# Ryan White Part A Technical Assistance: Enhancing the Capacity of Service Delivery in HIV Programs


Terri L. Wilder, MSW

Beau J. Mitts, MPH

Graham Harriman, MA

New York City Department of Health and Mental Hygiene

HIV Care, Treatment and Housing Program


NYC Health

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# Presentation Agenda

- Learning Objectives
- Overview of HIV Epidemic in New York City
- Description of the NY Ryan White Part A Grantee
- Overview of Technical Assistance Activities
- Examples from Funded Service Categories
- Lessons Learned
- Implementing Technical Assistance Strategies in Your Jurisdiction

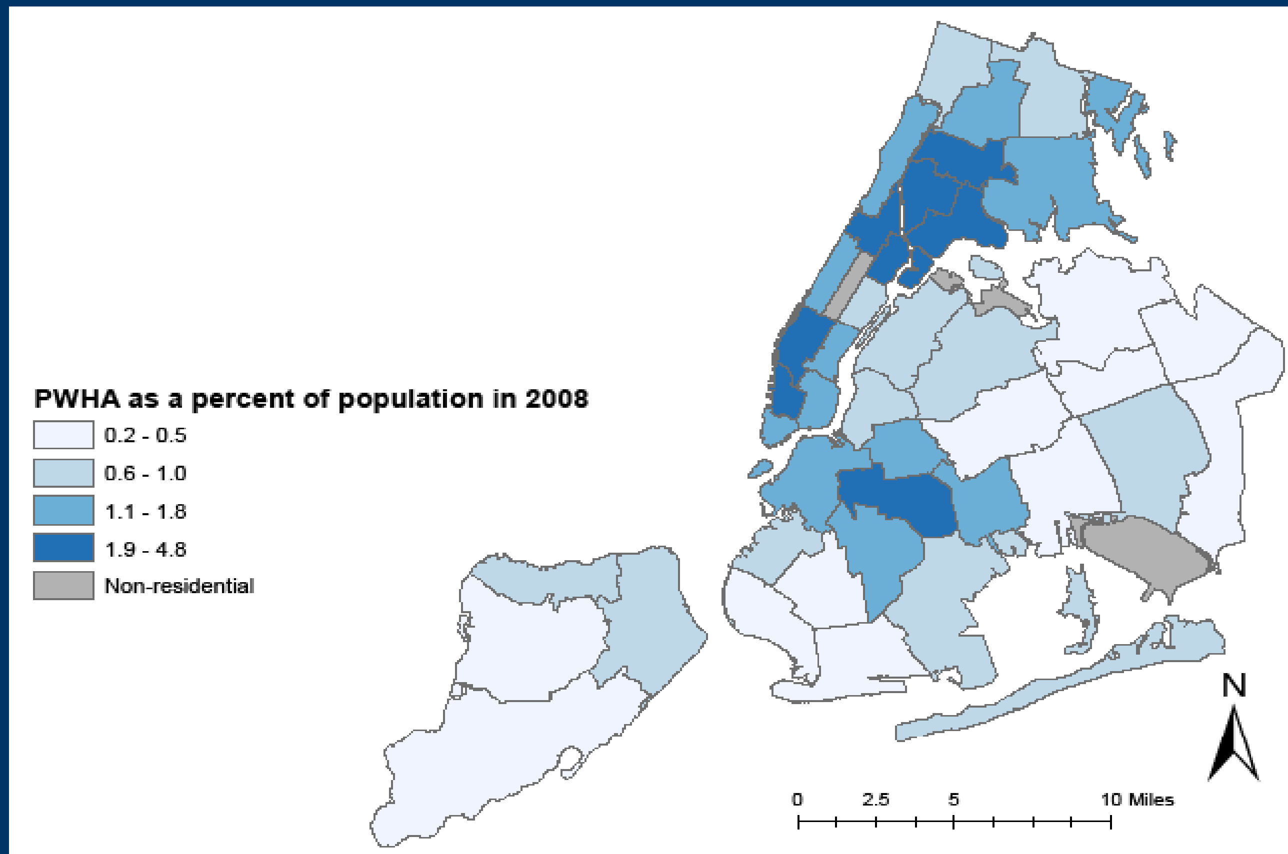
# Learning Objectives

- Identify at least three (3) technical assistance strategies that may be employed within your jurisdiction
- List at least two (2) technical assistance tools that may be developed within your own jurisdiction
- Discuss at least three (3) successful outcomes of technical assistance

# HIV/AIDS in New York City, 2008

- 3,809 new HIV diagnoses (47.6 diagnoses per 100,000 persons)
  - 938 HIV concurrent with AIDS (24.6%)
- 3,126 new AIDS diagnoses
- 105,633 persons living with HIV/AIDS
  - 1.3% of the population of NYC
- With only 2.7% of the U.S. population, New York City (NYC) accounts for 13.8% of all AIDS cases nationwide.
- 1,920 deaths among persons with HIV/AIDS (17.9 deaths per 1,000 persons)
  - The death rate for NYC overall in 2008 was 6.5 per 1,000 persons

# Persons with HIV/AIDS
## by United Hospital Fund Neighborhood in NYC, 2008




UHF neighborhoods with the highest proportions of PWHA are in the South Bronx, Central Brooklyn, lower Manhattan and Harlem.

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# New York, NY
## Eligible Metropolitan Area (EMA)

- New York, NY EMA includes:
  - Five Boroughs of NYC, and
  - Three Counties North and East of NYC (Tri-County)
    - → Westchester, Rockland, and Putnam Counties
- Grantee: NYC Department of Health and Mental Hygiene (DOHMH)
  - Bureau of HIV/AIDS Prevention and Control
    - → Care, Treatment and Housing Program
      - Research and Evaluation
      - Health Care Services (includes program planning and technical assistance teams)
      - Housing Services (including HOPWA)
      - Ryan White Planning Council Support
- 2010 Part A Award is $121,088,606 (Base and MAI)
  - Support 182 Contracts (151 in New York City)
  - 90,915 persons served in contract year 2009 (March 2009-February 2010)

# Master Contractors

- Two Master Contracts to procure and administer subcontracts
  - Public Health Solutions – NYC programs
  - Westchester County Department of Health- Tri-County programs
- Roles include:
  - Monitor contract deliverables
  - Conduct all applicable fiscal monitoring and site visits
  - Service verification and single payer verification
  - Ensure compliance with all administrative, HRSA and other funding requirements
  - Review monthly reports and issue contract documents and payments

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# Technical Assistance Overview

- In 2007, staff began providing technical assistance on a treatment adherence pilot program
- A formal technical assistance (TA) unit began service in July 2008
- The goals of DOHMH TA activities are:
  - To improve the health and well-being of New Yorkers infected with or affected by HIV/AIDS through collaboration with DOHMH funded agencies
  - To optimize program performance
  - To increase accuracy of reporting and utilization of performance data
  - To enhance the capacity of agencies to provide comprehensive services

# DOHMH Technical Assistance

- NYC DOHMH began TA to improve the quality of Ryan White Part A services leading to improved client outcomes
- TA was developed utilizing new staff (Project Officers and Project Managers) to focus on program implementation at funded agencies
  - TA staff are master's level public health professionals and clinicians
- Project Officers assigned to specific service categories in NYC
  - Supporting 7-25 funded contracts
- Project Manager to provide managerial support and coordination/consistency across provider sites
  - Supervising a staff of 2-4 Project Officers

# Technical Assistance Overview

- Roles & responsibilities of Project Officers:
  - Provide program monitoring and TA
  - Serve as liaisons between funded agencies and DOHMH
  - Maintain on-going support and communication
  - Execute best practice information sharing strategies
  - Maintain and update program-related data
  - Conduct program related research studies and assist in writing of studies for publication and presentation

# Technical Assistance Portfolio

| Service Category Name | Core/ Non-Core | TA Provided |
|---|---|---|
| Early intervention services* | Core | Yes |
| Food bank/home-delivered meals* | Non-core | Yes |
| Home health care | Non-core | No |
| Housing services | Non-core | No |
| Legal services | Non-core | No |
| Medical case management* | Core | Yes |
| Medical transportation services | Non-core | No |
| Mental health services | Core | Yes |
| Outpatient/ambulatory medical care (including bridge care) | Core | Yes |
| Substance abuse services-outpatient | Core | Yes |
| Oral health (dental) care | Core | No |
| Outreach services | Non-core | No |
| Psychosocial support services | Non-core | Yes |

* Expand program in 2011

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# Technical Assistance Activities

- Site visits
- Conference calls
- Provider meetings
- Workshops and trainings
- Background research and literature review
- Materials development and dissemination
- Contract negotiation and program monitoring

# Site Visits & Conference Calls

- Logistics:
  - DOHMH or agency initiated
  - Minimum of two times per year
  - Meet with program manager and direct staff
- Standard discussion items:
  - Review program data to identify areas for improvement and celebration
  - Assess and discuss successes and challenges
  - Identify current needs
  - Follow up on existing challenges
  - Discuss strategies on implementation of program protocols
  - Share best practices
  - Determine action items for follow-up

# Provider Meetings, Workshops &Trainings

- Provider meetings
  - Scheduled twice a year
  - Organized by service category
  - Providers and NYC DOHMH share:
    - → Best practices
    - → Successful strategies to overcome program challenges
  - Networking opportunity
- Workshops and trainings
  - Increase specific skills and knowledge
  - Organized by service category but flexible if skills cross categories
  - Tailored to meet staff needs
    - → Management, direct service, etc.

# Research & Share Best Practices

- Send a weekly HIV/AIDS news brief
- Research/review best practices
  - Share at provider meetings, site visits, and via newsletter
- Share program results
- Develop protocols, policy and procedures
- Develop forms and surveys
- Trouble-shoot problems and implement solutions
  - Via training, protocol changes, and contract changes

# Research & Share Best Practices

- AIDS Education and Training Center (AETC)
  - Provider trainings
- Health Resources and Services Administration (HRSA)
  - Bi-weekly list serve
  - Program guidance
- Centers for Disease Control and Prevention (CDC)
  - Program guidance
- New York State Department of Health AIDS Institute (NYSDOH AI)
  - National HIV Quality Center
    - → Quality Management "Learning Networks"

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# Data Used for Technical Assistance

- Program evaluation data
  - Category-wide and site-specific data
- Quality management data
  - Category-wide and site-specific data
- Research data
  - CHAIN, Medical Monitoring Project, Return to Care survey, focus groups

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# Coordinate with Master Contractor

- Contract negotiation
- Joint site visits
- Quarterly Project Officer/Contract Manager meetings
- Review and use performance-based data for program improvement
  - Program narrative
  - Service performance
  - Contract update reports

# Supportive Counseling & Family Stabilization (Psychosocial support services)

- Goals:
  - Help PLWA access and maintain HIV-related primary medical care
  - Overcome barriers that prevent access to maintenance of medical care
  - Maintain well-being throughout the length of their disease
- Funded agencies:
  - 6 agencies
    - → 5 community-based organizations
    - → 1 hospital
  - Total allocation: ~$2M (2.3% of total NYC program funds)
  - Began receiving TA in May 2009

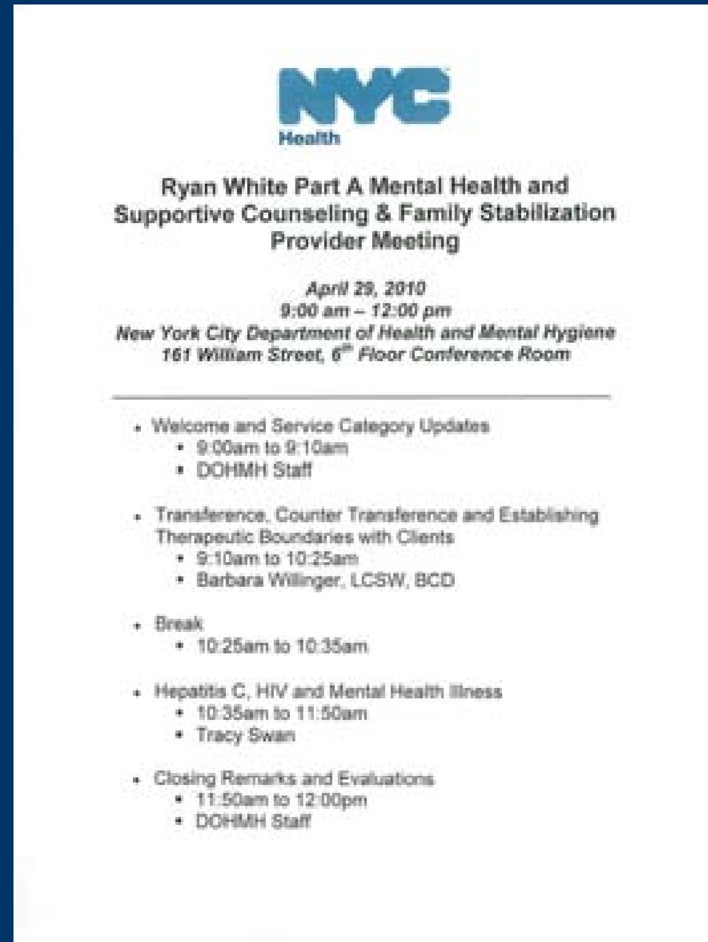
# Supportive Counseling & Family Stabilization

- Past/current activities:
  - First and second round of site visits
  - Provider meeting

- Activities in development:
  - Support group needs assessment survey
  - Forms development (service plan development, intake and assessment, etc)
  - Scheduling of third round site visits
  - Provider meeting

# Supportive Counseling Provider Meeting

- Offered two times a year
- Coordinated by Project Officer
- Agenda developed based on feedback from providers and needs identified by Project Officer
  - Service category updates
  - Topic presentations (Transference, establishing boundaries with clients, PTSD, etc)
  - Discussion and networking
  - Materials distribution



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**Ryan White Part A Mental Health and Supportive Counseling & Family Stabilization Provider Meeting**

*April 29, 2010*
*9:00 am – 12:00 pm*
*New York City Department of Health and Mental Hygiene*
*161 William Street, 6th Floor Conference Room*

- Welcome and Service Category Updates
  - 9:00am to 9:10am
  - DOHMH Staff
- Transference, Counter Transference and Establishing Therapeutic Boundaries with Clients
  - 9:10am to 10:25am
  - Barbara Willinger, LCSW, BCD
- Break
  - 10:25am to 10:35am
- Hepatitis C, HIV and Mental Health Illness
  - 10:35am to 11:50am
  - Tracy Swan
- Closing Remarks and Evaluations
  - 11:50am to 12:00pm
  - DOHMH Staff

# Mental Health Services

- Goals:
  - Optimize the mental health and mental functioning of PLWHA
  - Assist PLWHA with co-morbid mental illness or substance abuse disorders to access and engage in medical care
- Funded agencies:
  - 12 agencies
    - → 7 community-based organizations
    - → 3 hospitals
    - → 2 community health centers
  - Total allocation: $6.4m (6.82% of total NYC program funds)
  - Began receiving TA in October 2008

# Mental Health Services

- Past/current activities:
  - Vicarious trauma workshop
  - Resource guide for mental health providers
  - Client satisfaction survey
  - Provider meetings

- Activities in development:
  - Client recruitment guide
  - Expansion of vicarious trauma workshop

# Vicarious Trauma Workshop

- Vicarious trauma (VT) is:
  - "The negative transformation in a helper's inner experience as a result of responsibility for and empathic engagement with traumatized clients." Saakvitne & Pearlman (1995)
- The need for the workshop was identified through site visits and the Mental Health/Supportive Counseling Providers Meeting
- Ryan White funded agencies were invited, ~75 people attended
- Agenda promoted group participation/discussion and included defining, identifying and addressing VT
- Feedback was very positive and indicated the need and desire for similar workshops in the future

# Resource Guide for Mental Health Providers

- During site visits, a number of providers indicated challenges related to:
  - Staff recruitment
  - Intern recruitment
  - Career training
  - Outreach strategies
  - Linkages to community organizations
- Developed and distributed resource guide to mental health providers in June 2009

# Resource Guide for Mental Health Providers

- Content examples:
  - Staff retention strategies
  - Staff development and training
  - Sample job posting
  - Intern recruitment
  - Client recruitment strategies
  - Strategies to engage clients in family counseling
  - Support services for affected families

Bureau of HIV/AIDS Prevention and Control
HIV/AIDS Care, Treatment and Housing Program
Policy, Planning and Implementation Unit

RESOURCE GUIDE FOR MENTAL HEALTH PROVIDERS:

*Strategies for Staff Recruitment, Intern Recruitment, Staff Retention, Staff Training Opportunities, and Client Recruitment and Retention Strategies*

Michael Stockman, MPH
TECHNICAL ASSISTANCE COORDINATOR
JUNE 19, 2009

# Harm Reduction, Recovery Readiness & Relapse Prevention Services
## (Substance abuse services-outpatient)

- Goals:
  - Reduce the number of HIV infected active and recovering drug users who are not aware of their HIV status
  - Reduce morbidity and mortality of substance users living with HIV
  - Reduce transmission of HIV

- Funded agencies:
  - 25 agencies
    - → 14 community-based organizations
    - → 6 hospitals
    - → 3 residential programs
    - → 2 community health centers
  - Total allocation: ~$12M (12.8% of total NYC program funds)
  - Began receiving TA in November 2008

# Harm Reduction

- Past/current activities:
  - Data reporting system training for harm reduction providers
  - Resource guide for harm reduction providers
  - Client satisfaction survey
  - Buprenorphine referral network
  - Provider meetings
  - Client recruitment guide
- Activities in development:
  - Motivational interviewing training for providers
  - Intake form for HIV testing
  - Interpreting medical labs training

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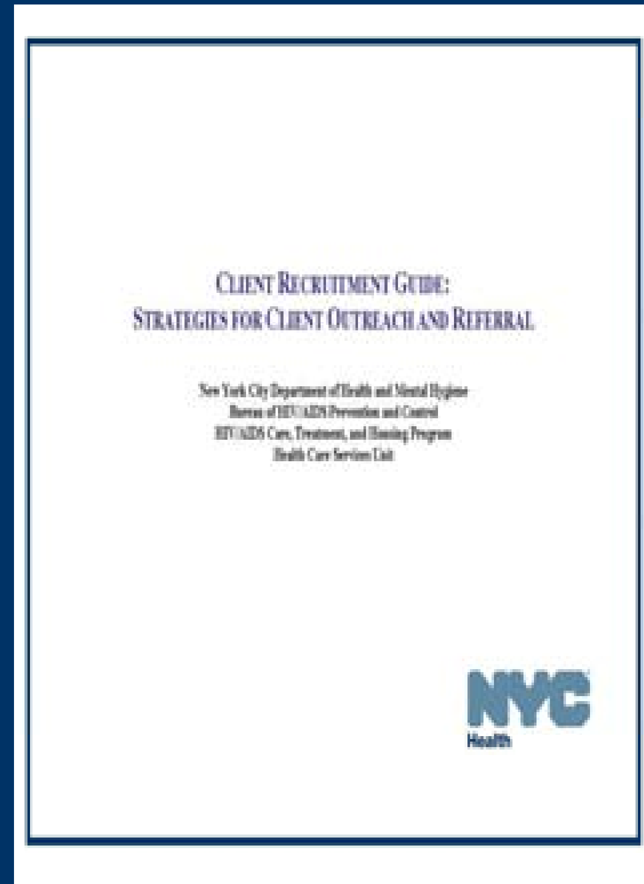
# Client Recruitment Guide

- Client recruitment is comprised of two parts:
  - Outreach to new clients
  - Referrals to/from other agencies from existing clients
- The need for this guide was identified by site visits to the providers
- Expanded the project to include all RW-funded agencies
- Basis of document is case studies (SPNS initiatives & agency best practices)



CLIENT RECRUITMENT GUIDE:
STRATEGIES FOR CLIENT OUTREACH AND REFERRAL

New York City Department of Health and Mental Hygiene
Bureau of HIV/AIDS Prevention and Control
HIV/AIDS Care, Treatment, and Housing Program
Health Care Services Unit

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# Care Coordination Development
## (Medical Case Management)

- Piloted Treatment Adherence Program
- Utilized Epidemiology and Case Management Program
  - Monitored data for model development
- Worked with Planning Council
  - Finalized model and allocated resources
- Developed a Care Coordination Protocol
  - Based on the PACT model and adapted to local needs

# Care Coordination

- Goals:
  - To ensure that PLWHA are promptly linked to medical services at the time of diagnosis and are provided all necessary supports and resources to safeguard lifelong and regular access to effective, quality healthcare
  - To reduce duplication of medical and social support services
  - To reduce premature and excess morbidity and mortality
  - To ensure that patients maintain a stable health status

# Care Coordination

- Objectives:
  - Ensure that HIV-infected persons are linked to care in a timely and coordinated manner and maintain medical stability and suppressed viral load
  - Maintain patients in care via navigation, coordination of medical and social services and provision of support and coaching
  - Teach and support treatment (medication) adherence
  - Support and coach patients to become self-sufficient so that they are able to manage their medical and social needs autonomously

# Care Coordination

- Model components:
  - Benefits and service coordination
  - Navigation
  - Health promotion
  - Treatment adherence
- Funded agencies:
  - 28 agencies
    - → 10 community-based
    - → 18 hospital-based
  - Total CC Maximum Reimbursement Amount: $25.1m (24.9% of total NYC program funds)
  - Began receiving technical assistance in December 2009

# Care Coordination

- Past/current activities:
  - Developed a written, detailed protocol
  - Required 10-day training for all provider staff
  - Initial meet and greet and site visits
  - Medical provider presentations
  - Care coordination forms and presentations
  - Care coordination chronicle (newsletter)
  - Provider meetings and quality learning networks
  - Care coordination referral resource guide
  - Weekly HIV/AIDS update email

- Activities in development:
  - Quarterly clinician roundtables
  - Front-line staff training on medications and field safety
  - Health education and promotion materials
  - Linkage to care activities

# Care Coordination Forms

- 16 standardized forms
  - Examples include:
    - → Intake and assessment
    - → Care coordination program agreement
    - → Logistics for navigator
    - → Comprehensive care plan
    - → Adherence assessment
    - → Monthly DOT log
- Forms presentations

**INTAKE & ASSESSMENT**

Patient Record #: ____________ Intake Date: ____________

Patient TC ID #: ____________ ❑ TC ID N/A

*Care Coordinator: Complete this form at intake. Sections I-IV can largely be completed using the medical record, but any information unavailable, outdated, uncertain or unclear in the medical record should be asked in patient interview. Sections V-XIV should always be completed by patient interview.*

I. **Patient Information** *Chart Review Supplemented by Interview*

First Name: ________ Middle Name: ________ ❑ N/A Last Name: ________

Suffix: (Circle one, if applicable) Sr Jr III IV V

Alias/A.K.A. Names (other first names, middle names, or last names used):

| Alias First Names | Alias Middle Names | Alias Last Names |
|---|---|---|
| | | |
| | | |

DOB: ___/___/_____ (mm/dd/yyyy)

Current self-identified gender: (Check only one)
❑ Male ❑ Female ❑ Transgender (M→F) ❑ Transgender (F→M) ❑ Other (Specify ________)

Sex at birth: (Check only one) ❑ Male ❑ Female ❑ Intersex/ambiguous ❑ Declined

*Read question without responses, and then verify answer:* **How would you identify your sexual orientation?**
(Check only one) ❑ Gay/Lesbian/Homosexual ❑ Straight/Heterosexual ❑ Bisexual ❑ Queer ❑ Questioning
❑ Other (Specify ________) ❑ Declined

Social Security #: ___-__-____ Currently Homeless? ❑ Yes ❑ No ❑ Declined

*(If Yes to "Currently Homeless," please enter the required ZIP based on where the client spends the most time.)*
CURRENT HOME ADDRESS
Street: ________ Apt/Unit: ________
City: ________ State: ____ ZIP: ____ ❑ Declined ❑ Don't know
PERMANENT/MAILING ADDRESS ❑ Same as Current Home Address
Street: ________ Apt/Unit: ________
City: ________ State: ____ ZIP: ____ ❑ Declined ❑ Don't know
Primary telephone number: (___) ___-____
Alternate telephone number: (___) ___-____
E-mail address: ________

Race: (Check all that apply) ❑ Black ❑ White ❑ Asian ❑ Native Hawaiian/Pacific Islander
❑ American Indian/Alaskan Native ❑ Other ________ ❑ Unknown ❑ Declined
Ethnicity: (Check only one) ❑ Hispanic ❑ Non-Hispanic ❑ Unknown ❑ Declined

# Care Coordination Chronicle

- Quarterly newsletter
  - Program updates
  - Contract updates
  - Agency highlights
  - Best practices
  - FAQs
  - Resources
  - Staff spotlights
  - Quality management

Volume 1, Issue 1

March 2010

Care Coordination Chronicle

Communicating Answers Resources and Evidence UPDATES

New York City Department of Health and Mental Hygiene

Public Health Solutions

NDRI Training Receives OASAS Certification

Case Conferences – A Suggested Best Practice

Inside this issue:

Important Update – First Care Coordination Provider's Meeting

Public Health Solutions

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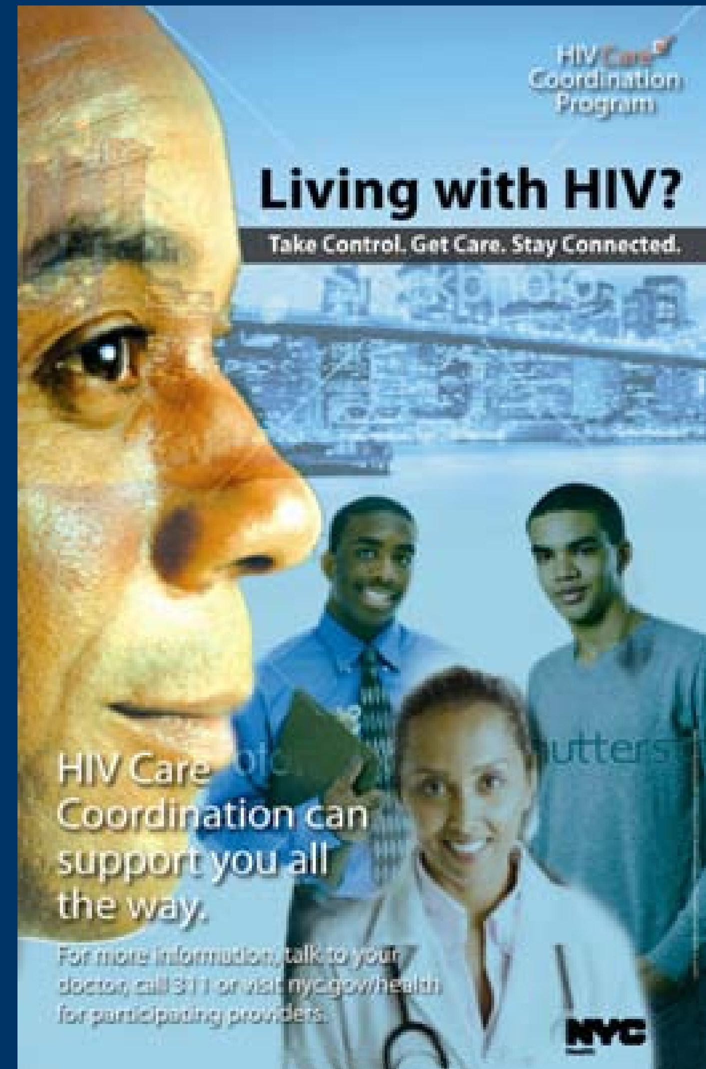
# Health Education & Promotion Materials

- Care Coordination poster
- Care Coordination brochure
- Early treatment for HIV brochure
- Provider pocket guide
- Patient workbook
- Patient health passport
- Care Coordination fact sheet



# Key Issues Identified & Addressed Through TA

- Calculating the cost of service
- Poor retention
- Difficulty recruiting
- Training needs
- Need for referral resources
- Protocol changes
- Contract scope changes

# Who Can Address Key Issues & How

- Ryan White grantee:
  - Increase reimbursement rates through contract modifications
  - Identify and share best practices
  - Identify training needs
  - Organize and provide training
- Ryan White provider:
  - Implement best practices
  - Learn from training
  - Change and improve program

# Lessons Learned

- Agencies have unique needs
- It takes time to build trusting relationships
- Access to accurate data is essential
- Awareness of other "players" is important (funding streams, laws, policies)
- The clarification of roles is vital
- Consistent communication and follow up are crucial
- Connecting agencies to resources is important

# Brainstorming Activity

- Discuss implementing TA strategies in your jurisdiction
  - Available staff
  - Available resources
  - Key stakeholders
  - Needs in your jurisdiction
  - Identify TA methods

# Implementing TA Strategies in Your Jurisdiction

- Assess needs of agencies
- Organize interactive meetings with agencies
- Look at local resources
- Find or create low cost trainings
- Link providers to free tools and resources
- Create tools based on need
- Utilize students, interns, and volunteers
- Share best practices
- Commit to mutual goals of success vs. punitive relationship

# Questions & Answers

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# Contact Information

- **Terri L. Wilder, MSW**

  (212) 788-3677

  twilder@health.nyc.gov

- **Graham Harriman, MA**

  (212) 788-4948

  gharriman@health.nyc.gov