

**1 Patient / Client Information****1 CLIENT DETAILS**

**Name**  
Marcus D. Hollins

**Date of Contact**  
05/06/2026

**DOB**  
03/17/1979

**Provider / Case Manager**  
Renee L. Washington, MSW, LSW — HIV Case Manager

**Age / Sex**  
47 / Male

**Service Setting**  
Outpatient HIV Clinic — Ryan White Part B Program, Chicago, IL

**MRN / Client ID**  
RW-2024-0883

**Contact Type**  
In-person — scheduled 45-minute case management session

**R Reason for Contact****2 PRIMARY REASON FOR CASE NOTE**

This case management session was initiated to address three concurrent concerns identified at Mr. Hollins's infectious disease clinic visit last week (04/29/2026): (1) reported medication adherence difficulties — specifically, missed antiretroviral therapy (ART) doses estimated at 3–4 per week over the past month, associated with a recent increase in viral load from undetectable to 1,240 copies/mL; (2) housing instability — client disclosed that he received a 30-day eviction notice on 04/22/2026 from his apartment in Wicker Park due to unpaid rent; and (3) worsening depressive symptoms reported by his prescribing physician, Dr. Ahmed Farouqi, MD, who requested case management support for mental health linkage.

**B Background / Context****3 RELEVANT CONTEXT**

Mr. Hollins is a 47-year-old Black gay male living with HIV (diagnosed 2011) currently managed by Dr. Farouqi at the Howard Brown Health Center HIV Clinic. He has been on an ART regimen of bicitgravir/tenofovir alafenamide/emtricitabine (Biktarvy) since 2019. His viral load had been undetectable from 2020 through early 2025 — consistent adherence during a period of housing stability. In mid-2025 he lost his job as a restaurant cook due to the establishment closing. He has been surviving on SNAP benefits, sporadic gig work, and partial contributions from his sister since then. His mental health history includes a prior episode of major depressive disorder (2014–2016) treated with sertraline — discontinued after achieving remission. He has been enrolled in Ryan White Part B case management services since 2020. His prior case manager transitioned out of the role in January 2026; Mr. Hollins was reassigned to this case manager in February 2026. He has two adult children with whom he has limited contact. He reports a history of methamphetamine use (in remission since 2018); no current substance use disclosed.

**S Subjective Information****4 CLIENT-REPORTED INFORMATION**

Mr. Hollins arrived on time, appearing tired and emotionally subdued. He stated: 'I've been really struggling lately — I know I should be taking my pills every day but sometimes I just can't get out of bed.' He disclosed that depressive symptoms have worsened over the past 6 weeks — low energy, hypersomnia (sleeping 12–14 hrs/day), loss of appetite, and a pervasive sense of hopelessness linked to his housing and financial situation. He denies active suicidal ideation but stated 'I've had some dark thoughts about whether it's worth it anymore' — he clarified these as passive, without plan or intent. He reported that the eviction notice has caused significant anxiety; he has not yet sought legal assistance or emergency rental assistance. He stated his sister is willing to let him stay with her temporarily but that he feels 'too proud' to ask. He expressed frustration with the healthcare system: 'It feels like everyone is tracking numbers, not me as a person.' He identified his goals as: getting stable housing, getting back on his medication routine, and 'finding a reason to keep going.'

**O Objective Information****5 OBSERVABLE & VERIFIABLE INFORMATION**

Client presentation: Casually dressed, moderate hygiene, appeared fatigued with psychomotor slowing. Maintained intermittent eye contact. Engaged thoughtfully when prompted. Records reviewed this session: (1) Dr. Farouqi's clinic note 04/29/2026 — documents viral load 1,240 copies/mL (up from undetectable 11/2025); CD4 count 412 cells/ $\mu$ L (down from 510 cells/ $\mu$ L in 11/2025); PHQ-9 score 17 (moderately severe depression); recommended case management referral for housing and mental health linkage. (2) Pharmacy fill records reviewed — Biktarvy fills show: prescription filled 02/28/2026 (30-day supply); refill not obtained until 04/02/2026 (gap of 3+ days); most recent fill 04/02/2026 — 30-day supply should have been exhausted approximately 05/02/2026; no new fill confirmed as of today. (3) Illinois Housing Authority emergency rental assistance portal — accessed during session, application window currently open. (4) PHQ-9 self-administered today: Score 18 (moderately severe). Patient denies current substance use; no collateral contradiction observed.

## I Interventions / Actions Taken

### 6 SERVICES PROVIDED DURING ENCOUNTER

1. Medication adherence counseling: Reviewed the relationship between depression, energy, routine disruption, and ART adherence. Discussed practical adherence strategies — pill organizer, phone alarm reminders, pairing medication with a daily anchor activity. Provided a 7-day pill organizer. Coordinated with pharmacy (Howard Brown Health Pharmacy, 773-555-0142) to confirm Biktarvy can be refilled today — confirmed; prescription sent by Dr. Farouqi's office. 2. Housing intervention: Completed the Illinois Emergency Rental Assistance Program (ILRAP) application together during the session — uploaded eviction notice (client provided digital copy), lease agreement, and income documentation (SNAP award letter). Submitted application reference #ILRAP-2026-CHI-38841. Provided client with the Chicago Housing Authority emergency shelter waitlist information as a contingency. Discussed with client that temporary stay with sister is a viable bridge option and helped reframe this as resourcefulness rather than failure. 3. Mental health linkage: Identified that Mr. Hollins has Medicaid (managed care plan: Meridian Health Plan). Located a telehealth psychiatry appointment availability at Howard Brown Behavioral Health — appointment scheduled for 05/13/2026 at 2:00 PM with Dr. Yolanda Price, MD. Provided appointment confirmation and telehealth access instructions. Discussed rationale for returning to antidepressant therapy. 4. Safety assessment: Passive SI without plan or intent noted. Safety plan reviewed and updated — crisis line (988) discussed; client agreed to contact case manager or call 988 if ideation becomes active. 5. Patient education: Psychoeducation provided on the bidirectional relationship between depression and HIV immune function — client expressed understanding and motivation to engage with treatment.

## A Assessment

### 7 CLINICAL INTERPRETATION & CURRENT STATUS

Mr. Hollins presents with a complex and destabilizing intersection of psychosocial stressors — housing insecurity, financial crisis, social isolation, and untreated recurrent major depression — that have collectively disrupted his previously stable HIV management. His ART non-adherence is behavioral and situationally driven rather than volitional; it is directly linked to worsening depression and loss of daily routine structure. The viral load rebound to 1,240 copies/mL, while concerning, is not yet at treatment-failure thresholds and is fully reversible with prompt re-engagement in adherent care. His CD4 count remains adequate. Passive suicidal ideation is present; risk is currently assessed as low given absence of plan, intent, or means, and presence of protective factors (sister relationship, engagement with care, future-orientation expressed in goals). Medical necessity for continued intensive case management services is clearly established given the multiplicity of barriers and the direct impact on HIV treatment adherence and health outcomes. He is at risk of disengaging from care entirely if housing crisis is not resolved within the next 2-3 weeks.

## PL Plan

### 8 NEXT STEPS & RESPONSIBILITIES

Client responsibilities: (1) Pick up Biktarvy refill at Howard Brown pharmacy today. (2) Resume daily ART with pill organizer and phone alarm. (3) Attend psychiatry telehealth appointment 05/13/2026 at 2:00 PM. (4) Contact sister this week regarding temporary housing. (5) Monitor ILRAP application status at [ilrap.illinois.gov](http://ilrap.illinois.gov) (reference #ILRAP-2026-CHI-38841). Case manager responsibilities: (1) Follow up with ILRAP portal in 5 business days for status. (2) Send clinical summary to Dr. Price prior to 05/13 psychiatry appointment (patient consent obtained). (3) Coordinate with Dr. Farouqi's office for repeat viral load in 6 weeks. (4) Explore supplemental income resources — referral to Ryan White Part B ADAP and benefits counseling. (5) Document passive SI in clinical record; notify Dr. Farouqi per protocol.

## F Follow-Up

### 9 NEXT CONTACT

Next Case Management Contact

05/13/2026 — phone check-in prior to psychiatry appointment to confirm attendance, housing update, and medication adherence. In-person session scheduled for 05/20/2026.

PROVIDER / CASE MANAGER NAME	CREDENTIALS / ROLE	DATE	TIME
Renee L. Washington, MSW, LSW	MSW, LSW — HIV Case Manager, Ryan White Part B	05/06/2026	2:30 PM

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