

2012-2014

HOUSTON AREA COMPREHENSIVE HIV PREVENTION AND CARE SERVICES PLAN

STRATEGY 4: STRATEGY TO IMPROVE COORDINATION OF EFFORT AND PREPARE FOR HEALTH CARE SYSTEM CHANGES

Goals

1. Increase Awareness of HIV among all Greater Houston Area Health and Human Service Providers
2. Increase the Availability of HIV Prevention and Care Services and Providers
3. Reduce Barriers to HIV Prevention and Care
4. Partner to Address Co-Occurring Public Health Problems that Inhibit Access to Care
5. Prepare for State and National-Level Changes in the Health Care System

Solutions

1. Launch proactive efforts to unify stakeholders and to engage new and non-traditional partners in achieving the HIV prevention and care mission
2. Intensify technical assistance and training to current *and potential* AIDS-service organizations (ASOs) and providers
3. Maximize the use of media to (re) mobilize the public and providers around HIV
4. Maximize the use of technology to (a) link people at risk for or living with or HIV/AIDS (PLWHA) with resources and (b) assist providers with real-time referrals for clients to needed HIV prevention and care services
5. Intensify coordination of data systems within the HIV care system; between HIV prevention and care; and between AIDS-service organizations and the broader health care delivery system

Proposed Coordinating Efforts (Responsible Party, Timeline)

To Support the Entire HIV System

1. Engage broad-based Houston Area health, social service, and community coalitions in order to engage new and non-traditional partners in supporting the HIV prevention

- and care mission (Ryan White Planning Council, HIV Planning Group; 2013)
2. Adopt a process to develop a Houston Area HIV media and marketing plan that encapsulates priority audiences, messages, products, outlets, and outcomes for engaging earned media on HIV prevention and care issues (Ryan White Planning Council, HIV Planning Group; 2013)
3. Explore the feasibility and practicality of developing a clearinghouse of available funding opportunities to support Strategy implementation (Ryan White Planning Council/Office of Support; 2013)
4. Translate the Houston Area HIV/AIDS Resource Guide into a real-time web- and phone-based resource locator with accompanying mobile applications (if feasible) accessible by clients and providers (Ryan White Planning Council/Office of Support; 2013)

Within the Ryan White HIV/AIDS Program, including Part A, B, C, D, F, AIDS Drug Assistance Program, and State Services

1. Facilitate technical assistance and training for Administrative Agents and funded ASOs to prepare for health care system changes (e.g., client pool/eligibility changes, reimbursement procedures, Medicaid/Medicare benefits coverage, Electronic Medical Records, medical home models, quality measures, fiscal diversification and sustainability, etc.) (Ryan White Grant Administration, The Resource Group; 2012-2014)

Proposed Coordinating Efforts (Responsible Party, Timeline) Con't

Within the Ryan White HIV/AIDS Program, including Part A, B, C, D, F, AIDS Drug Assistance Program, and State Services Con't

2. Create an "increased public health insurance coverage scenario" for Ryan White Part A, B, and State Services funding allocations in anticipation of expansions in coverage occurring through health care reform (Ryan White Planning Council; 2014)
3. Facilitate educational opportunities and provide materials for consumers about the impact of the *Patient Protection and Affordable Care Act* on HIV services (Ryan White Planning Council/Office of Support, Ryan White Grant Administration; 2014)

Between HIV Prevention and Care, including Partner Notification and Prevention with Positives Initiatives and STD Programs

1. Continue to conduct core comprehensive HIV planning processes jointly between the Ryan White Planning Council and the HIV Planning Group (Ryan White Planning Council, HIV Planning Group; 2012-2014)
2. Fully implement Phase One of the roll-out of collecting client-level HIV prevention data (ECLIPS) and linking to HIV care data (CPCDMS) (Ryan White Grant Administration, Houston Department of Health and Human Services; 2012)
3. Support ongoing regional efforts to operationalize HIV prevention and care integration as outlined by *Enhanced Comprehensive HIV Prevention Planning (ECHPP)* and *Early Identification of Individuals with HIV/AIDS (EIIHA)* (Houston Department of Health and Human Services, Ryan White Grant Administration; 2012-2014)
4. Support ongoing statewide efforts for increased integration of HIV prevention and care as outlined in the *Texas HIV/STD Prevention Plan*, *Texas Jurisdictional Plan*, and the *Texas Program Collaboration, Service*

Integration (PCSI) Plan (Ryan White Planning Council, HIV Planning Group; 2012-2014)

Between ASOs and other Priority Sectors/Groups

Other Public Health Care Providers, including Medicare, Medicaid, CHIP, and Community Health Centers

1. Make available technical assistance and training for potential new ASOs such as Federally Qualified Health Centers (FQHCs) and Medicaid providers on the core elements of HIV care service delivery (Ryan White Grant Administration, The Resource Group; 2012-2014)
2. Target potential new ASOs such as FQHCs and Medicaid Managed Care Organizations (MCOs) for coordination of effort activities (Ryan White Planning Council/Office of Support; 2012-2014)
3. Work with Ryan White HIV/AIDS Program funded primary care providers to develop implementation plans for federally-compliant Electronic Medical Records platforms for HIV infected clients (Ryan White Grant Administration, The Resource Group; 2014)
4. Explore the feasibility of partnering with Area Agencies on Aging and Aging and Disability Resource Centers (ADRC) to provide public health insurance benefits counseling to newly eligible HIV infected consumers (Ryan White Planning Council/Office of Support; 2014)
5. Support ongoing statewide efforts to improve Medicaid access for people living with HIV as outlined in the *Texas State SHARP Report* (Ryan White Planning Council, HIV Planning Group; 2012-2014)

Private Providers

1. Target Houston Area medical professional associations, medical societies, and practice groups for coordination of effort activities (Ryan White Planning Council/Office of Support; 2012-2014)

Proposed Coordinating Efforts (Responsible Party, Timeline) Con't

Between ASOs and other Priority Sectors/Groups Con't

Private Providers Con't

2. Implement plans to conduct a survey of the HIV testing and linkage to care activities of private providers in the Houston Area (Houston Department of Health and Human Services; 2012)

Substance Abuse Treatment Programs/Facilities

1. Target local and regional alcohol and drug abuse providers and coalitions for coordination of effort activities (Ryan White Planning Council/Office of Support; 2012-2014)
2. Develop a methodology for determining the need for and use of alcohol treatment services vs. drug treatment services among Ryan White HIV/AIDS Program clients (Ryan White Planning Council/Office of Support, Ryan White Grant Administration, The Resource Group; 2012)

Other Community Agencies and Non-Traditional Partners

1. Sustain formal partnerships with the Housing Opportunities for People with AIDS (HOPWA) program and other housing and homelessness prevention coalitions and groups to address housing instability among PLWHA (Ryan White Planning Council; 2012-2014)
2. Partner with the AIDS Education and Training Center (AETC) to target medical and nursing education providers to promote the opportunity of HIV-related training and employment (Ryan White Planning Council/Office of Support; 2012)
3. Target the following for coordination of effort activities (Ryan White Planning Council/Office of Support; 2012-2014):
 - a) Aging (e.g., assisted living, home health care, hospice, etc.) to address the needs of seniors who are PLWHA

- b) Business community and Chambers of Commerce to identify partnership opportunities that reach customers and employees with HIV information
- c) Community centers to identify opportunities to reach the general community with HIV information
- d) Chronic disease prevention, screening, and self-management programs to address co-occurring chronic conditions among PLWHA
- e) Mental health (e.g., counseling associations, treatment programs and facilities, etc.) to address co-occurring mental health, illness, and disabilities among PLWHA
- f) Philanthropic organizations to encourage charitable giving to ASOs using proven strategies outlined in the *Funders Guide to the National HIV/AIDS Strategy*
- g) Primary education, including schools and school districts, to increase access to HIV education services and to help campuses develop supportive environments for HIV+ students
- h) Secondary education, including researchers, instructors, and student groups, to create "pipelines" for HIV workforce development and volunteers, increase awareness of HIV among on local campuses, and establish new research efforts on HIV
- i) Workforce Solutions and other vocational training and rehabilitation programs to address underlying economic conditions of and employment opportunities for PLWHA

Benchmarks

1. Increase the number of non-ASOs serving as members of the Ryan White Planning Council each year (baseline is 10)
2. Increase the number of non-ASOs requesting information about HIV services each year (baseline is 42)
3. Maintain the number of agencies listed in Houston Area HIV/AIDS Resource Guide at 187
4. Reduce the number of reports of barriers to Ryan White HIV/AIDS Program Core Medical Services by 27.2 percent (from 1,397 to 1,017 reports)
5. Reduce the number of reports of barriers to Ryan White HIV/AIDS Program Support Services by 12.7 percent (from 2,151 to 1,878 reports)
6. Reduce the number of reports of barriers by PLWHA to accessing Ryan White HIV/AIDS Program-funded Mental Health Services by 27.3 percent (from 117 to 85 reports)
7. Reduce the number of reports of barriers by PLWHA to accessing Ryan White HIV/AIDS Program-funded Substance Abuse Services by 43.7 percent (from 58 to 32 reports)
8. Prevent the percentage of PLWHA reporting housing instability from increasing above 22.2 percent
9. Prevent the percentage of PLWHA reporting seeking no medical care due to inability to pay from increasing above 8 percent
10. Maintain the number of individuals working for ASOs who receive training on health insurance reform at 200 each year
11. Track the percentage of Ryan White HIV/AIDS Program clients with Medicaid enrollment (baseline is 16.7 percent)