



# Conducting Case Management Intakes

Brian A. Taylor MPA, CHES  
Lead Training Specialist

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# Financial Disclosure

- No financial interests to disclose.

# Learning Objectives

- Discuss concepts related to cultural competence and cultural humility.
- Introduce cultural competemility as a robust theoretical framework to enhance client engagement.
- Apply practical examples of how to integrate elements of cultural competemility into client interactions.

# Let's Talk About Communication

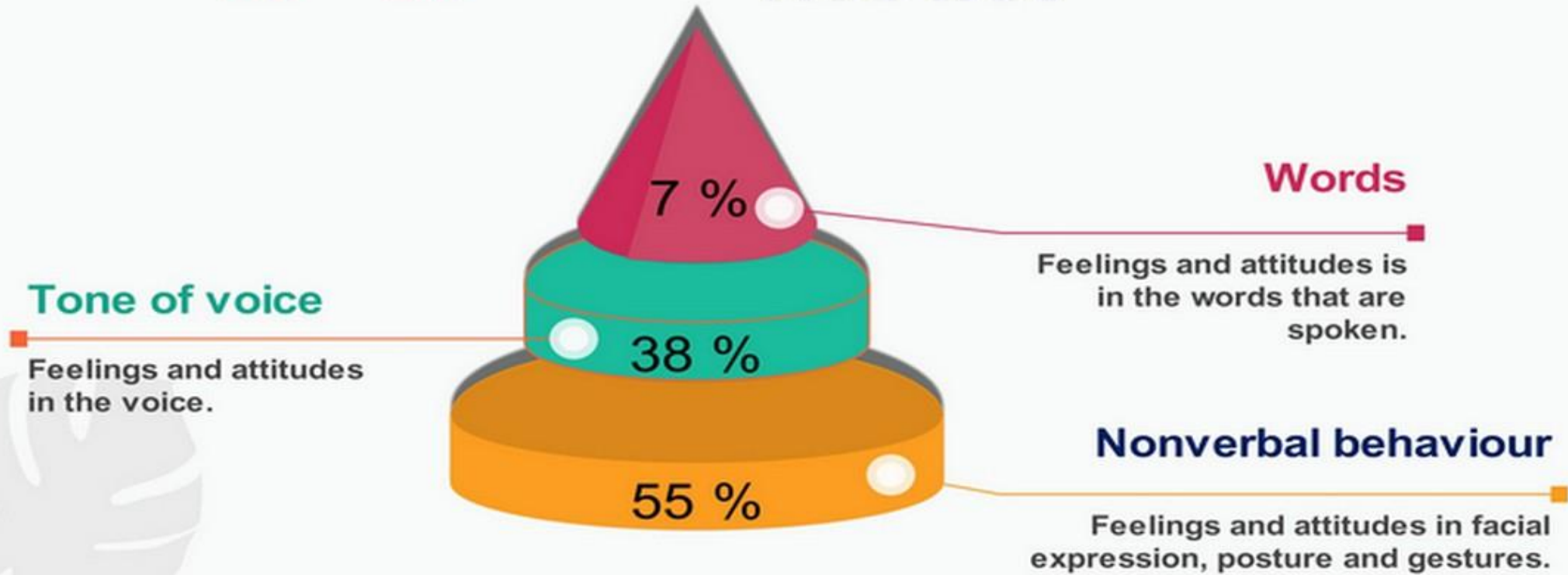
- In 1967, Dr. Albert Mehrabian teamed up with fellow researcher Morton Wiener to conduct a study on communication.
- These researchers sought to investigate the impact spoken word and facial expressions had on an individual's ability to receive messages effectively.
- Focusing solely on attitudes and emotions, the researchers determined there to be a 7-38-55 rule that is associated with the way we communicate (verbal vs. non-verbal).

Available: <https://www.bl.uk/people/albert-mehrabian>



Mehrabian's

# communications model



Effectiveness of communications largely depends on non-verbal communication.

# A Closer Look At Behavior and Negotiation

- Psychologists have identified four basic types of social motives that often motivate human behavior.
  - **Individualists** are seemingly more motivated to maximize their own outcomes without concern for the outcomes of others. This group of people doesn't believe in sharing and has the capacity to be self-serving.
  - **Cooperators** are motivated to maximize both their own and other parties' outcomes and to ensure that gains are distributed fairly. Beyond seeking fairness, cooperators have the capacity to anticipate the outcome of others in their decision making.

# A Closer Look At Behavior and Negotiation, con't.

- **Competitives** prefer outcomes that maximize the difference between their own and others' outcomes. They want to win- and by a wide margin. As a result, their behavior tends to be the most self-serving, and their lack of trust makes joint problem solving difficult.
- **Altruists** seek to maximize the other party's outcome without concern for their own. Altruists are difficult to find in today's world. These individuals often operate with selfless acts of humanity and promote the equitable distribution of justice and fairness for all.



# What Does This Tell Us?

- 93% of our communication is rooted in non-verbal behaviors and elements of our delivery.
- Many of these behaviors are completely oblivious to the communicator.
- Depending on the population you are communicating with, these behaviors can be misinterpreted as being biased or judgmental.
- Building a rapport with someone in order to better understand their life journey may be challenging, depending on the approach used to solicit information.

Words can inspire.  
And words can  
destroy. Choose  
yours well.

Robin Sharma

## Say this, not that

Instead of ....	Use ...
HIV infections	HIV diagnosis or transmissions
Infected with HIV	Living with HIV
Unprotected sex	Condomless sex
Dirty needle	Shared needle or shared works
Died from AIDS	Died from AIDS-related illness
How did you get it?	Are you in care?

# Let's Talk About Mental Health

- Psychology Today has identified seven exploratory questions that will open up the conversation to understand where someone is with mental illness:
  1. How have you been?
  2. How's your stress level lately?
  3. Have you been eating and sleeping?
  4. Is there anything you want to talk about?
  5. Would you be willing to talk to someone?
  6. What can I do for you?
  7. When is the best time to check in with you again?



How Would You Compare Cultural Competence and Cultural Humility?

# What Are Cultural Competence & Humility?

## Cultural Competence

- This concept was introduced by Cross et al in 1989 and was reimagined by Gallegos et al as 'ethnic competence' in 2008.
- Involves five central tenets:
  - Cultural desire
  - Cultural awareness
  - Cultural knowledge
  - Cultural skill
  - Cultural encounters

## Cultural Humility

- Introduced by Melanie Tervalon and Jann Murray-Garcia in 1988, cultural humility has three tenets at its core:
  - Lifelong self-evaluation and self-critique
  - Challenge of power imbalances
  - Affiliation with advocacy groups

# What's the Debate?

## Cultural Competence

- Fosters cross-cultural communication
- Reduces health disparities
- Increases health literacy
- Promotes health equity

## Cultural Humility

- Dynamic, lifelong process
- Requires less emphasis on knowledge and competency
- Promotes interpersonal sensitivity
- Requires an attitude of openness

# What's the Debate? (con't.)

- Critics of cultural competence believe this theoretical framework should be replaced with concepts related to cultural humility.
- There are also schools of thought that cultural competence should only include a set of learning opportunities as a foundation and then move on to cultural humility.
- Both concepts have the capacity to build upon the other, but many critics agree there needs to be a new approach.

# Introducing Cultural Competemility

- Developed by Campinha-Bacote (2013), this new framework allows for a synergistic relationship between cultural competency and humility.
- This framework was derived from two cultural competency models:
  - The Process Of Cultural Competence In the Delivery Of Healthcare Services (Campinha-Bacote, 2011)
    - Builds upon the five tenets of cultural competency
  - A Biblically Based Model of Cultural Competence in the Delivery of Healthcare Services (Campinha-Bacote, 2013)
    - Adds biblical components, such as humility, compassion, social justice, *Imago Dei* (image of God) and teachableness





## Applying Cultural Competemility

What can you do?

What can your  
agency/organization  
do?

# Integrating Cultural Competemility

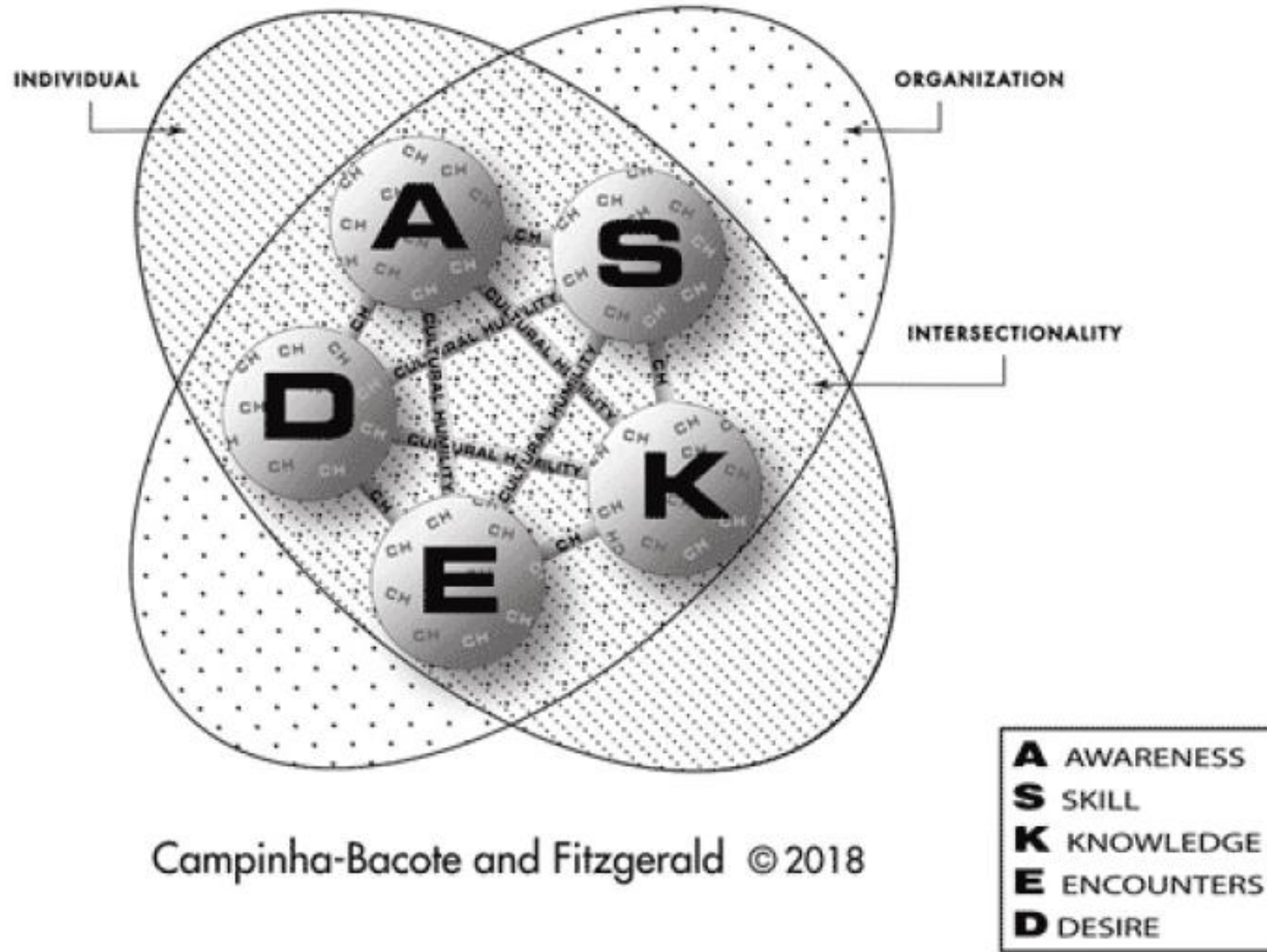
## Organizational-Level

- Integrate the five elements:
  - Value diversity
  - Have the capacity for cultural self-assessment
  - Be conscious of the dynamics inherent when cultures interact
  - Institutionalize cultural knowledge
  - Develop programs and services that reflect an understanding of diversity between and within cultures

## Individual-Level

- Integrate the following elements:
  - Active listening
  - Reflecting
  - Reserving judgment
  - Placing oneself in the context of the client's world
  - Self-question
  - Immersion
  - Negotiation

## An Intersectionality Approach to the Process of Cultural Competemility – Part II



# Conducting Intakes

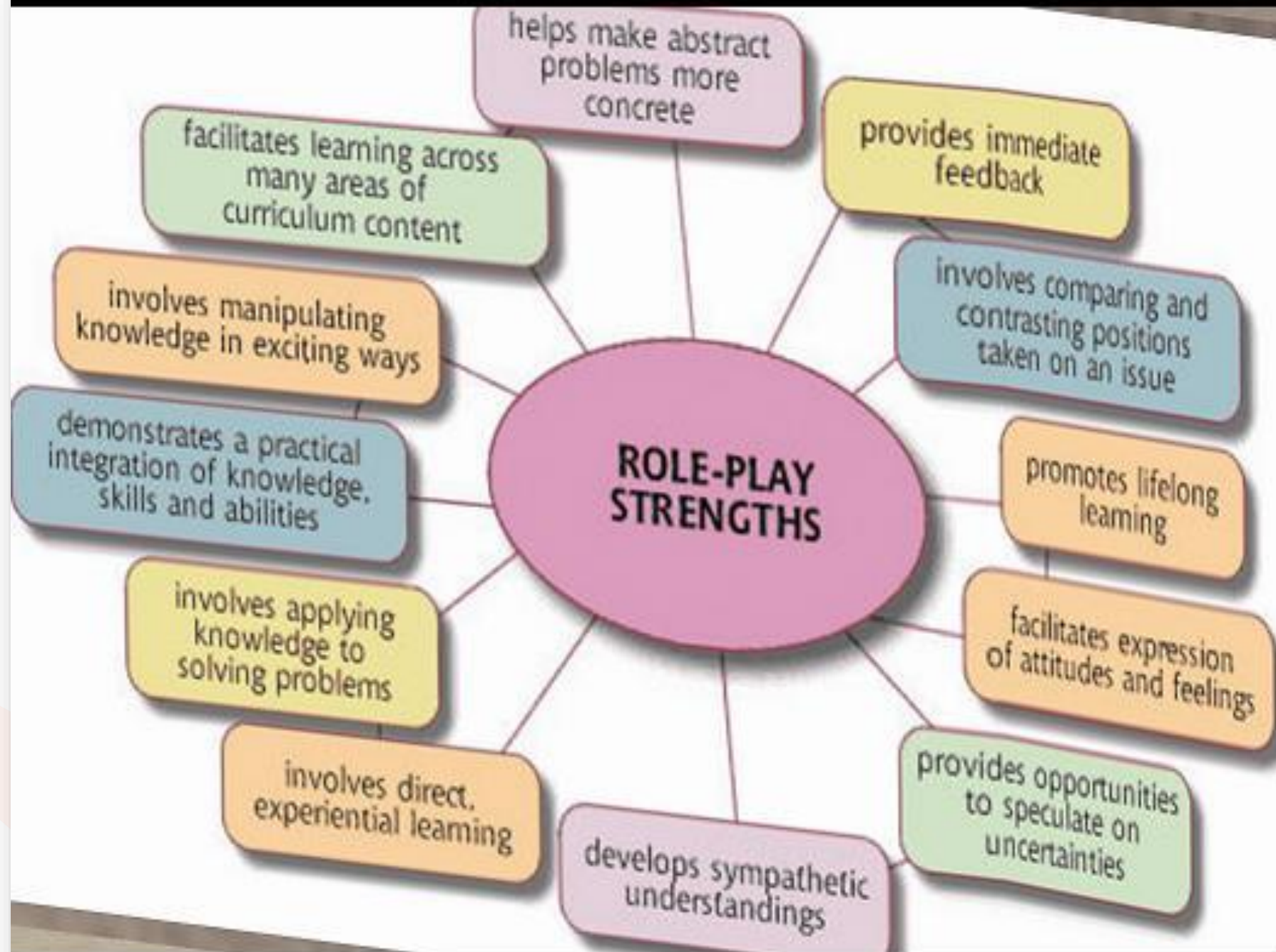
## Kansas City TGA RW Case Management Intake Worksheet

Date of Intake _____ DCN _____		<b>Street Address</b> _____	
Name _____ First MI Last		<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____	
AKA _____ Guardian _____		County _____ Ok to Mail Yes or No	
<b>DOB</b> _____ SSN _____		<input type="checkbox"/> Permanent Housing <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Homeless	
Race _____ Ethnicity _____ <b>Gender</b> M F MTF FTM		Primary Phone _____ Ok to leave VM <input type="checkbox"/>	
Education _____ Legal Marital Status M S D W		Secondary Phone _____ Ok to leave VM <input type="checkbox"/>	
<b>Language</b> _____ Transportation Yes or No		Email Address _____	
US Citizen _____ Are you a veteran? Yes or No		<b>Number of Dependents</b> _____ <b>Number in the Household</b> _____	
Gross income _____ Sources of income _____			
<b>Health Coverage</b> <input type="checkbox"/> No Insurance <input type="checkbox"/> Private Insurance <input type="checkbox"/> VA <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare- Types A B C D <input type="checkbox"/> Truman Discount		<b>Additional Health Coverage Information</b> (COBRA benefits, insurance availability, open enrollment, MHN application status, spouse/domestic partner coverage available)	
Date of HIV Dx/Where _____		Previously in CM out of state? (Name of CM-Agency-City/State/Phone#) _____	
Date of AIDS Dx/Where _____		<b>Previously in CM in MO or KS</b> <input type="checkbox"/> No <input type="checkbox"/> Yes _____	
<b>HIV Medical Provider Name, Phone# and Fax#</b> _____		<b>Medical Complication/Opportunistic Infections/Co-Infections</b> <i>medical site &amp; provider</i>	
Last CD4 and VL _____		<b>Medications</b> _____	
Last Medical Visit <i>CAPUS eligible &gt;6mo</i>			
<b>Risk Factors</b> <input type="checkbox"/> MSM <input type="checkbox"/> IDU <input type="checkbox"/> MSM/IDU <input type="checkbox"/> Hemophilia <input type="checkbox"/> Transfusion <input type="checkbox"/> Heterosexual Contact <input type="checkbox"/> Perinatal		<b>Recently Incarcerated?</b> <b>Date/Location</b> <i>TCM eligible if DOC w/in 6 mo</i> <input type="checkbox"/> On Probation or Parole	
		<b>Mental Health Needs</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
		<b>Substance Abuse Needs</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
Notes (Reason for requesting CM, Community resources provided, barriers to care)		<b>Proximity to CM/Medical Site</b> <b>Age – YCM 13-24; FCM 0-13</b> <b>Children in the home; past/desired pregnancy; higher needs based on household size</b> <b>Language – Spanish-speaking CM at Thrive, TMC, KC CARE</b> <b>Relationship with previous CM site</b> <b>Co-location</b>	
I understand that my HIV test results and other information will be kept confidential. I am signing this form voluntarily. I am agreeing to release information about myself and my HIV diagnoses so that I can enroll in case management services if I need and/or qualify for such services. I understand that the information I have provided will be entered into a secure and confidential database maintained by the Missouri Department of Health and Senior Services. I understand that my signature or verbal approval means that a case manager may contact me by phone or letter.			
Client Signature _____		Referred To (Name and Agency) _____	
Verbal Authorization <input type="checkbox"/> Yes <input type="checkbox"/> No		Person Completing Intake _____	

# Observation: Role Play

- The facilitator will engage in a simulated role play, utilizing a sample Risk Reduction Interview (RRI) that will be provided.
- Each of you will serve as observers to better understand how to integrate Cultural Competency into sex history discussions.
- At the conclusion of the RRI, there will be an opportunity for volunteers to practice using this tool.
  - Using what you've learned thus far, practice asking exploratory, open-ended questions.
  - Remember to express empathy and manage your emotions!







# Example: Cultural Competemility RRI



- 1.) Which age range do you fall within?  
 Less than 18 years     18 to 29 years     30 to 39 years     40 to 49 years     50+ years
  
2. Which of the following, if any, apply to you currently?  
 I engage in commercial sex work  
 I exchange sex for money, goods or other things I need  
 I have money issues  
 I'm experiencing issues with finding a place to stay  
 I need help getting food  
 I don't have reliable transportation  
 I don't have reliable healthcare  
 I don't have stable employment  
 I don't feel safe where I live/currently reside
  
3. Have you ever tested for HIV?  
 No  
 Yes  
    → 3a.) When was your last test? \_\_\_\_\_  
    → 3b.) What was your last HIV test result?  
         Positive (reactive)  
         Negative (non-reactive)
  
4. Which gender do you identify with? Select all that apply.  
 Cisgender (sex assigned at birth) Male     Cisgender (sex assigned at birth) Female     Gender Fluid     Gender Non-conforming     Intersex  
 Trans Male     Trans Female     Transgender Non-conforming     Genderqueer (neither male nor female)
  
5. Which sex organ(s) do you currently have?  
 Penis → Do/Did you have a prostate?     Yes     No  
 Vagina → Do/Did you have a cervix and/or uterus?     Yes     No



# Questions



# Contact Information

Brian A. Taylor MPA, CHES  
Lead Training Specialist /  
Health Education  
Coordinator

1919 W. Taylor Street (M/C  
779), 8th Floor

Chicago, IL 60612

[briant@uic.edu](mailto:briant@uic.edu) | (P)

312.996.0224 | (F)

312.413.4153



thank you!

# MATEC Resources

- Clinical Consultation Center  
<http://nccc.ucsf.edu/>
  - HIV Management
  - Perinatal HIV
  - HIV PrEP
  - HIV PEP line
  - HCV Management
  - Substance Use Management
- AETC National HIV Curriculum  
<https://aidsetc.org/nhc>
- AETC National HIV-HCV Curriculum  
<https://aidsetc.org/hivhcv>
- Hepatitis C Online  
<https://www.hepatitisc.uw.edu>
- AETC National Coordinating Resource Center  
<https://aidsetc.org/>
- Additional Trainings  
<https://matec.info>