

Recommendations

By Service Category

PRIMARY CARE

- ⌘ As programs are developed to bring out-of-care PLWHA into the care system, medical care services must be incrementally expanded. Current providers have limited capacity to serve large volumes of additional patients. Through targeted development, new and expanded programs should reduce perceived barriers to care for those who are currently outside the care system.
 - ◆ Consider funding model programs that combine targeted outreach and medical care for specific out-of-care populations.
 - ◆ Examine why more youth aren't utilizing Houston's primary medical care targeting youth. Drawing upon expertise gleaned from other programs across the country, consider incorporating additional components such as: a youth peer counseling program to support youth in the medical care system, using technology in both care and education, etc.
 - ◆ Support existing programs and establish new program(s) to facilitate entry into the medical care system upon release from jail/prison. Ensure that such programs address disclosure concerns for soon-to-be released and recently released PLWHA.
- ⌘ Re-evaluate the feasibility of expanding capacity through a continuum of HIV care, with care for "well" PLWHA in community or neighborhood clinic settings progressing to specialty infectious disease care for those with more advanced disease.
- ⌘ Increase targeted HIV medical care information for out-of-care populations. Vary the format and message in order to maintain interest.
- ⌘ Continue to monitor quality and client satisfaction at existing medical care providers. Even among providers with high quality and satisfaction, establish goals for further improvement or to target populations with services that will enhance their medical care experience.

VISION CARE

- ⌘ Working with existing providers, identify the specific components of vision care that their HIV positive clients need—ophthalmology services, optometry services or vision correction (glasses, etc.) services. Identify no-cost and low-cost vision care resources in the community that are available to meet these needs. Provide

information to case managers and other providers to facilitate referral.

- ⌘ Continue to support existing, well-utilized vision-care programs.
- ⌘ Evaluate options for enhancing access to vision care for rural consumers.

OB/GYN

- ⌘ Continue to educate HIV+ women about the importance of gynecologic care in order to increase utilization and reduce the number of women who report “no need” for OB/GYN services.
- ⌘ Expand OB/GYN treatment options and locations offering care for HIV+ women.
 - ◆ As HIV medical care is expanded, include OB/GYN care for female PLWHA.
 - ◆ Co-locate services with HIV medical care providers.
 - ◆ Work with community clinics to offer OB/GYN services for HIV+ women. Provide education and training for personnel to enhance the quality of care offered.
- ⌘ The percentage of women with recent STIs indicates continuing high risk sexual behaviors. Education related to risk reduction as well as the potential impact of STIs on their health must be continued with female PLWHA.

PEDIATRICS

- ⌘ Since current providers can accommodate existing and new patients, maintain funding for pediatric HIV medical care providers.
- ⌘ Identify general pediatric care resources for PLWHA with HIV negative children. Provide this information to case managers and others to disseminate to PLWHA.

REFERRAL TO CLINICAL RESEARCH

- ⌘ Provide consumers with information about when and how to speak to their medical care providers about the benefits of clinical trials.

TREATMENT ADHERENCE

- ⌘ Require all HIV medical care providers to offer treatment adherence programs. Whenever possible, target treatment adherence services to specific populations. Provide specific consideration to programs targeting African-Americans, recently released and youth.
- ⌘ Share best practices for treatment adherence services among Houston-area

providers. As appropriate, draw upon national treatment adherence experience.

- ⌘ Evaluate the need for treatment adherence classes that can also serve as short-term support groups. Consider segmenting these classes/groups by subpopulation (i.e., women, African-Americans, youth, etc.)

CASE MANAGEMENT

- ⌘ Empowering consumers is being emphasized at the policy level by HRSA as well as at the local level. Case managers need to understand the subtleties of empowerment and have effective tools to explain expectations to consumers.
- ⌘ A fine line exists between empowering consumers and consumer perceptions that case managers are “not doing their jobs.” The difference between empowerment and advocacy and how to assess for the need for each approach with the consumer should be included in the training for case managers.
- ⌘ Develop case management guidelines for supporting consumers though the first year of diagnosis.
- ⌘ Increase utilization of case managers who specialize in meeting the needs of PLWHA who are recently released from jail/prison. As necessary, expand this case management category.
- ⌘ Evaluate the effectiveness of case managers targeting services for youth. Consider the need to expand availability.
- ⌘ Filing grievances at providers can be uncomfortable for PLWHA, particularly when they must return to the provider for care. Client advocacy can facilitate resolving differences and increase client satisfaction. Evaluate the effectiveness of the grievance processes in place at HIV-specific agencies.
- ⌘ Referral services can serve as resources for PLWHA who are self-empowered and do not regularly use case management services. Ensure case managers are familiar with referral services so they may provide this information to consumers who are ready to be more self-sufficient.

CHILDCARE

- ⌘ As the number of female PLWHA increases, the demand for childcare services at medical care providers may grow. In order to facilitate access to medical care, childcare should be available at HIV medical care providers. Maintain childcare funding for well-utilized service providers. Evaluate the need to

provide childcare services at additional primary care providers serving large numbers of women.

- ⌘ Evaluate the need to expand childcare services during summer and school vacations to accommodate larger numbers of young, school-age children.
- ⌘ Evaluate childcare options to encourage PWLHA with multiple children to access HIV medical care.

DAY/RESPITE CARE

- ⌘ The consumer survey identifies an unfulfilled consumer need for day/respice services, but available capacity is not fully utilized. Identify reasons for this discrepancy. Consider hours of operation, service location or the need for population-specific services.
- ⌘ Identify additional community day/respice care agencies and provide this information to case managers and others who make referrals to this service.

DRUG REIMBURSEMENT

- ⌘ Expand the message about the availability of drug reimbursement throughout the PLWHA community.
 - ◆ Require drug reimbursement providers to develop and implement plans to disseminate information on the availability of drug reimbursement. Activities should target both providers and consumers.
 - ◆ Ideally information should be integrated from all drug reimbursement funding sources and providers in order to reduce duplication.
 - ◆ Information should be targeted to consumers in the special populations. It should also be available in both English and Spanish.
- ⌘ In the short term, maintain or slightly increase funding for drug reimbursement with the goal of using all current capacity. Consider the long term need to expand drug reimbursement funding as information is disseminated and PLWHA enter the medical care system.
- ⌘ Options to increase drug reimbursement funding for both HIV and non-HIV medication should be evaluated. This includes, but is not limited to, reimbursement for non-HIV medication and reimbursement for co-payments and payments to augment insurance that does not adequately cover HIV medication.

EARLY INTERVENTION SERVICES (EIS)

Moving newly diagnosed PLWHA into medical care immediately after diagnosis is the critical first step to maintaining PLWHA in the system of care. Effective post-test counseling and linkage to care is essential.

- ⌘ Evaluate effectiveness of current counseling and testing systems in moving newly diagnosed into care.
- ⌘ Continue to expand linkages between jail/prison and the community care system in order to effectively transition recently released into care.
- ⌘ Fund model programs designed to enhance linkages to care. These models may be population specific and should be based upon successes experienced regionally or nationally.
- ⌘ When possible, incorporate mental health therapy and counseling and substance abuse treatment into model programs, evaluating the effectiveness of these referrals in moving newly diagnosed into care.
- ⌘ Evaluate educational programs and materials available to newly diagnosed, improving as necessary. Ensure that materials target specific populations.
- ⌘ Educate counseling and testing providers about the value of mental health therapy/counseling referrals as part of post-test counseling for newly diagnosed PLWHA.

EMERGENCY FINANCIAL ASSISTANCE

- ⌘ The ongoing need for PLWHA emergency financial assistance must be balanced against available community resources. Reducing emergency financial assistance through CARE Act funding may be appropriate if services funded duplicate those provided by other community organizations. In that event, information about these resources should be clearly outlined and provided to both case management agencies and consumers. Needed information includes:
 - ◆ Service location;
 - ◆ Hours of operation;
 - ◆ Expected wait for approval;
 - ◆ Bus route access; and
 - ◆ Qualification requirements.
- ⌘ Enhance collaboration and linkage between housing services and HIV services in order to better meet the needs of homeless PLWHA.
- ⌘ Educate housing providers on how to best serve PLWHA.

FOOD SERVICES

- ⌘ Issues of poverty and the need for food services are critical to poor people living with HIV disease. Food services, particularly food bank, is a highly needed service. As Ryan White Title I funding for food bank services is reduced, PLWHA must be informed of available alternatives. Referral information about Houston EMA/HSDA food banks should be compiled for use by both consumers and case managers. Needed information includes:
 - ◆ Service location;
 - ◆ Hours of operation;
 - ◆ Approval process, if any;
 - ◆ Qualification requirements; and
 - ◆ Bus route access.
- ⌘ Consider allowing the recently released to access Ryan White Title I funded food pantries for a limited time post-release. When accessed, these food banks may provide important linkages to the care system.
- ⌘ Nutritional supplements are excellent sources of vitamins, mineral and calories, and can enhance nutritional status and support adherence by mitigating medication side effects. With limited Houston EMA/HSDA agencies providing nutritional supplements, funding for this service should be maintained for PLWHA meeting specific physical criteria.
- ⌘ Whenever possible, explore linkages with non-HIV providers of home delivered meals. The consumer survey did not include significant numbers of homebound PLWHA. Therefore, food service needs and available services should be further evaluated, possibly through contact with home health agencies serving these consumers.

HEALTH EDUCATION & RISK REDUCTION (HERR)

- ⌘ According to the consumer survey, only half of sexually active consumers are practicing safe vaginal or anal sex, and the percentage practicing oral sex with a condom or barrier is even smaller. Therefore, health education and risk reduction must be expanded to reach those who continue to place themselves and others at risk.
- ⌘ Programs should be targeted by gender, race/ethnicity and age. A range of messages and media should be implemented.
- ⌘ HIV hotline services should be promoted and publicized to be utilized more effectively.

HEALTH INSURANCE

- ⌘ Expand information available in the community about access to and the role of HIV-specific funding.
 - ◆ Educate case managers, outreach workers and other providers on health insurance options, including Medicaid, Medicare and the Children's Health Insurance Program (CHIP).
 - ◆ Provide detailed information to consumers about health insurance program requirements and necessary documentation.
 - ◆ Provide outreach workers and others connected to the out-of-care community with detailed information for referral of uninsured to funded programs.

- ⌘ Reach out to key points of entry to ensure understanding of HIV-specific funding and its ability to provide free care and services for uninsured PLWHA. HRSA-defined key points of entry include: STI testing facilities, family planning clinics, mental health providers, substance abuse treatment facilities, hospital emergency rooms, homeless shelters and jails/prisons.

HOME HEALTH CARE

- ⌘ Evaluate the demand for home health care based upon current utilization and available capacity.

- ⌘ If in-care consumers experience disease progression, increased service demand will result. Healthy out-of-care consumers entering the care system will not impact demand for home health care in the short term.

HOSPICE

- ⌘ Continue to educate primary care physicians, physician's assistants, discharge planners and other health care providers to offer end of life care in their treatment plan.

- ⌘ Expand available options for hospice care, particularly home-based hospice care.

HOUSING ASSISTANCE

- ⌘ Enhance collaboration between housing programs and substance abuse treatment.

- ⌘ Issues of poverty and the need for housing assistance, including rental assistance and shelter vouchers, are critical to poor people living with HIV disease. Housing assistance, particularly rental assistance, is a highly needed service. A range of services exist in the EMA/HSDA, but they have different requirements and provide varying levels of service. Referral information about housing assistance in the Houston EMA/HSDA should be compiled for use by both consumers and case managers. Needed information includes:
 - ◆ Service location;
 - ◆ Qualification requirements; and
 - ◆ Hours of operation;
 - ◆ Approval process.

- ⌘ Through collaborations with organizations with other funding sources, establish and begin implementation of a plan to expand transitional housing options. Facilities should target specific populations with housing and other services, such as transitional housing for: substance abuse treatment, recently released, women, etc. Begin with a pilot project with the goal of expanding services or targeting additional populations over time.

HOUSING RELATED SERVICES

- ⌘ Safe, affordable permanent housing is an ongoing need for impoverished PLWHA. While some consumers find dedicated housing for PLWHA appealing others are concerned about disclosure by association with dedicate housing. Therefore, both options should be considered as housing is developed.

- ⌘ Existing programs providing housing for recently released PLWHA and for linking them with the care system were highly regarded by consumer focus group participants and they suggested expanding those programs. In addition, recently released focus group participants requested support to effectively begin obtaining needed paperwork, particularly identification, prior to release.

- ⌘ Partner with local organizations to expand housing options for PLWHA. Consider collaborative activities in which housing organizations provide facilities and Ryan White provides core and supportive services.
 - ◆ Co-located services might include case management, mental health therapy and counseling, substance abuse counseling, etc.

LEGAL SERVICES

- ⌘ Provide information and referral to legal services that are not specifically HIV-funded.

- ⌘ Provide information on child welfare and permanency planning services to families with children.

MENTAL HEALTH SERVICES

- ⌘ HRSA has defined mental health as a core service for PLWHA. Consider expanding funding for mental health therapy in order to enhance access to services and support PLWHA movement into and maintenance in the care system. Mental health therapy should be integrated with counseling and testing, HIV medical care and case management services.
- ⌘ Literature about mental health services should inform, promote and de-stigmatize the service. Consider using testimonials or consumers verbatim remarks, similar to those made in the focus groups, attesting to the benefits obtained from mental health services.
- ⌘ Consider reasons for low use of mental health services by Latinos, youth and recently released and develop targeted services and service promotion for these consumers.
- ⌘ Expand the availability of support groups for women, white MSM, recently released and youth.

NUTRITIONAL COUNSELING

- ⌘ Nutritional counseling is often provided at medical clinics as a component of patient education. Due to the importance of adequate nutrition in maintaining the immune system, PLWHA should have other opportunities to participate in nutritional counseling programs. These may be stand-alone programs or in conjunction with other services or groups.
- ⌘ Incorporate nutritional counseling into patient education requirements for all primary medical care providers.
- ⌘ Offer nutritional counseling through other service providers, such as case management or organizations providing support groups.
- ⌘ Evaluate opportunities for nutritional counseling and other educational programs at meal programs.

ORAL HEALTH (DENTAL)

- ⌘ Compile oral health care benefits and services available through other funding sources and area providers. Make available to case managers, other appropriate providers and PLWHA directly. Information should include:
 - ◆ Services provided;
 - ◆ Service location;
 - ◆ Hours/days of operation;
 - ◆ Qualification requirements; and
 - ◆ Approval process.

- ⌘ Ensure adequate oral health care services, particularly for services that can impact overall PLWHA health.

OTHER SUPPORT SERVICES (TRANSLATION/INTERPRETATION)

- ⌘ Continue to require bilingual Spanish-speaking staff at HIV-specific funded agencies.

OUTREACH

- ⌘ Linking PLWHA to care is one of the major goals set forth in the Ryan White CARE Act Amendments of 2000, but achieving this goal is very difficult. Those who are easy to reach are in the care system. The June 2002 edition of *HRSA Care Action* stated, “A piece of knowledge... is now commonplace among CARE Act providers: Unless a person’s entire set of needs is addressed, he or she will find it exceedingly difficult to stay in care over time.”¹⁶
- ⌘ The consumer survey reveals, out-of-care PLWHA are younger, healthier and more likely to be minorities than those in-care. Specific targeted outreach to segments of the out-of-care population is required. Programs for each priority population under study should be considered. The populations must be subdivided by race/ethnicity, gender and risk patterns in order to effectively reach them and address their needs. (Refer to Section 5 for profiles of out-of-care populations from consumer survey results.)
- ⌘ Effective local, regional and national programs should be implemented in the Houston EMA/HSDA.
 - ◆ HRSA has suggested approaches that include street outreach, peer outreach, “outposting” to place peers and staff in partner agency sites, “in-reach” provides outreach to consumers at large agencies that are not receiving HIV medical care and partner notification.¹⁷
- ⌘ Every outreach program must have clearly defined outcomes and mechanisms for evaluating its success. This will allow the most successful approaches to be replicated and those that are not fruitful to be modified.
- ⌘ Whenever possible, coordinate outreach activities between needs assessment partner organizations and other outreach providers to increase effectiveness and avoid duplication.

¹⁶ *HRSA Care Action*, June 2002, pg. e.

¹⁷ *HRSA Care Action*, June 2002, pg. 4.

PSYCHOSOCIAL SUPPORT

- ⌘ Since Ryan White funding for psychosocial support will be increasingly limited, alternative service providers must be identified. Information about these providers should be available to case managers and others who make referrals.

REHABILITATION SERVICES

- ⌘ Evaluate alternative funding sources for rehabilitation services. Based upon results, maintain or incrementally expand funding to meet a portion of PLWHA needs that are not currently being fulfilled.

SUBSTANCE ABUSE TREATMENT

- ⌘ The consumer survey and focus group discussions present a picture of substance abuse treatment that is available, but not always optimal for diverse populations. Provider information reveals available services, but not targeted to PLWHA. These services may also be limited for the uninsured. Develop treatment programs for diverse populations.
- ⌘ Identify opportunities to leverage funding through partnerships with substance abuse treatment programs.
- ⌘ Explore alternative models of providing mental health and substance abuse counseling at primary care sites.
- ⌘ Continue to educate substance abuse treatment providers to more effectively treat HIV positive consumers.
- ⌘ Continue to educate consumers, case managers and primary care providers about the availability of free substance abuse treatment and the availability of various substance abuse treatment approaches.

TRANSPORTATION

- ⌘ Maintain and, if possible, increase funding for transportation services.
- ⌘ Continue the urban bus pass program through case management agencies, but evaluate options for PLWHA who must walk significant distances to bus stops.
- ⌘ Evaluate opportunities to fund drivers to drive existing van(s) for Ft. Bend County residents.
- ⌘ Educate consumers about the availability of gas vouchers for residents of rural counties to access medical care services.

