

## **Sandra Enos**

### **3.1. Discuss the philosophy or clinical/service approach that guides the nominee's work with participants (15 possible points)**

The service approach used is Client-Centered and Solutions Focused. Sandra is a role model for meeting clients where they are, building relationships while clients are incarcerated and adapting her style and level of advocacy/involvement based upon a comprehensive assessment of the client's situation, capacity for change, etc. Sandra's clientele are adults with an HIV/AIDS diagnosis who are currently incarcerated at Dekalb County Jail or are about to be released/have been released from state/federal prison within the past 6 months. Sandra makes an assessment & then develops a treatment plan, in collaboration with the client, focusing on medical health, insurance, adherence, harm reduction, housing, income, food, family/childcare, social support, legal, substance abuse, mental health, transportation, furniture, clothing. Sandra is personally guided by her Christian belief of "Love thy Neighbor." Sandra sees this epidemic of HIV/AIDS as one of isolation, a form of modern-day leprosy where clients feel more isolated; not only are her clients incarcerated, but they do not have the freedom to speak in general terms about their physical, emotional or psychological health. They can't tell others why they don't feel well, or why they are depressed or why their families have deserted them. Sandra gives them a "soft place to land", she goes beyond the traditional Case Manager/Client relationship, she has to build trust so they will reappear for continued case management upon their release from jail/prison. Sandra holds her clients to their respective individual high standards, always encouraging them with her mantra of "failure is not an option", but it is ok to fall. Sandra forces them to look at their life long pattern of criminal behavior & substance abuse so that they can identify the destructive patterns of behavior in need of change. Sandra is so passionate about working with the Ex-Offender population & with successful re-entry, that she has started her own mentoring program for female ex-offenders.

### **3.2. List the outcomes that the nominee is held accountable to in their work with participants (15 possible points)**

- 1) Increase in Quality of Life (QoL) Indicator self-reported by clients every 6 months (scale of 1-100)
- 2) Increase in CD4 count/Decrease in Viral Load (this indicates client is in medical care, adherent to medication, getting healthier, less infectious)
- 3) Proof of clients attending a primary care appointment minimally every 6 months
- 4) Movement of clients from Case Management to Self Management Program
- 5) Decrease in recidivism
- 6) Increase in show rates of clients at their Case Management appointment post release from jail

### **3.3. List the activities that the nominee engages in with participants to help them achieve those outcomes (15 possible points)**

- 1) Collaborating w/Corrections Medical Personnel to ensure clients are receiving appropriate medical care while incarcerated; Sandra is a strong advocate for her clients & has risked having her hand slapped (by jail personnel) for her strong advocacy skills. Over time, Sandra has built her credibility with the jail medical staff, has developed those relationships and has built new relationships with mental health staff, jail intake staff, etc. to obtain multiple referral sources.
- 2) Linking clients to medical care upon their release, so there is no gap in medication (clients are released from jail/prison with 0 to 14 days worth of meds & it can take up to 6 wks to get someone indigent into medical care for HIV)
- 3)Someone who needs medical care/medication will not be compliant if they are in need of housing, food, other basic necessities and/or have mental health and/or substance abuse issues, so...linking the client with additional resources/services that will assist the client in being medically adherent. Sandra has built critical relationships with Contacts at community based agencies to expedite these linkages
- 4) Sandra meets the clients in their homes, shelters, on the corner, wherever they are...when they do not have the financial resources or are too sick to come into the office
- 5) Sandra takes clients in her car (not a part of her job requirements) for intake into inpatient mental health/substance abuse programs upon release from incarceration. Sandra has also met clients on a Saturday or Sunday at the bus station, having just been released from State Prison, to get them emergency shelter until she do an intake on Monday.
- 6) Educates client on HIV (not part of her job- we have an education dept.), but many clients are diagnosed while incarcerated & don't understand their diagnosis or it's not explained to them adequately by corrections medical staff, etc. Sandra takes the time to explain their diagnosis in terms they understand and to provide hope for "living with HIV" and not "dying of HIV/AIDS"
- 7) Provides emotional support & tough love to clients
- 8) Has built strong relationships with the Social Workers at both Dekalb & Fulton County Public Defender Services (the latter is not even in Sandra's service area)...they count on Sandra to attend court at the client's sentencing w/the Attorneys to present programming alternatives to incarceration to the Court (not part of her job).
- 9) Sandra attends EVERY re-entry conference in Atlanta, using her own personal funds for registration fees, to network w/Dept. of Corrections staff, housing, employment & other community based providers, to obtain resources for her clients
- 10)Sandra has recently become involved (as a result of attending a re-entry conference) in the potential changing of legislation affecting ex-offenders in GA, as it relates to obtaining government assistance (food stamps, Student loans, etc.) & employment if one has a felony conviction on their record.
- 11) Overall, Sandra goes above & beyond the call of duty to assist her clients- she ensures that clients are an active participant in their goal setting and directly addresses harmful & destructive behavior engaged in by clients.

### **3.4. Describe what the nominee tracks with each program participant to know they are doing high quality work - i.e. quality indicators, services data (15 possible points):**

- 1) Show rates of clients at their Case Management appointment post release from jail (this is directly impacted by the level of relationship Sandra develops with the client while incarcerated)
- 2) 100% of Monthly Contacts (Sandra usually has weekly contact w/her clients-both while incarcerated & post incarceration)
- 3) 100% of ISPs (Individual Service Plans) are updated every six months (4 months for Medicaid clients)
- 4) ISPs are quality, consisting of a thorough & detailed assessment, plan, interventions & evaluation. (Manager conducts 2 chart audits monthly, 2 detailed observations annually & has monthly supervisions where metrics are discussed & analyzed and cases are staffed.)
- 5) Documentation is required by Case Manager 72 hours post contact.
- 6) Case manager will have completed the intake process with 10 business days of referral.
- 7) Quarterly service excellence surveys are conducted with clients to determine quality of work/services provided by Medical Case Managers & other staff
- 8) # of complaints made during grievance process about Medical Case Manager

### **3.5. Describe what data the nominee tracks with each program participant to know they are successful – i.e., being effective, outcomes data (20 possible points)**

- 1) Quality of Life (QoL) Indicator self-reported by clients every 6 months (scale of 1-100)
- 2) High CD4 count/ Low Viral Load (this indicates client is in medical care, adherent to medication, getting healthier, less infectious)
- 3) Proof of clients attending a primary care appointment minimally every 6 months
- 4) Movement of clients from Case Management to Self Management (self sufficiency; no longer needing crisis intervention) Program which includes movement from jail/prison to temporary housing, movement from temporary to transitional housing, movement from transitional to permanent housing; also includes obtaining an income either from employment or SSI/SSDI (if appropriate); ability to procure food, furniture, transportation; ability to develop & sustain a support system
- 5) Recidivism rate
- 6) Sobriety
- 7) Stable Mental Health (taking meds, in treatment, etc.)

**2010 Metrics: Sandra Enos, Medical/Corrections Case Manager**

**AID Atlanta; Off-Site: Dekalb County Jail**

<b>Objective</b>	<b>Baseline</b>	<b>Q2 or Q3</b>	<b>Difference</b>	<b>Notes</b>
Increase in Caseload	<b>14</b>	<b>35</b>	<b>21</b>	<b>Average Corrections CM has caseload of 18-25</b>
QoL rating increase quarter over quarter	<b>63.5</b>	<b>67.7</b>	<b>4.2</b>	<b>Self Reported by clients</b>
Decrease in new arrests from previous quarter	<b>10%</b>	<b>3%</b>	<b>7%</b>	<b>Objective is to decrease recidivism with engagement in effective Case Management</b>
Increase in Referrals from CorrectHealth at DCJ month over month-	<b>0</b>	<b>9</b>	<b>9</b>	<b>Increase in referrals from Correct Health (DCJ Medical Vendor) solely due to relationship-building Sandra did with Medical vendor we were initially having difficulty getting referrals from CorrectHealth</b>
Add minimum of 1 different referral source every other month	<b>3</b>	<b>16</b>	<b>13</b>	<b>Increase in referral sources solely due to relationship-building Sandra did within &amp; outside of jail to obtain additional referrals , as we were having difficulty getting referrals from CorrectHealth</b>
Increase Show Rate average	<b>50%</b>	<b>80%</b>	<b>30%</b>	<b>Show rate of clients post release from jail due to Sandra's multi-layered relationship-building with clients while incarcerated</b>
Increase contact with members to increase members' adherence to care	<b>94%</b>	<b>99%</b>	<b>6%</b>	<b>Sandra is required to have at least monthly contact with clients; Sandra has weekly if not more frequent contact with clients; she has to see clients consistently while they are incarcerated for them to trust her &amp; show at our office upon release from jail</b>
Increase the number of members that have 2 ISPs completed in a 12 month	<b>81%</b>	<b>100%</b>	<b>19%</b>	<b>This is difficult to accomplish as many clients do not show after incarcerated to have ISPs completed...Sandra is able to build the relationship &amp; provide value so clients want to show</b>

period				
Increase the number of members that have had a primary care visit at least 2 times in a 12 month period	75%	72%	3%	While this decreased slightly, once again difficult to have clients be compliant in this area of medical treatment
<b>Other Metrics</b>				
Permanent Housing		11/35 in perm housing		
SA/MH Treatment		8/35 in SA/MH treatment		
With steady income (SSI/SSDI or Employment)		7/35		
Transferred from Jail to Prison		1/35 transferred to prison		
Currently in Jail		12/35		