	5					
f. I am able to identify resources, assets and strengths within a community.	1	2	3	4	5					
g. I am able to help clients personalize their risks of HIV transmission.	1	2	3	4	5					
h. I am able to help individuals build upon their strengths to reduce HIV transmission risks.	1	2	3	4	5					
COMMITMENT TO INCREASING MULTICULTURAL COMPETENCY										
a. I have identified specific ways to increase my multicultural competence.	1	2	3	4	5					

Comments:

CONCLUSIONS

1. What are your strengths, or what do you do well, when working with people who are different than you?
2. What are your biggest challenges when working with people who are different than you? What makes you most uncomfortable?
3. What would be helpful to increase your comfort and ability to work effectively with people who are different?

**FACILITATOR GUIDE:
Wisconsin HIV Prevention Multicultural Competency Assessment**

Introduction -----

Despite welcome news that the number of deaths attributable to HIV/AIDS has declined dramatically, the number of people living with HIV continues to increase. We know that in Wisconsin far too many people continue to acquire HIV. We also know that prevention efforts must be tailored to reach diverse individuals and communities and that these strategies must consider numerous factors that influence who we are, what we think, and what we do. Effective HIV prevention strategies require an understanding of each person's cultural affiliations and their related beliefs, values, and expectations about sexuality, sexual identity, sexual behaviors, and drug use. In particular, effective interventions require an understanding of:

gender	age
race	HIV status
ethnicity	ability and disability
sexual orientation	spiritual and religious traditions
social class	geography

and other factors relevant to behaviors and the social context that put individuals at risk for HIV transmission.

What is multicultural competency? -----

Multicultural competency can be defined as the ability to understand other cultures well enough to effectively communicate and work with individuals from these cultures. In the realm of HIV prevention, multicultural competency refers to a commitment to explore the influences of one's own culture or cultures, understand ways in which groups of people have been, and are, treated in society, and develop knowledge and skills to provide effective HIV prevention services with diverse individuals. In other words, multicultural competency is a concept reflecting:

- a.) an approach or **way of thinking about differences** among individuals, groups and communities,
- b.) **knowledge, understanding and skills** that make it possible for individuals and agencies to establish trust, foster communication and deliver effective HIV prevention services to diverse individuals and populations and
- c.) an **on-going commitment** to increase one's understanding of diversity and multicultural competency.

What are the multicultural assessments? -----

The Multicultural Competency Assessments are two sets of indicators designed to reflect the practice of multiculturally competent HIV prevention -- one focuses on agencies and the other focuses on individuals working as prevention service providers. Both were designed to foster discussion about the extent to which multicultural competency is practiced and ways in which improvements can be made. Because the assessments serve as measures of multicultural

competency at one point in time, we suggest that the assessments be used repeatedly (annually, for example) to help agencies and individuals monitor their increasing ability to better serve diverse individuals.

The Multicultural Competency Assessments were specifically designed for agencies in Wisconsin that provide HIV prevention services. They can also be used by organizations engaged in HIV prevention planning, policy or funding and can provide guidance for agencies they fund with regard to multiculturally competent HIV prevention services.

What is the role of the facilitator? -----

The Multicultural Competency Assessments will be most effective to the extent they foster discussion among HIV prevention service providers and within agencies. Because of the importance of discussion to improve multicultural competency, it is helpful to designate a person to serve as the group discussion facilitator. It is particularly important to provide a discussion group environment in which participants feel safe to share their honest perspectives. In some cases it may be desirable to have someone from outside the agency facilitate these discussions. In other cases a staff member experienced in small group processes can serve as the facilitator. This Facilitator Guide provides specific suggestions for fostering these group discussions.

How do we start? -----

Before beginning the multicultural assessment it is important to answer “why?”, that is, to determine the specific purpose and expected use of the results or discussion summaries by the organization. For example, an organization may use the assessments to:

- Foster initial discussion about multicultural issues
- Guide development of departmental or individual work plans
- Develop recommendations for action by the Board of Directors

In addition, it is important to answer “who?” will be involved. Again, there are many possibilities. The multicultural competency assessment may involve:

- All staff members in the prevention services department
- Representatives from all levels of the organization
- A sample of clients
- A sample of volunteers
- All staff
- All members of the Board of Directors

Remember, the assessments are tools to support the work of the agency as it continually strives to increase effectiveness of its HIV prevention services. While the assessments were designed to guide group discussion, they can also be completed anonymously, collected, summarized, after which the survey results could be used as a basis for discussion. Feel free to use one of the approaches mentioned above, or modify one of these approaches to better suit the needs of your agency.

After decisions are made about the specific purpose of the assessment and the number of discussion groups to convene, invite individuals to participate in the discussion groups. This

invitation may take the form of a memo announcing the topic as an agenda item at an upcoming meeting or may be a personal letter to clients inviting them to attend a special meeting to discuss ways in which the agency addresses client needs. Again, the approach should be tailored to meet the needs of your organization. We recommend that a copy of the self-assessment instrument(s) be included with the invitation to participate in the discussions.

In summary,

- Decide how the assessment will be used in this organization
- Identify groups of participants
- Invite individuals to participate (include copy of assessment instrument)
- Make arrangements for the room
- Prepare materials (ground rules, extra copies of assessments)
- Conduct discussion
- Disseminate completed discussion summary

Key Points for Facilitators -----

----- MULTICULTURAL COMPETENCY ASSESSMENT FOR PREVENTION SERVICE PROVIDERS

Introductory comments

After welcoming participants and thanking people for taking part in the discussion, explain that the purpose of the self-assessment and discussion is to identify ways in which individuals providing HIV prevention can increase their understanding of diversity and improve their skills to deliver effective HIV prevention to diverse individuals and populations. All of us come to this work with different backgrounds, life experiences, and education that influence how we think about the world and people who are different than us. We hope that providing a space in which prevention providers can discuss and reflect on these issues with other colleagues, we may identify ways in which we can learn more and increase our skills in working with others.

Ground rules

Ground rules are the agreements the group makes about how the group will operate to protect the rights of individuals and the rights of the group. This set of rules or guidelines will vary depending on the group, but often include the following:

- Encourage everyone to participate.
- Individuals retain the right to “pass”.
- Participants agree to respect and appreciate differences.
- Participants share from personal experience and use “I” statements.
- Participants respect others’ rights to confidentiality.

Some facilitators find it helpful to post the ground rules on newsprint for view by participants.

Facilitating the discussion

Distribute a copy of the assessment instrument to discussion group participants if they were not provided one in advance. Explain that you are not interested in obtaining a completed survey from each person, but rather, would like to have the group discuss the items. As a facilitator you are interested in fostering discussion about how individuals have become knowledgeable or skilled in the areas that are noted on the assessment instrument. It is expected that sharing the “how” information will be most helpful to colleagues.

The following pages provide an annotated version of the assessment instruments. The words in *italics* can serve as facilitator prompts.

The assessment indicators may foster a great deal of discussion. In general, 1 ½ hours is an sufficient period of time to conduct a meaningful discussion covering most, if not all, of the indicators. However, your experience may be different. You may need to make a decision about whether to limit discussion in order to review all the questions in the allotted time, or whether to go at the group’s pace and schedule future discussions to complete the self-assessment discussion. On the other hand, the group may very quickly move through discussion of the indicators. Remember though, the value is in the sharing of perspectives as much as in the specific numerical assessment of the indicators. In all cases, the amount of time allocated for the discussion should be clarified with participants prior to and at the beginning of the discussion.

Conclude the discussion by focusing on the Conclusion questions. Encourage participants to be as specific as possible when identifying strategies that would be helpful to increase their comfort and ability to work with people who are different. Specificity is particularly important because

these ideas will be shared with agency administrators for their use in planning and supporting staff development opportunities for HIV prevention providers.

To wrap up the discussion we recommend sharing your summary (see Facilitator Summary) so the group has an opportunity to make modifications to best reflect the discussion. It is important that participants agree that the Summary is an accurate representation of the discussion.

FACILITATOR GUIDE

MULTICULTURAL COMPETENCY SELF-ASSESSMENT FOR PREVENTION SERVICE PROVIDERS

Multicultural competency is a commitment to: (a) exploring the influences of one’s own culture or cultures, (b) understanding ways in which groups of people have been, and are, treated in society, and (c) developing knowledge and skills to provide effective HIV prevention services for people who are diverse in terms of gender, age, race, ethnicity, sexual orientation, religion, HIV status, primary language, disability, etc. This survey provides a tool for you to assess your multicultural competency and to guide discussion among HIV prevention service providers about ways in which you can increase your effectiveness in providing HIV prevention services for diverse individuals.

Rate your level of multicultural competency on a scale from 1 (not at all) to 5 (extremely).

For all questions, a follow-up of “How have you done this? or “How have you learned this?” may be helpful. An important purpose of the discussion is to provide an opportunity for prevention service providers to share with their colleagues strategies that have worked to foster multicultural competence.

	Not at all		Extremely		
	1	2	3	4	5
CULTURAL AWARENESS					
a. I recognize the influence of my own culture(s) on my actions and thoughts. <i>What are some examples?</i>	1	2	3	4	5
b. I am aware of my life experiences as a person related to a culture (or multiple cultures.) <i>What are some examples?</i>	1	2	3	4	5
c. I have assessed my involvement with persons of other cultures. <i>How have you done this?</i>	1	2	3	4	5
d. I have contact with individuals, families and groups of people reflective of other cultures. <i>What are some examples?</i>	1	2	3	4	5

KNOWLEDGE	Not at all				Extremely
a. I am knowledgeable about the community, demographics, history, problems, and strengths of the social and cultural groups of the individuals with whom I work. <i>How have you learned about these groups?</i>	1	2	3	4	5
b. I know that the diversity within cultures can be as important as diversity between cultures. <i>What are some examples?</i>	1	2	3	4	5
c. I am knowledgeable about the sexual cultures (and nuances of these cultures) of the clients with whom I work. <i>What are some of the nuances?</i> <i>What has worked, or might work, to learn about the sexual cultures of our clients?</i>	1	2	3	4	5
d. I am knowledgeable about drug use in the context of sexual expression of the individuals with whom I work. <i>What has worked, or might work, to learn about the drug use related to sexual expression of our clients?</i>	1	2	3	4	5
e. I am knowledgeable about the following factors and their relationship to HIV/AIDS prevention and risk behaviors: <ul style="list-style-type: none"> racism sexism classism heterosexism homophobia ageism HIV status <i>How might you learn more about these factors?</i>	1	2	3	4	5
f. I am knowledgeable about alcohol and other drug use related to HIV/AIDS among the individuals with whom I work.	1	2	3	4	5
g. I am knowledgeable about mental health related to HIV/AIDS among individuals with whom I work.	1	2	3	4	5

SKILLS	Not at all				Extremely
a. I express concern, interest, credibility and competence to the individuals with whom I work.	1	2	3	4	5
b. I show respect for the unique and culturally-defined strengths of various individuals with whom I work. <i>How do you do this?</i>	1	2	3	4	5
c. I show respect for the unique and culturally-defined needs of various individuals. <i>How do you do this?</i>	1	2	3	4	5
d. I am able to work with the multiple roles and identities of the individuals with whom I work. <i>How do you, or might you, do this?</i>	1	2	3	4	5
e. I am able to advocate for individuals (or on my clients' behalf). <i>How do you, or might you, do this?</i>	1	2	3	4	5
f. I am able to identify resources, assets and strengths within a community. <i>How do you, or might you, do this?</i>	1	2	3	4	5
g. I am able to help individuals personalize their risks of HIV transmission. <i>What are some examples of ways in which you do this?</i>	1	2	3	4	5
h. I am able to help individuals build upon their strengths to reduce HIV transmission risks. <i>What are some examples?</i>	1	2	3	4	5
COMMITMENT TO INCREASING MULTICULTURAL COMPETENCY					
a. I have identified specific ways to increase my multicultural competence. <i>What are some of these ways?</i>	1	2	3	4	5

CONCLUSIONS

1. What are your strengths, or what do you do well, when working with people who are different than you?
2. What are your biggest challenges when working with people who are different than you?
What makes you most uncomfortable?
3. What would be helpful to increase your comfort and ability to work effectively with people who are different?

Key Points for Facilitators -----

----- MULTICULTURAL COMPETENCY ASSESSMENT FOR ORGANIZATIONS

Introductory comments

After welcoming participants and thanking people for their time, it is important to explain the purpose of the assessment process. The purpose of this discussion is for participants to identify ways in which the organization is doing a good job of providing multiculturally competent services and also to identify ways in which improvements can be made. Reiterate that there are a variety of reasons individuals may have differing perspectives on the degree to which an organization is multiculturally competent, as well as suggestions for improvement. There are no right or wrong perspectives and the open and honest sharing of ideas is important to identify differences in perspectives and areas for improvement. It is important that all voices are heard in the discussion.

Ground rules

Ground rules are the agreements the group makes about how the group will operate to protect the rights of individuals and the rights of the group. This set of rules or guidelines will vary depending on the group, but frequently include the following:

- Encourage everyone to participate.
- Individuals retain the right to “pass”.
- Participants agree to respect and appreciate differences.
- Participants share from personal experience and use “I” statements.
- Participants respect others’ rights to confidentiality.

Facilitating the discussion

Distribute a copy of the self-assessment instrument to discussion group participants if they were not provided one in advance. Explain that you are not interested in obtaining a completed survey from each person, but rather, would like to have the group discuss the items. As a facilitator you are interested in areas in which there is consensus, and also areas in which there appears to be the greatest discrepancy in assessment. It will be helpful to ask someone to serve as recorder to capture key points that arise in the discussion. (These notes will be helpful in preparing the Facilitator and Recorder Summary).

You may want to focus the discussion on particular questions depending on who is participating in the discussion group. For example,

- Board of Directors –
focus on Agency Level, questions 1-6
- Prevention Service Providers –
focus on the Service Delivery or Departmental Level, questions 14-25
- Clients – focus on questions 18 – 23

The following pages provide an annotated version of the self-assessment instruments. The words in *italics* can serve as facilitator prompts.

If certain indicators are not applicable to the group or the agency, skip the indicator and continue the discussion with the next item.

If participants don't know, or don't have an opinion about a specific indicator, ask who they believe would be in a better position to make the assessment.

The assessment indicators may foster a great deal of discussion. In general, 1 ½ hours is an sufficient period of time to conduct a meaningful discussion covering most, if not all, of the indicators. However, your experience may be different. You may need to make a decision about whether to limit discussion in order to review all the questions in the allotted time, or whether to go at the group's pace and schedule future discussions to complete the self-assessment discussion. On the other hand, the group may very quickly move through discussion of the indicators. Remember though, the value is in the sharing of perspectives as much as in the specific numerical assessment of the indicators. In all cases, the amount of time allocated for the discussion should be clarified with participants prior to and at the beginning of the discussion.

To conclude the group discussion we recommend sharing your summary (see Facilitator and Recorder Summary) so the group has an opportunity to make modifications. It is important that participants agree that the Summary is an accurate representation of the discussion.

FACILITATOR GUIDE

MULTICULTURAL COMPETENCY ASSESSMENT FOR ORGANIZATIONS

This survey was designed to assess staff and client perceptions about how well this organization provides multiculturally competent HIV prevention services for people with different backgrounds. It serves as a group discussion guide to identify and discuss areas in which the organization is multiculturally competent and also areas in which improvements can be made.

Instructions: Rate this organization’s current level of multicultural competency on a scale from 1 (not at all) to 5 (extremely).

For all questions, a follow-up of “Why do you make that assessment?” may be helpful.

At an AGENCY level, this organization...	Not at all		Extremely		
	1	2	3	4	5
1. Has a written mission or vision statement supporting multiculturalism throughout the organization. <i>Do you know how multiculturalism is defined by the agency?</i> <i>Do all staff have a copy?</i>	1	2	3	4	5
2. Has a Board that includes a significant number of members reflective of the population the agency serves and intends to serve. <i>Who is missing?</i>	1	2	3	4	5
3. Has policies to assure that decision-making processes include the voices of less powerful staff members and also minority opinions. <i>What policies assure that less powerful voices are heard?</i> <i>How is the safety of minority voices assured?</i>	1	2	3	4	5
4. Has an institutionalized commitment to recruitment and retention of staff reflective of the populations the agency intends to serve. <i>How is this commitment expressed?</i> <i>Is there a written plan?</i>	1	2	3	4	5
5. Has a systematic and long-term commitment to educate board members, employees, and volunteers about multiculturalism. <i>Are sufficient resources allocated for this purpose?</i> <i>How are staff supported in development of cultural awareness, knowledge, skills and commitment?</i> <i>Also see Question 8.</i>	1	2	3	4	5
6. Shows its commitment to the communities served by involving community members in the design and evaluation of services and programs. <i>How?</i>	1	2	3	4	5

At an ADMINISTRATIVE level, this organization...	Not at all					Extremely				
	1	2	3	4	5	1	2	3	4	5
7. Has advisory boards, task forces or committees that include a significant number of culturally diverse community members. <i>Who is missing?</i>	1	2	3	4	5	1	2	3	4	5
8. Implements policies requiring the following individuals to participate in multicultural training: Board members Staff Volunteers <i>How would you describe these training sessions?</i> <i>Are they accomplishing what they are supposed to?</i>	1	2	3	4	5	1	2	3	4	5
9. Has a staff reflecting multicultural diversity at all levels of the organization. <i>Where are we most successful?</i> <i>Where has this been toughest?</i>	1	2	3	4	5	1	2	3	4	5
10. Uses position descriptions that identify expectations related to knowledge, sensitivity and skills to serve diverse populations. <i>Which, if any, position descriptions should be re-written?</i>	1	2	3	4	5	1	2	3	4	5
11. Advertises position vacancies in diverse print, other media and organizations reaching diverse populations. <i>Where have we advertised?</i> <i>Which have worked well?</i> <i>What other ideas do we have?</i>	1	2	3	4	5	1	2	3	4	5
12. Has personnel policies that respect cultural differences (e.g., leave time is flexible to accommodate differences in holidays or important community or family events). <i>What are some examples of multiculturally supportive policies or policies that would be helpful?</i>	1	2	3	4	5	1	2	3	4	5
13. Provides opportunities for Board members, staff and volunteers to engage in self- and agency assessment.	1	2	3	4	5	1	2	3	4	5

At a SERVICE DELIVERY or DEPARTMENTAL level, this organization ...	Not at all			Extremely	
	1	2	3	4	5
<p>14. Uses an intentional process (e.g., needs and strength assessment) to collect information about the local target population from a variety of sources.</p> <p><i>How is this done? (surveys, community forums, focus groups, etc.)</i> <i>What has worked well?</i> <i>Is there more we should be doing?</i></p>	1	2	3	4	5
<p>15. Collects information to assess diversity among clients and staff.</p> <p><i>How is this done? What could be done?</i></p>	1	2	3	4	5
<p>16. Can adequately respond to needs of clients whose primary language is different from that of the majority population served by the organization (e.g., Spanish, Hmong, American Sign Language, etc.)</p> <p><i>How is this done? How is it working? What improvements might we try?</i></p>	1	2	3	4	5
<p>17. Actively involves individuals reflecting relevant differences (as listed below) in planning and design of prevention programs. On-going feedback from diverse individuals is obtained throughout the implementation and evaluation stages.</p> <p>ethnicity</p> <p>age</p> <p>gender</p> <p>sexual orientation</p> <p>HIV status</p> <p>Other:</p> <p><i>Who's missing?</i></p>	1	2	3	4	5
<p>18. Has developed service linkages and working relationships with other agencies serving the same client population.</p> <p><i>Where is this working well?</i> <i>Where can we make improvements?</i></p>	1	2	3	4	5
<p>19. Assures that clients are provided information in their primary language (through video, publication, with services of a translator, or appropriate referral).</p> <p><i>What's working well?</i> <i>Where can we make improvements?</i></p>	1	2	3	4	5

<p>20. Provides client-centered services which means the client's confidentiality is strictly maintained and the client retains the right to accept and reject services and to include partners, family members and others in these services.</p> <p><i>How might we make improvements?</i></p> <p>AND/OR</p> <p>21. Provides population- or group-centered prevention education to address the needs and strengths of program participants.</p> <p><i>How might we make improvements?</i></p>	<p>Not at all</p> <p style="text-align: right;">Extremely</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p>
<p>22. Makes referrals to other agencies, as appropriate, and prepares clients for interactions at these agencies.</p> <p><i>What works well in preparing clients for the referrals?</i></p>	<p>1 2 3 4 5</p>
<p>23. Involves clients and members of the community served in evaluation of the prevention programs.</p> <p><i>How?</i> <i>How might we?</i></p>	<p>1 2 3 4 5</p>
<p>24. Documents and acts upon grievances and affirmations, with particular attention to issues related to cultural differences.</p> <p><i>What have been some of the issues related to cultural differences?</i></p>	<p>1 2 3 4 5</p>
<p>25. Evaluates the outcomes of programs to determine whether the target populations are being served and whether the programs are successful in changing behaviors and norms consistent with the WI HIV Prevention Plan and State priorities.</p> <p><i>How do we do this?</i> <i>How might we do this?</i></p>	<p>1 2 3 4 5</p>

CONCLUSIONS

1. What are the most significant ways in which this agency (or department) strives for multicultural competency?
2. What are the 3 most important indicators this agency (or department) should focus on to enhance its multicultural competency? For each of these 3, what are the next steps that need to be taken?

**FACILITATOR and RECORDER SUMMARY
MULTICULTURAL ASSESSMENT DISCUSSION**

Length of the discussion: _____

1. *Who was involved in the discussion?*

In the future, who else should be involved?

2. *For which questions was there the most agreement in assessment?*

3. *For which questions was there the greatest discrepancy in assessment?*

4. *For which questions was there the most discussion or interest?*

5. *What are the most significant ways in which this agency strives for multicultural competency?*

6. *What are the 3 most important ways in which the agency (or department) could enhance its multicultural competency? What are next steps for each?*

a.

b.

c.

7. *What information, if any, was mentioned that would serve as better indicators of this agency's multicultural competency?*

/facilitator guide

HEALTH CARE FOR THE HOMELESS, INC.
INTERDISCIPLINARY ASSESSMENT FORM

DATE: _____

CONFIDENTIALITY FORM SIGNED? Yes No

PRESENTING PROBLEM: _____

WHERE STAYED LAST NIGHT: STREET DOUBLING UP HOUSED
 SHELTER TRANSITIONAL HOUSING OTHER _____

INCOME? No Yes BENEFITS? No Yes (CHECK ALL THAT APPLY)
 FOOD STAMPS TEMHA BUS PASS
 PA MPC (PCMI) MA
 VA SSI/SSDI OTHER _____

SOCIAL SUPPORT:
FAMILY IN AREA? No Yes CONTACT WITH FAMILY? No Yes
FRIENDS IN AREA? No Yes CONTACT WITH FRIENDS No Yes
WHAT IS YOUR RELIGIOUS AFFILIATION/PRACTICE? _____
ARE THERE ANY CULTURAL/RELIGIOUS BELIEFS OR PRACTICES THAT YOU WANT US TO BE AWARE OF? No Yes _____

MEDICAL HISTORY:
HISTORY OBTAINED FROM: PATIENT OTHER: _____
MEDICATIONS: _____
DRUG ALLERGIES: No Yes _____

	COMMENTS
<input type="checkbox"/> NO HEALTH PROBLEMS IDENTIFIED	
<input type="checkbox"/> HIV DISEASE	
<input type="checkbox"/> SEIZURES	
<input type="checkbox"/> STROKES	
<input type="checkbox"/> ASTHMA	
<input type="checkbox"/> HIGH BLOOD PRESSURE	
<input type="checkbox"/> HEART ATTACK	

	COMMENTS
<input type="checkbox"/> HEPATITIS	
<input type="checkbox"/> DIABETES	
<input type="checkbox"/> KIDNEY PROBLEMS	
<input type="checkbox"/> STOMACH PROBLEMS	
<input type="checkbox"/> CANCER	
<input type="checkbox"/> OTHER:	

NUTRITIONAL ASSESSMENT:
WHERE DO YOU EAT? SOUP KITCHEN OTHER (DESCRIBE): _____
WHAT DID YOU EAT FOR: BREAKFAST LUNCH DINNER SNACK

IS THIS TYPICAL? No Yes

SPECIAL DIETARY NEEDS: _____
UNEXPLAINED WEIGHT CHANGE: NO YES/ IF YES, HOW MUCH OVER WHAT PERIOD OF TIME? _____

FUNCTIONAL STATUS:

INDEPENDENT WITH ACTIVITIES OF DAILY LIVING? YES NO

WALKS INDEPENDENTLY? YES NO

ASSISTIVE DEVICES: WALKER WHEELCHAIR

CANE PROSTHESIS

CRUTCHES OTHER: _____

SPEAKS ENGLISH? YES NO | IF NO, PRIMARY LANGUAGE: _____

VISUAL IMPAIRMENT: GLASSES BLIND OTHER: _____

HEARING IMPAIRMENT: HEARING AID: RIGHT LEFT

DEAF SIGN LIP READS INTERPRETER: _____

COMMENTS:

MEMORY/COGNITIVE PROBLEMS: CHRONIC ACUTE

DESCRIBE: _____

COMMUNICATION PROBLEMS: _____

MENTAL HEALTH ASSESSMENT:

1. HAVE YOU EVER HAD OUTPATIENT MENTAL HEALTH SERVICES? YES NO

2. HAVE YOU EVER SPENT A NIGHT OR MORE ON AN INPATIENT PSYCHIATRIC UNIT? YES NO

3. HAVE YOU EVER BEEN ON A MEDICATION FOR BAD NERVES, ANXIETY OR DEPRESSION? YES NO

4. HAVE YOU EVER THOUGHT ABOUT HURTING YOURSELF OR OTHERS? YES NO

5. HAVE YOU EVER TRIED TO HURT YOURSELF OR SOMEONE ELSE? YES NO

6. HAS ANYONE EVER TOUCHED YOU IN A WAY THAT WAS FRIGHTENING, PAINFUL OR MADE YOU FEEL UNCOMFORTABLE? YES NO

7. WHAT HAPPENS WHEN YOU ARGUE WITH OTHERS? _____

SUBSTANCE ABUSE ASSESSMENT: [IF YES TO ANY QUESTION, NOTE LAST DRUG/ETOH USE AND SKIP TO NEXT SECTION]

1. HAVE YOU EVER BEEN IN A SUBSTANCE ABUSE PROGRAM BEFORE OR ARE YOU IN ONE NOW? YES NO

2. HAVE YOU FELT YOU OUGHT TO CUT DOWN ON YOUR DRINKING OR DRUG USE? YES NO

SUBSTANCE ABUSE ASSESSMENT (CONT'D.):

- 3. HAVE PEOPLE ANNOYED YOU BY CRITIZING YOUR DRINKING OR DRUG USE? No Yes _____
- 4. HAVE YOU FELT BAD OR GUILTY ABOUT YOUR DRINKING OR DRUG USE? No Yes _____
- 5. HAVE YOU EVER HAD A DRINK OR USED DRUGS FIRST THING IN THE MORNING TO STEADY YOUR NERVES, GET RID OF A HANGOVER OR TO GET THE DAY STARTED? No Yes _____

ADVANCE DIRECTIVE:

DOES CLIENT HAVE ADVANCE DIRECTIVE? Yes / IF YES, COPY REQUESTED FROM PT./FAMILY
 No, INFORMATION MATERIAL GIVEN? Yes No

EDUCATION:

IS THERE ANYTHING YOU WOULD LIKE INFORMATION ABOUT TODAY? No Yes

FOR EXAMPLE: MEDICATIONS SHELTER FOOD BENEFIT INFORMATION
 OTHER _____

EDUCATIONAL MATERIALS GIVEN TO CLIENTS? No Yes _____
 (DOCUMENT/MATERIALS GIVEN)

REFERRAL MADE TO:

	ACCEPT	DECLINE	COMMENTS
<input type="checkbox"/> ADDICTIONS			
<input type="checkbox"/> SOCIAL SERVICES			
<input type="checkbox"/> MEDICAL			
<input type="checkbox"/> MENTAL HEALTH			

SIGNATURE: _____ DATE: _____

LEGAL STATUS

Client ID # _____

- 1. Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.)
- 2. Are you on probation or parole? 0 - No 1 - Yes

How many times in your life have you been arrested and charged with the following:

- *3. Shoplifting/vandalism

--	--
- *4. Parole/probation violations

--	--
- *5. Drug charges

--	--
- *6. Forgery

--	--
- *7. Weapons offense

--	--
- *8. Burglary, larceny, B & E

--	--
- *9. Robbery

--	--
- *10. Assault

--	--
- *11. Arson

--	--
- *12. Rape

--	--
- *13. Homicide, manslaughter

--	--
- *14A. Prostitution

--	--
- *14B. Contempt of court

--	--
- *14C. Other

--	--
- *15. How many of these charges resulted in convictions?

--	--

How many times in your life have you been charged with the following:

- *16. Disorderly conduct, vagrancy, public intoxication

--	--
- *17. Driving while intoxicated

--	--
- *18. Major driving violations (reckless driving, speeding, no license, etc.)

--	--

Comments:

*19. How many months were you incarcerated in your life?

--	--

 Months

20. How long was your last incarceration?

--	--

 Months

21. What was it for?

--	--

(Use code 3-14, 16-18. If multiple charges, code most severe)

22. Are you presently awaiting charges, trial or sentence? 0 - No 1 - Yes

23. What for?

--	--

(If multiple charges, use most severe)

24. How many days in the past 30 were you detained or incarcerated?

--	--

25. How many days in the past 30 have you engaged in illegal activities for profit?

--	--

FOR QUESTIONS 26 & 27 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

26. How serious do you feel your present legal problems are? *(Exclude civil problems)*

27. How important to you *now* is counseling or referral for these legal problems?

INTERVIEWER SEVERITY RATING

28. How would you rate the patient's need for legal legal services or counseling?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

29. Patient's misrepresentation? 0 - No 1 - Yes

30. Patient's inability to understand? 0 - No 1 - Yes



MONTEFIORE MEDICAL CENTER

The University Hospital
for the Albert Einstein
College of Medicine

Irwin Redlener, M.D.
Division Director

Anne Greene, M.D.
Medical Director

Karen B. Redlener
Executive Director

Clinical Staff

Sharon P. Joseph, M.D.
Associate Medical Director
Anne Beal, M.D., M.P.H.
Sariya Pacheco, M.D.
Elizabeth Hobson, M.D.
Alan Shapiro, M.D.
Adolescent Health

Karen Coutrier, R.N., P.N.P.

Powers Assessment Center

Maureen Diaz, R.N., F.N.P.
Marcy Johnson, R.N., M.N.
Amy Rowe, R.N., P.N.P.
June Greene, R.N.

Nursing and Outreach Services

Wendy Quinones, R.N.
Coordinator

Hope DeRogatis, R.N.
Lisa Motessi, R.N.
Lillian Satturia, R.N.
Esmine Leonard, R.N.
Cynthia McIver
Rafael Cruz
Angela Chachere
Ysaura Taveras

Mental Health and
Case Management Services

Lourdes Rigual-Lynch, Ph.D.
Coordinator

Grace Padilla-Matthew
Case Manager

Nancy Ross

Nutrition Services

Jose Wendel, MS, RD
Program Director
Health and Nutrition
Action Initiative

Administration

Anne Tallent, M.P.H.
Administrator

Gloria A. Ramsey
Operations Manager

Michael I. Silver
Finance Manager

David Sherrille R. Seraphin
Information Systems &
Technology Manager

Glynis Hunt-Murray
Medical Records
& Billing Manager

Heather J. Gardineer
Personnel Administrator

MON 10

NEW YORK CHILDREN'S HEALTH PROJECT*
DIVISION OF COMMUNITY PEDIATRICS

317 EAST 64TH STREET, NEW YORK, NEW YORK 10021
Phone: (212) 535-9779 / Fax: (212) 535-7699

Date _____

Dear _____,
Querida

Your child _____ has an
Su hijo/hija *tiene una*

appointment on the blue medical van for
cita en la van médica azul para

Please come to the van on _____,
Por favor venga a la van

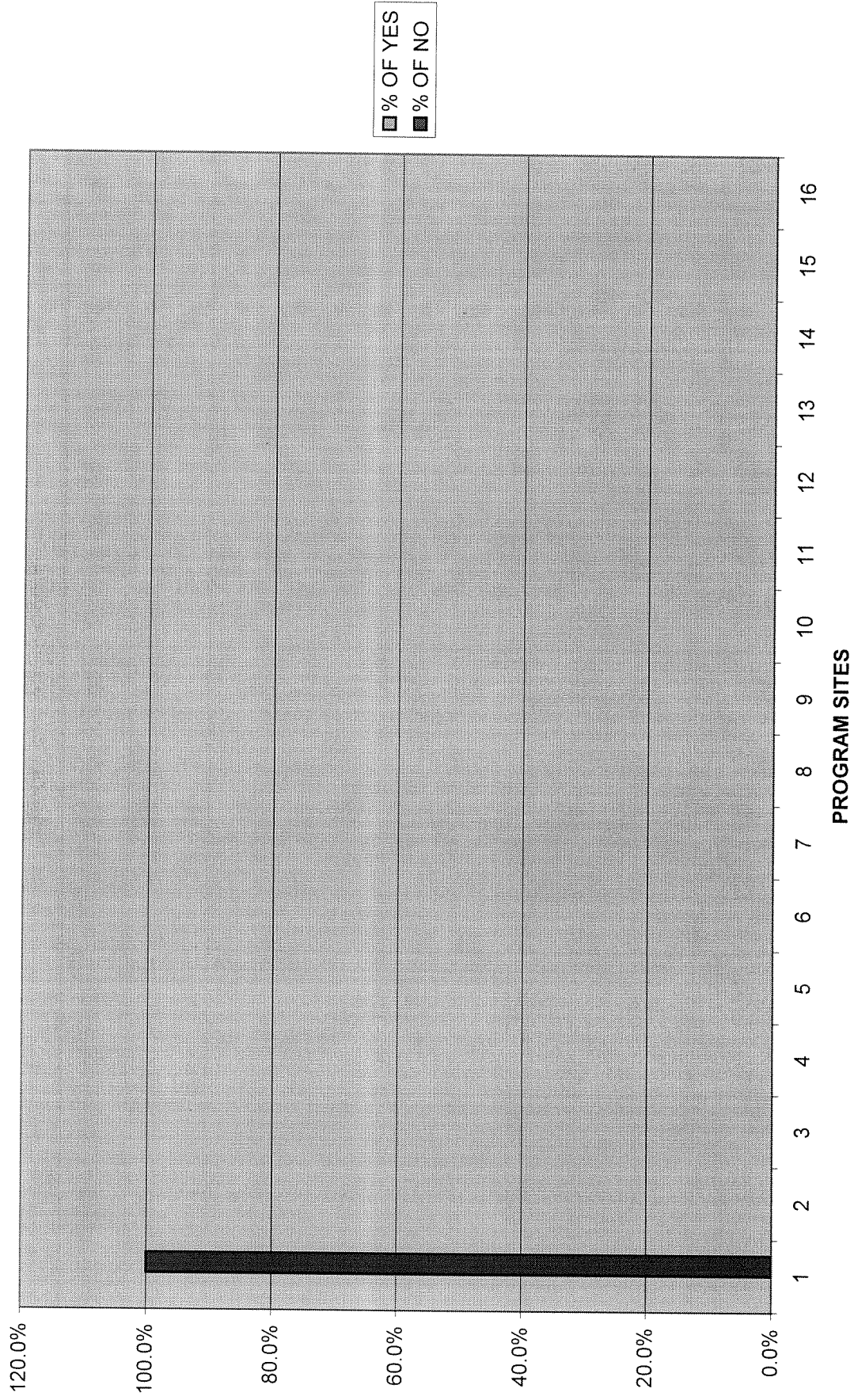
and bring this letter with you. It is important that you
y traiga esta carta con usted. Es muy importante que

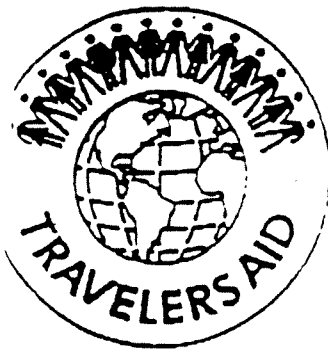
try to keep this appointment. We care very much about
trate de venir esta cita. Nos interesa mucho la

your child's health. We look forward to seeing you!
salud de su hijo. Esperamos verla pronto!

THANK YOU,
GRACIAS

PEDIATRIC LIFECYCLE





TRAVELERS AID SOCIETY OF RHODE ISLAND
177 UNION STREET
PROVIDENCE, RI 02903
(401) 521-2255
FAX (401) 421-7410

HEALTH CARE SERVICES PROGRAM
MOBILE MEDICAL VAN
TRAVELERS AID CLINICS

OFFICE COPY

PHYSICIAN AND NURSE VOLUNTEER APPLICATION

Social Security # _____
Name _____
Address _____
City _____ Zip _____
Telephone _____

Date of Birth ____ / ____ / ____
Employer _____
Address _____
City _____ Zip _____
Telephone _____
Fax # _____

Professional License # _____

Please enclose evidence or current copies of the following:

- copy of RI professional license
- copy of cover page of malpractice insurance
- copy of CPR certification
- evidence or declination of HBV vaccination
- date of last PPD
- evidence of Measles/Rubella vaccine

Please identify your profession by circling one of the following.

MD RN LPN NP PA OTHER _____

How did you hear about the program? _____ What is your specialty? _____ Additional skills you would like to contribute _____ Are you bi-lingual? _____ language _____

Please circle if you are willing to preceptor:
family care residents medical students nursing students

PROFESSIONAL REFERENCE

Name: _____ Address: _____
City: _____ Zip: _____

Please circle preferred evening you would like to volunteer:

M T W TH F

Every effort will be made to schedule you for one-four hour shift every other month, however, until our quota of 120 volunteers is met we are scheduling one-four shift per month.

<u>INTEROFFICE USE ONLY</u>	
OR DATE:	_____
START DATE:	_____
TERM DATE:	_____

Signature

Date

HEALTH CARE FOR THE HOMELESS

1993 QUALITY ASSURANCE PLAN

PURPOSE

The Health Care for the Homeless Quality Assurance Program at Mercy Hospital strives to provide high quality patient care through a systematic, ongoing, concurrent monitoring method, thereby identifying problems or potential problems; and through evaluation of data collected, track sources and effect resolutions.

POLICY

Health Care for the Homeless Quality Assurance at Mercy Hospital is defined under the "10-Step" model for monitoring and evaluation as outlined by the Joint Commission on Accreditation of Healthcare Organizations, in the 1991 Accreditation Manual for Hospitals.

I). RESPONSIBILITY

The ultimate responsibility for the quality of care delivered through the Health Care for the Homeless Department at Mercy Hospital lies with John Holbrook, M. D., Vice President of Medical Affairs and Karen Rotondo, B.S.N., Program Director of Health Care for the Homeless.

II). SCOPE OF CARE

A. POPULATION SERVED

- Single men and women, as well as children and families.
Age of population ranges from birth to old age.

B. CONDITIONS TREATED

- Prenatal care, newborn follow-up, sick and well child assessment and referral, primary care and appropriate referral, including the most common problems encountered: URI, trauma, STD, contagious diseases, skin problems and problems related to substance abuse and exposure.

C. TREATMENT ACTIVITIES PERFORMED

- Health education and ~~primary~~ health care ~~under protocols~~. Mental and physical assessment, evaluation and treatment with consultation and referral when appropriate. Community education and client advocacy within the health care system.

within the scope of nurs.

- D. TYPES OF PRACTITIONERS PROVIDING CARE
- Nurse practitioner, registered nurses, volunteer physicians, R. N. students and medical residents.
- E. SITES WHERE CARE IS PROVIDED
- Worthington Street Shelter
 - Salvation Army
 - Rescue Mission
 - Cummings Memorial
 - Jefferson Street Shelter
 - Greenwich Shelter
 - Prospect Street Shelter
 - Horizons Shelter
 - West Springfield Open Pantry
 - Westfield Soup Kitchen
 - Laredo House
 - Broderick House
 - My Sisters' House
 - R. A. P. Shelter
 - Samaritan Inn
 - Main Street Shelter

update

Also follow up home visits, streets and other sites as the need arises.

- F. HOURS CARE IS PROVIDED
- Monday through Friday, 9:00 a.m. to 5:00 p.m. *flexibility.*
Individual sites have specific hours. Beepers are provided to staff so they may be contacted for questions or emergencies during operating hours.

Health care is provided by registered nurses and a nurse practitioner, following the guidelines of written standards of practice and protocols. HCH nurses shall initiate assessment data to formulate a Nursing Diagnosis and plan of care. The plan of care will be based on philosophical and ethical concepts such as reverence for life and respect for the inherent dignity, worth, autonomy and individuality of each human being and on a resolution to act dynamically in relation to people's beliefs. The plan will be evaluated and modified as necessary based on observable responses of patients and attainment of client goals. The open and timely communication with clients, significant others and team members will be fostered. HCH nurses recognize research as a methodology to further nursing practice with the homeless and indigent population. HCH nurses will assist the clients and significant others to obtain knowledge about wellness as well as illness, injury treatment and prevention.

* Source - EDNA Standards of Practice Manual

III). ASPECTS OF CARE

The HCH Department has defined the important aspects of care as follows:

- A. Assessment
- B. Education/Prevention
- C. Access/Client Satisfaction
- D. Continuity of Care

IV). INDICATORS RELATED TO ASPECTS OF CARE

The indicators related to the aspects of care within the department are as follows:

A). Aspect of Care: Assessment

INDICATORS:

- a). Adult clients charts will have a completed initial assessment sheet including:
 - 1. Vital signs
 - 2. Allergies
 - 3. Substance Abuse Assessments
 - 4. HIV+ Assessment
- b). Pediatric clients charts will have:
 - 1. Immunizations
 - 2. Allergies
 - 3. Height & Weight
 - 4. Pediatrician

Threshold - 100% Exceptions - None

B). Aspects of Care: Education/Prevention

INDICATORS:

- a). Documented evidence of client comprehension by statements such as "client able to demonstrate dressing change/wound care" or "client able to repeat instructions to nurse".
- b). TB Screening
 - 1. TB test given if not current and within six (6) months.
 - 2. Number of positive TB tests with documented referral and follow-up.

Threshold - 100% Exceptions - Client Refusal

immunizations

C). Aspect of Care: Access to Care/Client Satisfaction

INDICATORS:

- a). Clients can verbalize when nurse is available and where to obtain care when nurse is not present.
 - 1. Verbalizes when nurse is available.
 - 2. Knows where to seek care when nurse is not present.

- b). Satisfaction/Perception of Value of Services
 - 1. Feels services are helpful.
 - 2. Seeks care sooner because of our program.

Threshold - 100% Exceptions - None

D). Aspect of Care: Continuity of Care

INDICATORS:

- a). Appropriate nursing action and referrals made according to the physical and psychosocial needs of the client.

- b). All homeless clients seen in the Emergency Department referred to HCH will be followed up by staff.

Threshold - 100% Exceptions

- 1. All clients not known to us
- 2. Clients staff unable to locate.

V). THRESHOLD FOR ACTION

Each of the identified indicators will have a defined threshold for action expressed in either a percent or a number.

VI). COLLECTION AND ORGANIZATION OF DATA

Data will be collected monthly by the staff.
Data will be organized to allow for evaluation of the indicators.

VII). EVALUATE CARE WHEN THRESHOLD ARE REACHED

The program director and the staff will evaluate the care of the patients where threshold fall short or exceed expectations.

IX). ACCESS EFFECTIVENESS OF ACTION

The program director and the staff will continue to collect, organize and evaluate data on the indicators whose thresholds are reached to determine the effectiveness of the action taken.

X). DOCUMENT AND REPORT FINDINGS TO THE CLINICAL SUPPORT SERVICES COMMITTEE

Monthly, the program director and the staff of HCH will collect and organize data against the identified indicators; will evaluate data and will take action. On a quarterly basis the program director will present the indicators to the hospital's Quality Assurance Clinical Support Services Committee. The program director will submit a report of findings, recommendations, actions taken and monitored activities.

The program director will submit an annual report of quality assurance activity to the Clinical Support Services Committee. This report will be for the preceding calendar year.

The Clinical Support Service reporting schedule for the HCH department will be February, May, August and November. The data will be tabulated and reported, using Mercy Hospital's Quality Assurance format.

Karen Richards RN

Program Director - HCH

2-4-93

Date

[Signature]

Vice President, Medical Affairs

2/4/93

Date

