RWHAP TA Webinar

Indiana State Department of Health

July 17, 2018

11:00 am – 12:00 pm

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zoom

- Please enter the agency name and list all participants in the ”chat” room

Helpful Hints

- Press esc to exit full screen
- Hover over the top to change “view” options
- Place yourselves on “mute” until you’re ready to pose a question or make a comment
- Use the “chat” room to pose questions and make comments
- Meeting will be recorded and available for sharing after the meeting

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Agenda

- Introductions
- Agency Spotlight: ISDH DIS L2C
- Monthly Progress Report: Cross-cutting Issues
- Announcements
- Q & A
- Next call

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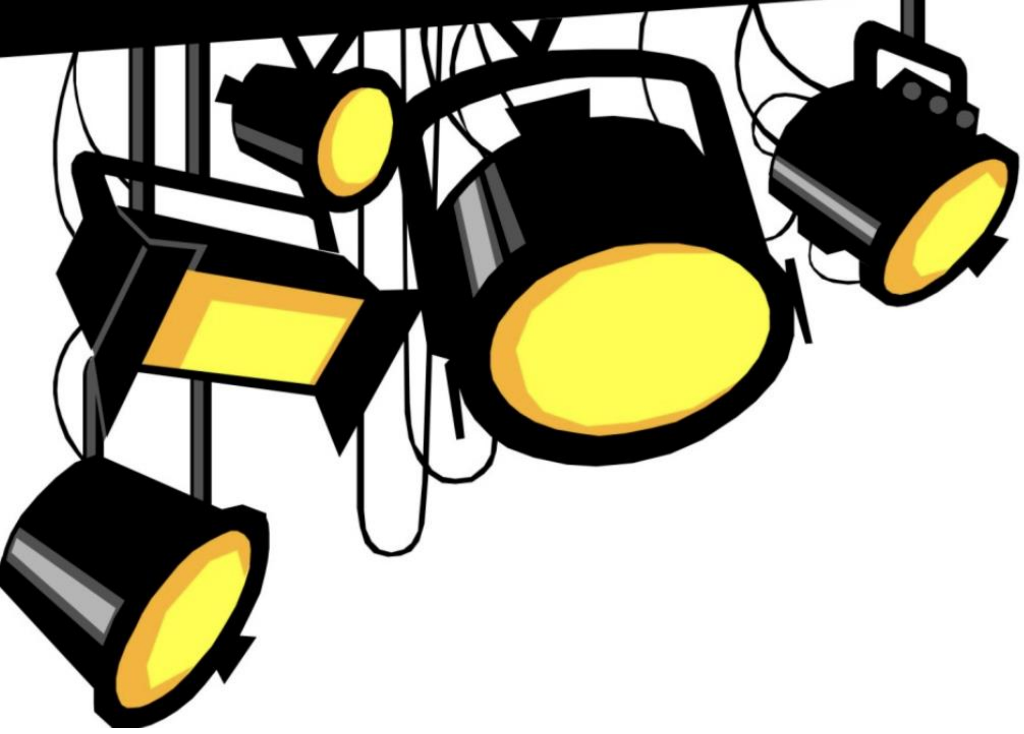

Agency Spotlight:

ISDH DIS L2C

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What is DIS L2C?

- The Linkage to Care Program (L2C) was officially rolled out on February 14th 2018 in three Districts throughout the state
- The L2C Program's main focus is on clients who are HIV positive and have fallen out of HIV care
- The L2C DIS focus a majority of their efforts linking those clients out of care back into HIV care
  - L2C DIS are expected to spend as much time with the client as needed in order to enroll them back into care

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What is the client experience like?

- Discuss with the client there is no record of them having updated labs within the last 6 months
- Discuss care and services available
- Offer immediate enrollment into the most convenient HIV care service program
- Actively assist the client with initial referral to care coordination using a warm hand off
- Gently offer partner services and additional STD testing to all clients, but it should ***not*** be the main focus of the investigation
- Briefly discuss advocacy responsibility counseling (DTW) but do not have the client sign the form

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Accomplishments & Successes

- Currently the L2C Program has 8 individuals who have been successfully linked back into care
  - This resulted in enrollment with care coordination and medical care, and appointments with an Infectious Disease Dr.

- Apart from the patients who have been linked back into care there are approximately 44 patients that were found to already be in care despite our data stating they are out of care

- Patients who are found to already be in care are considered just as great of a success in the program as those that re-enrolled in care due to L2C

- Each DIS efforts are greatly appreciated, because a lot of data has been gained that otherwise may not have been received

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Partnership Power!

- It is essential the LTC DIS and CCs work closely together

- Some clients are not interested in care coordination. Therefore, it is vital that LTC DIS work closely with medical providers as well

- Some LTC clients have been in care coordination and/or medical care in the past.
  - Gathering information from these previous providers can be helpful to the LTC DIS in locating the client, or engaging them into care

  - For instance, if a CC reports that Client A has a lengthy criminal history, the LTC DIS may check local jail logs when attempting to locate the client. Care Coordinators have the background knowledge that can help a LTC DIS understand the client they are working with!

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Barriers

- Many clients who are referred to the program, have care in a another state
  - This can lead to confusion on the clients part, and a delay on the LTC DIS with other clients they are trying to serve

- Some area providers have decided to reduce the number of times they are requiring the client to be seen
  - For instance, some of our local providers are only ordering viral loads on long term, stable clients, that have consistent undetectable viral loads
  - This makes the *most stable, most responsible, often healthiest* clients seem that they are out of care, when they are not

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Barriers

- The process can make people feel "tracked," leading to automatic distrust in the process
- Sometimes there aren't enough options for clients.
  - Some areas don't have local HIV specialists or infectious disease providers, OR only have one, and the client may be uncomfortable going
    - The lack of options can also bring up other barriers such as transportation
- Cross training is a need to really making sure Care Coordinators understand the role of a DIS, so the partnership runs as smoothly as it can

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What have we learned?

- Close communication between the care site and the DIS is essential for the program to be successful
  - Getting these clients into care needs to be a high priority for the LTC DIS, of course, but also the Care coordinators/care coordination sites

- Cross training is essential
  - How each site decides to do that, it dependent on their needs
  - Staff meetings, trainings, and long term staff are some of the ways that this partnership in Clark County is so successful

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ANY QUESTIONS?

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Monthly Progress Report: Cross-Cutting Issues

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ISDH Monthly Report

ISDH Ryan White Part B Progress Report

This report communicates progress, challenges and successes to the Indiana State Department of Health (ISDH) HIV Services Program (HSP), as well as needs for technical assistance.

Please submit this report to ISDH by the 30th of each month.

Sub-recipient Name:		**Report Month/Year:**
Contract #:	**Contract #:**	**Contract #:**

Highlights: Identify key activities that occurred under your Ryan White Part B-funded contract for the reporting period (i.e., hired new staff, saw 5 new clients for intake, established new mental health referral source, status of quality management plan, etc.). ***Please identify any significant over or under expenditures (and reasons for this), and any significant differences between projected and actual service units provided or clients served.***

Problems or Barriers Encountered, and Action Steps Taken to Address: Discuss any barriers related to client access to services, delivery of services, or program operations including fiscal, data, quality management or administration of the contract. (i.e., understaffed, long eligibility approval wait times, invoice issues, data system problems, collecting/entering data, problems meeting quality management goals, etc.). Specify actions taken to overcome barriers, including how client input is used to solve problems.

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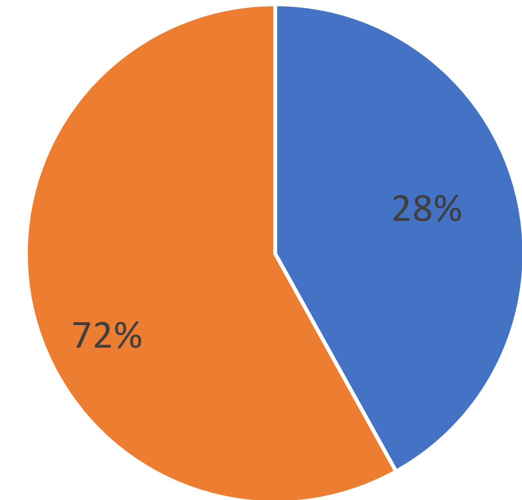
How did we do?

- Overall we had 13 monthly reports submitted out of 18 funded entities
    - *This does not include the local county health department numbers*

- Make sure all submissions go to HSProgram@isdh.in.gov by the end of the month!
    - *We had a lot of late submissions!*



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Successes

- Networking!
- On and off site consultant help
- State- Wide services actually becoming state wide!

- Expanded Services
  - Linkage to Care
  - Housing
  - Mental Health Services
  - Food Bank/Nutritional Therapy

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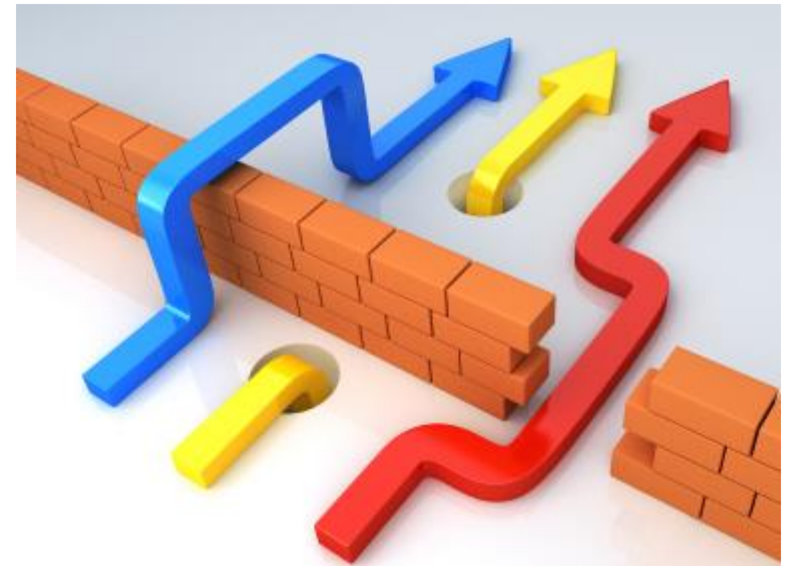
Barriers

- Lack of client engagement into new services
- Influx of new positions
- Eligibility issues with HIVe
- Lack of positions, ex: Non-Medical Case Management/Medical Case Management
  - These situations are being handled day by day!
  - We are not pushing any new positions out prior to notification of funding for next year



- Data collection tools
  - CAREWare is coming……promise ☺

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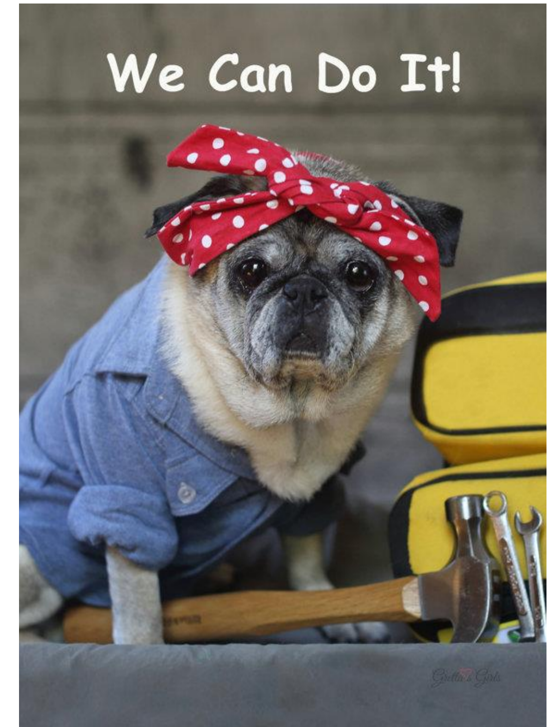
Now What?



- Please send responses to the HSP mailbox by June 23rd
- Reminder that June's is due by July 31st
- Please email if you have questions, and remember that this is the place to express all the good, bad, ugly, and indifferent experiences!

Feedback

bridgebetween.com

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IMPORTANT

ANNOUNCEMENT

- Statewide Sub-recipient Face-to-Face Meeting: 9/25/2018
- Staffing Updates
- ISDH Website
- FAQs
- CAREWare

- Next TA call
  - August 21, 2018 11-12 pm ET

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VOTE

Poll

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