

The State of Hawai`i

**HIV/AIDS Comprehensive Care Plan
2003 – 2006**

Presented by
Hawai`i CARES
and the
AIDS Community Care Team

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SECTION I
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Lori J. Miller
AIDS Community Care Team

SECTION II Basic Vocabulary

There are many specialized terms used in connection with HIV/AIDS services. Listed here are some frequently used terms.

ACCT	AIDS Community Care Team
ACTG	AIDS Clinical Trials Group
ADA	Americans with Disabilities Act
AEP	AIDS Education Project
AIDS	Acquired Immune Deficiency Syndrome
ASO	AIDS Service Organization
BIAP	Big Island AIDS Project
CAB	Community Advisory Board
CARE Act	Also Ryan White CARE ACT – the federal act providing funds for services to people living with HIV/AIDS is called the Comprehensive AIDS Resources Emergency Act (CARE)
CBO	Community Based Organization. These are nonprofit organizations in the community that provide services to people with HIV/AIDS
CDC	Centers for Disease Control and Prevention
Continuum of Care	The full range of services provided to people with HIV/AIDS. It includes primary medical care as well as community-based social services
DOH	Department of Health
Epidemiology	Scientific study of the transmission and geographic distribution or spread of disease.
GHP	Gregory House Programs
Hawai'i CARES	The HIV/AIDS Care Consortium for Hawai'i. (Community AIDS, Resources, Education and Support.)

HCOBRA	Hawai'i's COBRA Assistance Program
HDAP	Hawai'i Drug Assistance Program
HIPAA	Health Insurance Portability and Accountability Act
HSPAMM	Hawai'i Seropositive and Medical Management Program
HOPWA	A federal program that provides funds for Housing Opportunities for People with AIDS. HOPWA is administered on the federal level by the US Department of Housing and Urban Development (HUD).
HRSA	The Health Resources Services Administration is the federal agency responsible for administering the CARE Act.
IDU	Injection Drug User
LF	Life Foundation
MAF	Maui AIDS Foundation
MP	Malama Pono – Kaua'i AIDS Project
MSM	Men who have sex with men
Needs Assessment	Questionnaire surveys, focus groups, key informant interviews and other methods are used to develop a profile of the service needs of people with HIV/AIDS
PHIP	Primary Prevention for HIV Positives
PWA/PLWA	Person With AIDS/Person Living with AIDS
RFP	Request for Proposal
SAPB	STD/AIDS Prevention Branch of the Department of Health
STFB	Save the Food Basket
Title II	This is the part of the CARE Act providing funds to states for services to persons with HIV/AIDS
Title III	This is the part of the CARE Act providing funds to organizations for early intervention services
WHAF	West Hawai'i AIDS Foundation

SECTION III

Developing a Comprehensive Plan

The HIV/AIDS Bureau has issued guidance and expectations relative to comprehensive planning. Planning has always been a fundamental focus of the Ryan White CARE Act legislation and a critical part of Title I and II programs. Since the inception of the CARE Act, Title II Grantees have established service and resource allocation priorities, goals and objectives for each grant year. However, comprehensive HIV services planning goes beyond annual services and resource allocation. Comprehensive planning should result in a road map for the incremental development of a system of care over the longer term.

This Comprehensive plan will:

- ◆ Address disparities in HIV care, access, and services among affected subpopulations and historically underserved communities; and
- ◆ Address the needs of those who know their HIV status and are not in care, as well as the needs of those who are currently in the care system.

Throughout the various sections of this Comprehensive Plan there are strategies which:

- ◆ Identify individuals who know their HIV status but are not in care and strategies for informing these individuals of services and enabling their use of HIV-related services;
- ◆ Eliminate disparities in access and services for historically underserved populations;
- ◆ Provide goals, objectives, timelines, and appropriate allocation of funds (as determined by the needs assessment);
- ◆ Coordinate services with HIV prevention programs including outreach and early intervention services; and
- ◆ Coordinate services with substance abuse prevention and treatment programs.

Why do we need a Comprehensive Plan?

Questions to be answered

Where are we now?

What do we know about the spread of HIV infection (epidemiology) in the state? Are there evident trends and emerging populations?

What do we know about the need for services for people with HIV/AIDS, especially those who are not privately insured?

How well are we doing in providing these services?

Are there unmet needs?

What kinds of barriers do people experience when trying to access or even learn about available services?

What should we be doing to improve our knowledge regarding all these issues?

Where are we going?

What values should we embody in developing a continuum of care serving people with HIV/AIDS?

What is our vision of the ultimate continuum of care that we hope to achieve through the plan?

How should our values and vision accommodate differences among communities?

How will we get there?

Are there specific core services that we should try to assure to all HIV infected persons?

What should be our standards of care? How will we achieve them?

Can we define measures of efficiency, effectiveness and equity to guide improvement of services over time?

What types of coordination and collaboration of service delivery should we strive for?

What kind of diversification of funding should we strive for?

With regard to all of these questions, how will we measure our progress?

SECTION IV
The Process Used to Answer These Questions

Hawai'i CARES, the state HIV/AIDS care consortium, has Standing Committees developed to respond to the activities of the Ryan White CARE Act. They are Needs Assessment and Analysis, Evaluation, Comprehensive Planning, and Quality Assurance. Hawai'i CARES meets six times a year on a bi-monthly basis to fulfill these and other tasks relative to HIV care planning. At the beginning of the Ryan White year (April 2002) guidance was distributed for the writing of the Comprehensive Plan. From that, tasks were assigned to each committee to develop goals and objectives for the upcoming year. The Comprehensive Planning and Evaluation committees met to review the recommendations from 1997-2000 which were developed by the HIV Care Planning Group (CPG) prior to the transition to Hawai'i CARES.

The goals, objectives, strategies, and updated recommendations form the foundation of this Plan. A draft was presented to Hawai'i CARES for approval and then submission was made to the SAPB. It is acknowledged that this document is to be considered the template for planning and that it will be reviewed and updated on an ongoing basis.

SPECIAL NOTE:

This Plan is to be considered a "living" document. In order to effectively achieve outcomes from the Plan, there must be a shared responsibility of "ownership" among SAPB, ACCT, Hawai'i CARES, and provider agencies relative to its implementation. The Plan's implementation and evaluation processes will require ongoing monitoring of the goals, objectives, and strategies to ensure relevancy.

SECTION V

History of HIV/AIDS Services in Hawai'i - 1983-2002

1983 *Persons Living with AIDS in Hawai'i: 3*

- First AIDS Cases reported in Hawai'i
- Life Foundation organized; first Hawai'i AIDS Service Organization (ASO); all volunteer

1985 *Persons Living with AIDS in Hawai'i: 34*

- First Federal funds to DOH for Testing, Counseling, Prevention and Education

1986 *Persons Living with AIDS in Hawai'i: 66*

- Informal beginnings of AIDS Community Care Team
- ASO, DOH and consumer representatives discuss service needs, service delivery, funding, share information, network, etc.
- First Neighbor Island ASO's formed: Maui AIDS Foundation and Malama Pono – Kaua'i AIDS Project

1987 *Persons Living with AIDS in Hawai'i: 97*

- Big Island AIDS Project established

1988 *Persons Living with AIDS in Hawai'i: 143*

- Ho'omana'olana (Gregory House) founded; dedicated AIDS Housing facility; rent Subsidies

1989 *Persons Living with AIDS in Hawai'i: 143*

- First major State funding for AIDS Services: Housing, Case Management, Home Care
- Hospitals begin establishing AIDS clinics
- DOH creates STD/AIDS Prevention Branch
- H-SPAMM data collection program

1990 *Persons Living with AIDS in Hawai'i: 185*

- AIDS Clinical Research Program beginnings at University of Hawai'i
- Ryan White CARE Act Passed
- Hawai'i qualifies for Title II funding

1991 *Persons Living with AIDS in Hawai'i: 235*

- Hawai'i economy begins ten year slide
- Funding cutbacks affect services
- Ryan White Funding available for H-DAP, H-COBRA, H-NAP

1992 *Persons Living with AIDS in Hawai'i: 373*

- AIDS Community Care Team becomes Hawai'i's Ryan White Title II Consortium

1993 *Persons Living with AIDS in Hawai'i: 395*

- All-volunteer PWA FoodBasket begins, organized by People With AIDS Coalition (PWAC)

1994 *Persons Living with AIDS in Hawai'i: 477*

- West Hawai'i AIDS Foundation becomes separate ASO based in Kailua-Kona

1996 Persons Living with AIDS in Hawai'i: 667

- Care Services Community Planning Group formed; 50% consumer representation
- Sets Ryan White Title II funding priorities
- FoodBasket Saved – Save the FoodBasket takes over operation; all-volunteer, gain funding and staff, expand services

1997 Persons Living with AIDS in Hawai'i: 747

- Housing Opportunities for People With AIDS (HOPWA); Federal funding for housing assistance through Gregory House Programs

1999 Persons Living with AIDS in Hawai'i: 961

- Transformation begins to remake ACCT to become 'lead agency' only
- Hawai'i CARES created as statewide Ryan White Title II Consortium; 40 Voting Members; 50% consumer representation

2000 Persons Living with AIDS in Hawai'i: 1,039

- Waikiki Health Center – Title III Funding
- Consumers plan Wellness Center
- Statewide Needs Assessment – done by consumers

2001 Persons Living with AIDS in Hawai'i: 1,093

- Planning begins for Gregory House Programs' Michael's Place housing facility in Waikiki to serve HIV+ dual-diagnosed
- NIMBY opposition
- STFB's Bill's Place storefront food distribution starts providing fresh meat, dairy and produce to consumers

SECTION VI
Where are we now?

Epidemiology

In order to develop a fully comprehensive plan, it is important to understand the demographic profile of infected individuals. Only AIDS, not HIV infection, was reportable in the State of Hawai'i until August 2001. Therefore, there is no accurate count of the number of people living with HIV in the state. Further complicating attempts to accurately estimate the number of people living with both HIV and AIDS is the fact that case reports are tracked based on the county of residence of the infected person at the time of diagnosis in the case of AIDS, or first positive test for HIV. The Islands of Hawai'i, like other regions of the country that have become identified as vacation destinations, experience a significant in-migration of persons living with HIV/AIDS each year. These new residents, in spite of their active HIV/AIDS status, are not accounted for in the case reports. Only those cases originally diagnosed in Hawai'i are included in the case reports.

As of September 30, 2002:

- 2,676 cumulative cases of AIDS had been reported
- 1,168 people were estimated to be living with an AIDS diagnosis
- Approximately 1,800 people were living with HIV and not diagnosed with AIDS
- 426 HIV infections were reported in Hawai'i between September 1, 2001 and September 30, 2002

Table 2 presents the breakdown of cumulative AIDS cases reported and people estimated to be living with AIDS in Hawai'i, by county, as of September 30, 2002.

Region	Cumulative AIDS Cases		Living AIDS Cases	
	Number	Percent	Number	Percent
Honolulu City/County	1,914	72%	770	66.1%
Hawai'i County	367	14%	193	16.6%
Maui County	276	10%	153	13.1%
Kaua'i County	119	4%	49	4.2%
Total	2,676	100%	1,165	100%

Table 3 presents a basic demographic profile and the reported transmission categories of cumulative AIDS cases reported and people estimated to be living with AIDS in Hawai'i, as of September 30, 2002.

TABLE 3	Cumulative AIDS Cases		Living AIDS Cases	
	Number	Percent	Number	Percent
Race/Ethnicity				
White/Caucasian	1,691	63%	732	62.8%
African American/Black	112	4%	60	5.2%
Hispanic/Latino	138	5%	78	6.7%
Asian and Pacific Islander	723	27%	289	24.8%
American Indian and Native Alaskan	12	<1%	6	0.5%
Other	—	—	—	—
Total	2,676	100%	1,165	100%
Gender				
Male	2,491	93%	1,061	91.1%
Female	185	7%	104	8.9%
Total	2,676	100%	1,165	100%
Age at Diagnosis				
0–9	16	1%	5	0.4%
10–19	8	<1%	4	0.3%
20–29	330	13%	140	12%
30–39	1,173	44%	522	44.8%
40–49	821	30%	359	30.8%
50+	328	12%	135	11.6%
Total	2,676	100%	1,165	100%
Transmission Category				
Men who have Sex with Men (MSM)	2,010	76%	827	71%
Injection Drug Use (IDU)	193	7%	98	8.4%
MSM/IDU	176	7%	79	6.8%
Transfusion/Hemophilia	48	1%	20	1.7%
Heterosexual	140	5%	81	7%
Pediatric	13	1%	5	0.4%
No Identified Risk	96	3%	55	4.7%
<i>Total</i>	2,676	100%	1,165	100%

Continuum of Care

The Grant Review Committee of the AIDS Community Care Team is responsible for making funding recommendations for the allocation of Title II funds in the state. The total funding amount is broken down by a formula of 60% for O’ahu and 40% for the Neighbor Islands. Below is the prioritized list of needs and a breakdown of current Title II funding by service category and by service provider’s award. Client satisfaction surveys conducted statewide by individual service providers indicate that, for the most part, clients are satisfied or very satisfied with the services they currently receive. Continued review and analysis of this and other quality indicator data will occur and is written in the Quality Assurance section of this Plan.

Prioritized List of Needs

- | | | |
|----------------|---|--|
| | 1. Housing | 9. Case Management |
| | 2. Primary Medical Care | 10. Benefits Counseling |
| | 3. Medication | 11. Outreach |
| | 4. Nutrition | 12. Substance Abuse Counseling & Treatment |
| | 5. Dental Care | 13. Complimentary Therapies |
| | 6. Mental Health Counseling & Treatment | 14. Nutritional Counseling |
| | 7. Emergency Financial Assistance | 15. Social Support Services |
| Legal Advocacy | 8. Health Insurance Co-Pays | 16. Exercise Counseling |
| Transportation | | 17. Treatment Advocacy |

**Ryan White CARE Act, Title II
Year Twelve (4/1/02 – 3/31/02)**

RW Service Category	BIAP	GHP	LF	MP	MAF	STFB	WHAF	\$	%
Ambulatory/outpatient medical care	4,440			3,654	15,000		5,000	28,094	3.19%
Substance abuse treatment/counseling	3,000				2,000		3,000	8,000	0.91%
Dental care	4,500		84,000	10,300	20,000		6,000	124,800	14.17%
Mental health therapy/counseling	3,500			1,300	5,000		5,000	14,800	1.68%
Health insurance	4,147			4,800	10,000		11,371	30,318	3.44%
Support services:									
Housing assistance	2,000	125,620	18,179		20,000		3,000	168,799	19.16%
Direct emergency financial assistance	38,264	21,777	28,775	30,630	22,805	5,000	29,264	176,515	20.04%
Legal client advocacy					250	66,383		66,633	7.56%
Food bank/home delivered meals	4,500			6,300	17,023	161,914		189,737	21.54%
Transportation	9,000		3,000	5,600	2,000	6,047	9,000	34,647	3.93%
Counseling (other)				180				180	0.02%
Other support services	1,284			1,100	10,000	12,000	3,000	27,384	3.11%
CBC Outreach			11,018					11,018	1.25%
TOTALS	74,635	147,397	144,972	63,864	124,078	251,344	74,635	880,925	100.00%

SECTION VII

Where are we going?

Values

Values provide the foundation for a vision to guide the development of the Comprehensive Plan. Although it is desirable that the Plan achieve all of the values identified, it is important to recognize that values often conflict (e.g. in order to be equitable it may be necessary to compromise efficiency). The challenge of turning any vision into reality is to work out an acceptable resolution of such conflicts. The following values guide this Comprehensive Plan:

- ◆ Accessible
- ◆ Caring
- ◆ Comprehensive
- ◆ Efficient
- ◆ Empowering
- ◆ Equitable

Accessible

- ◆ Make services accessible to people in need so that they can continue to live in their community of choice
- ◆ Make information accessible to all clients and providers
- ◆ Eliminate barriers – geographic, economic, cultural, psychological, social, and other – that prevent access to services

Caring

- ◆ Clients should be treated with dignity: Respect the individual as a person by providing services to them in a nonjudgmental way.

Comprehensive

- ◆ Services should be accessible to everyone in need of them.
- ◆ People who are HIV asymptomatic, as well as those who are symptomatic and have AIDS, should be included in the continuum of care.

Efficient

- ◆ Cooperation and not competition should characterize the relationship among providers of service.
- ◆ Coordination across services and providers should be strong and devoid of unnecessary duplication.
- ◆ Consistent quality of care should be provided as people move between privately insured care, managed care, and publicly supported care.

Empowering

- ◆ Empower clients through their participation in all aspects of decision-making in the system. Empower individuals and their loved ones in the design of their own treatment and care.
- ◆ Empower providers and caregivers with technical assistance that allows them to effectively support people living with HIV/AIDS.
- ◆ Empower communities to make decisions that reflect the needs of their members as well as their capacities. In particular, empower communities of color to fully participate in providing care.

Equitable

- ◆ Despite economic status or geographic location, quality of care should be equitable.
- ◆ A basic standard of care should be provided to all persons in need, including those who are incarcerated, or who are physically, mentally or in other ways disabled.
- ◆ The appropriate level of service should be provided to all clients – according to their needs.
- ◆ Funding should be equitably disbursed.
- ◆ Respect differences in community capacity when pursuing equality of access.

Vision

The vision is a statement of an ideal system, unconstrained by economic, geographic and other considerations. As such, it is something to aspire to – and hopefully – to achieve.

The Hawai'i CARES vision is that all people living with HIV/AIDS have access to a high quality comprehensive care system that is client-centered, community-based, and provided with integrity and empathy in a non-judgmental fashion.

Mission

The mission is a statement of purpose for any agency, group and/or individual. As such it is very specific and allows for the development of goals and/or strategies to achieve the overall purpose.

The Hawai`i CARES mission is to ensure that Ryan White CARE Act funding is fairly and equitably distributed for client-centered care services and to require quality assurance in their delivery. Further, it is to work toward ensuring that all people living with HIV, especially those traditionally underserved and/or financially disadvantaged, have access to high quality care through the planning, developing and implementing of long-term, comprehensive, and community-driven statewide care services.

**SECTION VIII
HOW WILL WE GET THERE?
SUMMARY OF GOALS AND STRATEGIES**

There are eight (8) areas in which goals and strategies were developed:

Needs Assessment	Continuum of Care	Quality Management	Capacity Development	Coordination and Linkages	Program Administration	Targeting Resources / Funding	Data and Evaluation
1. Develop and employ core questions	5. Define and sustain core services	7. Ensure quality and consistent care	10. Identify capacity and infrastructure needs in communities to better meet the needs of HIV-positive individuals	12. Improve access to clinical trials	16. Improve contracting processes	18. Diversify funding for services	19. Develop and Implement a statewide data management program
2. Improve representation	6. Improve access to care (specifically for special populations)	8. Develop more equitable distribution of funds	11. Improve the capacity and infrastructure of providers and the community to better meet the needs of HIV-positive individuals	13. Assure availability of medication	17. Improve education/information sharing about Ryan White CARE Act programs		20. Assure HIPAA compliance where necessary
3. Assess hard-to-reach and emerging populations		9. Create an effective process for quality improvement		14. Improve information access, coordination and cooperation			21. Assure ongoing evaluation of all goals of the comprehensive plan
4. Make needs assessment results clear and useful				15. Increase participation of other DOH and human services agencies			

Section VIII.ii.a

NEEDS ASSESSMENT

Effective assessment of the needs of persons with HIV/AIDS is essential to making appropriate funding decisions. Effective assessment requires asking the right questions in an effective manner, and getting a sufficient number of clients to respond so that there is confidence in the results. In conducting a needs assessment, it is desirable to generate information that allows for comparisons across the state and among subpopulations, as well as longitudinal comparisons (over time), to help evaluate trends in needs and service delivery. In addition, when developing a more efficient and effective approach to needs assessment, it is essential that prevention services also engage in this activity and that the two efforts be coordinated closely.

Three terms frequently used in connection with needs assessment deserve explicit definition:

1. Cultural Competency consists of sensitivity, knowledge, understanding, and empathy toward all populations infected by HIV/AIDS. These populations include racial and ethnic minority communities, women, gays and lesbians, injection drug users, adolescents, families of infected children, the physically and mentally challenged, and those for whom English is not their native language.
2. Emerging Populations consist of populations for which epidemiological data indicates increasing trends of infection.
3. Hard-to-Reach Populations consist of individuals who face barriers to accessing services (e.g. social, psychological, cultural, physical, etc.). A group can be considered “hard-to-reach” if its members face two or more significant barriers to accessing services, such as, individuals who face a cultural barrier as well as a geographical barrier (i.e. Native Hawaiians living in a remote rural area or someone with a physical disability who is non-English speaking).

Goal One: Develop and Employ Core Questions

Develop a core set of questions that will be used uniformly across the state.

Goal Two: Improve Representation

Improve the response (return) rate, representativeness of sample (especially minority sub-populations), and confidence in data resulting from the needs assessment.

Goal Three: Assess Hard-to-Reach and Emerging Populations

Generate better needs assessment information on sub-populations who are newly diagnosed and not yet in care, especially those likely to experience significant barriers to access (e.g. non-English speaking, elderly, Native Hawaiians, multiply diagnosed, substance users, adolescents, parents of children with HIV/AIDS, and the incarcerated).

Goal Four: Make Needs Assessment Results Clear and Useful

Make results of the needs assessment clear and unambiguous to be of greatest use to the various decision-making committees of Hawai'i CARES, as well as to service agencies and the community.

Goal One: Develop and Employ Core Questions

Develop a core set of questions that will be used uniformly across the state.

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
<p><u>Strategy 1.1</u> A core set of questions should be developed by a committee (see “Who implements”). This committee should include an individual trained in survey design with a high level of cultural competency. It should also have representation from someone in prevention.</p> <p>Note: It is recommended that the core set of questions be kept to a minimum so that a major portion of the survey can be devoted to information requirements of Hawai'i CARES. In addition, core questions should be piloted with a random sample of clients to assure they are understandable. An introduction to the survey should make its purpose clear to clients.</p>	<p>Development of a core set of questions is a statewide effort.</p> <ul style="list-style-type: none"> ◆ The needs assessment committee will establish a work group. The work group will employ the help of consulting services, ideally someone affiliated with the University of Hawai'i or a private consultant, to facilitate the data collection, design and analysis process. ◆ The work group should consist of people diversified culturally, case managers, health professionals, clients, and prevention workers. 	<p>February 2003 Formulation of core questions</p> <p>April 2003 Implementation of core questions through comprehensive statewide needs assessment. Surveys are to be done every two years and a specific number of focus groups targeting certain populations will be conducted each year over the next five years.</p>	<ul style="list-style-type: none"> ◆ Strategy is implemented on schedule and as devised. ◆ Indication of progress through a state of the plan report to Hawai'i CARES
<p><u>Strategy 1.2</u> Find and retain an individual/group trained in needs assessment design and analysis.</p>	<p>Prospective consultant will be recommended by the Needs Assessment Committee with final approval made by funding source (i.e. ACCT, SAPB, etc.)</p>	<p>Spring 2003</p>	<p>Needs assessment committee evaluates process. Selection of consultant will be based on experience, education, and available funding.</p>
<p><u>Strategy 1.3</u> Coordinate development and implementation of the needs assessment in conjunction with prevention planning. Specifically, look for ways to coordinate administration of these surveys and combine the development of instruments and methods designed to get information on the needs of hard-to-reach and emerging populations.</p>	<p>Same as 1.1</p> <p>Develop a joint committee between Hawai'i CARES and the Prevention Planning Group. In addition, it was suggested that joint efforts (Hawai'i CARES/ Prevention/ASOs/CHOW) be made to employ data on risk factors (e.g. increased prevalence of injection drug uses) as a means of identifying potentially under-reported and emerging populations.</p>	<p>Same as 1.1</p>	<p>Success is based on participation (# of sub-populations, data collected, and # of agencies).</p>

Goal Two: Improve Representation

Improve the response (return) rate, representativeness of sample (especially minority sub-populations), and confidence in data resulting from the needs assessment.

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
<p>Strategy 2.1 Employ a variety of methods in gathering needs assessment data to assure greater confidence in the results. In particular, employ methods appropriate to different cultural groups in seeking answers to the core set of questions identified through Goal One.</p>	<p>All strategies for this goal should be implemented through the contract developed by the Needs Assessment committee of Hawai'i CARES when it prepares to conduct the next needs assessment. When a coordinated needs assessment is conducted by Hawai'i CARES – Title II, Title III and prevention, consideration will be given to developing a combined contract with the same contractor – if and when we choose to involve a consulting firm to help in the design and analysis process. In any case, the contracted individual or group will be responsible for developing and testing a variety of appropriate methods for the assessment, and for conducting and/or training others to conduct appropriate focus groups and key informant interviews.</p> <p>Note: Some Title II entities use case managers to conduct needs assessment surveys, thereby improving response rates. In light of this, it was proposed that the case managers/client service divisions log clients needs and whether the requests were filled on a monthly basis. This information could be useful to an ASO in determining the needs of their clients.</p>	<p>January 2003 and then ongoing monthly</p> <p>Note: The Needs Assessment Committee will design a statewide form for case managers to log client's requests.</p>	<p>Same as 1.1</p>
<p>Strategy 2.2 To ensure an unbiased and nonjudgmental approach, culturally competent individuals will be used to conduct focus groups and/or train representatives from cultural sub-populations (e.g. Native Hawaiians, women, parents with HIV+ children, substance users, MSMs).</p>	<p>Same as 2.1</p>	<p>Starting Spring 2003 Focus groups are to be conducted every year over a five-year period. Different groups would participate each year.</p>	<p>Base evaluation on # of people participating in focus group process.</p>

Goal Three: Assess Hard-to-Reach and Emerging Populations

Generate better needs assessment information on sub-populations who are newly diagnosed and not yet in care, especially those likely to experience significant barriers to access.

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
<p>Strategy 3.1 Require statewide that ASOs who provide case management incorporate, as part of their initial client intake process, a set of questions giving information on the difficulties new clients have accessing services once they have been diagnosed. It was suggested that this requirement be incorporated as a condition of the case management contract. It is assumed that case managers doing intakes will be culturally competent. <u>Note:</u> Clients first entering services may be under considerable psychological stress. Consequently, the intake information suggested here would be taken at a time when the case manager feels the client is best able to provide reliable information.</p>	<ul style="list-style-type: none"> ◆ Design of the survey instrument should be the shared responsibility of the Needs Assessment committee and appropriated grantees (Title II, Title III, prevention) ◆ Completed forms should be sent to contractor for data entry, analysis and reporting 	February 2003	Work with DOH – HSPAMM to develop a system to receive numbers of newly diagnosed cases and compare with # of forms returned from case managers.
<p>Strategy 3.2 Identify one or two sub-populations every year for which a more intensive needs assessment will be conducted. According to available epidemiologic data, one group will be of low incidence (e.g. hearing impaired, disabled, mentally impaired) and the other will be larger (Native Hawaiians, women.)</p>	<ul style="list-style-type: none"> ◆ Coordinate with prevention services to obtain information about sub-populations ◆ In the first year, the Needs Assessment committee, with the help of Hawai'i CARES, and Prevention Planning Group, should identify sub-populations before RFPs are given to potential grantees 	<p><i>January 2003 - The Needs Assessment committee will select one or two sub-populations for more intense needs assessment.</i> <u>Spring 2003</u> - Conduct focus groups of selected sub-populations to be considered by Hawai'i CARES and the Needs Assessment committee</p>	<p>Useful reports are to be made available and utilized by Hawai'i CARES.</p> <p>Evaluation will be based on the # of people participating in Focus Groups and compared to past results and present population numbers.</p>
<p>Strategy 3.3 Coordinate with Prevention services to gather data focusing on hard-to-reach and emerging populations. Where Prevention planning faces similar problems regarding barriers, the combined data should provide a more complete picture of barriers and gaps.</p>	This should be a shared responsibility of the Needs Assessment committee and appropriate federally funded grantees.	February 2003	Data collected will reveal barriers so that new strategies may be developed to overcome them.
<p>Strategy 3.4 Develop outreach strategies to reach sub-populations as identified in Strategy 3.2.</p>	With the help of the ASOs, the Needs Assessment and Prevention committees will develop outreach strategies.	January 2003	Same as 3.2

Goal Four: Make Needs Assessment Results Clear and Useful

Make results of the needs assessment clear and unambiguous to be of greatest use to the various decision-making committees of Hawai'i CARES, as well as to service agencies and the community.

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
<p><i>Strategy 4.1</i> After reviewing and analyzing the collected data, the consultant will present a report of findings with a recommended list of priorities to the needs assessment committee for their review and discussion. A representative from the Grant Review committee will review the report for the purpose of assuring that results will be used in the review and allocation recommendation process. The final review will be presented to Hawai'i CARES for approval.</p>	<p>For all strategies listed under Goal 4 there is a shared implementation responsibility by the Needs Assessment committee and consultant in coordination with Hawai'i CARES.</p>	<p>Beginning the end of Summer 2003 and each summer thereon for a total of five years</p>	<p>Data results should clearly validate the list of prioritized needs</p>
<p><i>Strategy 4.2</i> Utilize questions in the needs assessment which clearly establish how clients prioritize services they are currently receiving, as well as those they would like to receive</p>	<p>Consultant and Needs Assessment committee</p>	<p>February 2003</p>	<p>Success is based on participation (# of sub-populations) and data collected and # of agencies</p>
<p><i>Strategy 4.3</i> Data should identify the needs of specified sub-populations (e.g. Native Hawaiians, the disabled, substance misusers, adolescents), especially with respect to potential gaps in services and barriers to access. A clear and language-appropriate report should be made reflecting the findings.</p>	<ul style="list-style-type: none"> ◆ This should be required of the contractor. ◆ Needs Assessment committee should be retained to conduct and analyze the needs assessment. 	<p>February 2003</p>	<p>Evaluation will be based on feedback from groups as to the relevancy and effectiveness of process. #s of participants will be compared to sub-population estimates</p>
<p><i>Strategy 4.4</i> Use the needs assessment process to develop a uniform client satisfaction survey of clients with services received. Also, may employ information independently gathered by provider agencies on client satisfaction. This is an attempt to compare needs assessment process data with client satisfaction surveys conducted by provider agencies. NOTE: A uniformed designed satisfaction survey will be used by all ASOs. ASOs may add questions reflective of their individual services and/or geographic area.</p>	<ul style="list-style-type: none"> ◆ Needs Assessment committee and contracted needs assessment consultant should send the surveys to ASOs by the most appropriate and cost-effective means. ◆ ACCT and SAPB requires that contract applicants submit the results of client satisfaction surveys in their annual applications 	<p>February 2003</p>	<p>Evaluation will be based on feedback from groups as to the relevancy and effectiveness of process.</p>

Section VIII.ii.b

CONTINUUM OF CARE

The continuum of care is the full range of services provided to people with HIV/AIDS in a community. It includes primary medical care as well as community-based services, such as housing, food, case management, mental health counseling, and the like. The continuum of care is supported only in part by Ryan White funds. The full continuum relies as well on privately insured, non-profit supported and other publicly supported services.

Hawai'i CARES works to assess the needs of people living with HIV/AIDS and then through ACCT's Grant Review Committee recommends allocation of Ryan White funding based on demonstration of need through an annual RFP process. The goals listed in this section address issues in providing a continuum of care that cut across the entire state.

Goal Five: Define and Sustain Core Services

Define and sustain the critical elements – core services – of the continuum of care over the long term.

Goal Six: Improve Access to Care (Specifically for Special Populations)

Assure an improved access to care by removing barriers (physical, psychological, cultural, social, geographical, and financial) while assuring a fair distribution of resources.

Goal Five: Define and Sustain Core Services

Define and sustain the critical elements – core services – of the continuum of care over the long term.

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
<p><u>Strategy 5.1</u> Define core services and set priorities for funding. Involve clients in the process of defining “core services.”</p> <p>Note: Using the term “core services” does not imply there is permission to reduce funding for other services. This will require discussion among Hawai`i CARES participants.</p>	<ul style="list-style-type: none"> ◆ The definition of “core services” will need to occur with the Needs Assessment committee and Hawai`i CARES as a whole. ◆ A discussion could occur among Hawai`i CARES participants to recommend that a portion of Ryan White funding be set aside or distributed in such a way as to assure that core services are available to persons with HIV/AIDS across the state. ◆ Include questions regarding clients’ definitions of core services in the needs assessment. 	<p>Discussion of whether there should be a statewide identification of core services to begin in March of 2003, perhaps with the designation of an Ad hoc committee to research.</p> <p>If core services are defined, they should be incorporated in the 2004 RFP process.</p>	<ul style="list-style-type: none"> ◆ Strategy is implemented on schedule and as devised. ◆ Indication of progress through a state of the plan report to Hawai`i CARES
<p><u>Strategy 5.2</u> Recognize that core services are priorities for funding but that other services are also important. Develop alternative non-CARE Act funding for these services.</p> <p>Note: Again, there may be a concern that by identifying “core services” there may be an unintended consequence of making them the only services funded.</p>	<p>This strategy should be implemented with strategy 5.1</p>	<p>March 2003</p>	<p>A wide array of support services is available to infected persons.</p>
<p><u>Strategy 5.3</u> To get HIV infected people into the service system as early as possible after diagnosis in order to: improve their life expectancy and quality of life; reduce the financial burden on themselves and/or the system; and educate them about prevention for positive strategies.</p>	<p>Testing sites should have available an ample amount of easily understood literature on the importance and effectiveness of early treatment. Prevention and care programs should coordinate the delivery of prevention messages for HIV positive individuals to help reduce ongoing risks.</p>	<p>Ongoing</p>	<p>Chart review of new clients to show they are receiving services soon after diagnosis.</p>

Goal Six: Improve Access to Care (Specifically for Special Populations)

Assure an improved access to care by removing barriers (physical, psychological, cultural, social, geographical, and financial) while assuring a fair distribution of resources.

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
<p>Strategy 6.1 Coordinate work through provider agencies to continue to deliver services to all people living with HIV/AIDS, especially emerging and special populations in order to lower their barriers to access.</p>	<p>This is a shared responsibility of Hawai'i CARES, provider agencies, ACCT and SAPB.</p>	<p>Ongoing</p>	<p>Barriers to access for all people living with HIV/AIDS will be lowered. This will be demonstrated through client reports (surveys, focus groups, individual encounters, etc.).</p>
<p>Strategy 6.2 Develop strategies to ensure that all HIV positive individuals have access to quality health care services.</p>	<p>Hawai'i CARES will assist with the following:</p> <ul style="list-style-type: none"> ◆ Develop a plan that provides options for purchasing health insurance coverage and providing for unmet client needs whether for medical, non-HIV prescription medication, dental or vision services. ◆ Ensure that health care providers have adopted and are implementing established national standards of care (i.e. HSPAMM labs.) ◆ Improve access to alternative and complementary therapies that have proven effective and when recommended by a primary care provider. All therapies are to be provided by certified or licensed practitioners and/or programs wherever state certification or licensure exists. ◆ Education/Training will be provided for health care providers, including alternative/complementary therapists, and their staff working with HIV positive clients. 	<p>Ongoing</p>	<p>Client reports barriers of access to care have been lowered.</p>

Strategy 6.3

Provide specialized services for multiply diagnosed and/or homeless individuals living with HIV/AIDS and ensure they have access to and remain in care.

Policy Consideration

Care of the HIV positive individual should take precedence over the traditional goal of total abstinence from alcohol and other drugs. The HIV services community should fully support the development of a continuum of drug treatment services including harm reduction models. A dialogue with ADAD should be initiated to ensure that this policy is fully considered.

- ◆ Non-traditional methods, such as outreach and drop-in services, should be employed by organizations to assist this population in accessing services and to prevent individuals from falling through the gaps and not receiving care.
- ◆ Providers of services to this population should be specially trained, with the skills and sensitivity to engage clients at their current level of need. Services should be provided in a user friendly, individualized, non-judgmental manner, in places where clients felt comfortable and, ideally, where they gather.
- ◆ Adequate resources/personnel time are needed to ensure that intensive case management is provided to this population.
- ◆ Access should be provided to practical assistance for daily living (such as personal hygiene, grooming and clothing) and personal crisis management, individual psychological and spiritual counseling, substance abuse treatment if needed, and support groups conducted by facilitators who are knowledgeable, trained, empathetic, and experienced with the sub-populations with whom they work. (Suggested models: 12-step programs, harm reduction methodology, motivational interviewing)
- ◆ A continuum of housing options should be developed and reviewed to ensure the accessibility to housing services by multiply diagnosed individuals, with a special focus on the provision of intermediate care facilities.
- ◆ Each organization applying for care services funding should explain specifically in their proposals what actions they will take to provide access to services for this population and to ensure they remain in care. Contracted service providers will be invited to make a presentation to Hawai'i CARES on how they are providing services to the multiply diagnosed.

Ongoing

Client reports barriers of access to care have been lowered.

<p><i>Strategy 6.4</i> Provide specialized services for Native Hawaiians who are living with HIV/AIDS to ensure they have access to and remain in care.</p> <p><u>NOTE:</u> In the Native Hawaiian Health Care Act of 1992, the Federal Government recognized Native Hawaiians as a special population in terms of their health needs, and also in terms of their special relationship to the Federal Government. Native Hawaiians, as the indigenous population of Hawai'i, deserve special consideration of their unique cultural values and practices in their treatment and care.</p>	<ul style="list-style-type: none"> ◆ Case management services for Native Hawaiians should include outreach as a primary component. ◆ Each organization applying for care services funding should explain specifically in their proposals what actions they will take to provide access to culturally appropriate services. Contracted service providers for this population will be invited to present to Hawai'i CARES on how they are providing services to Native Hawaiians. ◆ The HIV service community will work with established Native Hawaiian organizations to obtain assistance in developing culturally appropriate programs. An understanding of Hawaiian cultural values that includes, but is not limited to outreach, staff training, traditional healing, ceremony, protocol, and Native Hawaiian kinship practices is recommended. ◆ Organizations providing case management services to this population should incorporate appropriate native HIV case management models established by organizations that work with Native Hawaiians, Alaskan Natives and Native Americans. 	<p>Ongoing</p>	<p>Client reports that cultural and linguistic barriers are reduced.</p>
<p><i>Strategy 6.5</i> Provide specialized services for HIV positive women and HIV positive children to ensure they have access to and remain in care.</p>	<ul style="list-style-type: none"> ◆ Contracted service providers for this population will be invited to present reports to Hawai'i CARES on how they are providing services to HIV infected women and children. ◆ Each organization applying for care services funding should develop appropriate linkages with organizations that work specifically with women and/or children to facilitate referral and appropriate services. Such services include but are not limited to domestic violence, sexual abuse, counseling, emotional support, and nutrition. ◆ Staff working with this population should be trained on issues particular to their lives. 	<p>Ongoing</p>	<p>Client reports that barriers to care are reduced.</p>

<p><i>Strategy 6.6</i> Hawai'i CARES shall support primary care centers providing services to indigent populations and other with limited access to insured health care services.</p>	<ul style="list-style-type: none"> ◆ All HIV service providers submitting proposals for care funding shall explain specifically in their proposals how they will strengthen their linkages with primary care centers in the geographical area where they operate. 	Ongoing	Formal MOA/MOU between service providers and primary care centers with a demonstrated plan for coordination of services.
<p><i>Strategy 6.7 (also part of Data & Evaluation Section)</i> Accurate data should be collected relative to services provided for Hawai'i's special populations.</p>	<ul style="list-style-type: none"> ◆ Service providers will at a minimum generate counts of clients in each of the following categories: <ul style="list-style-type: none"> ◆ Children ◆ Chronically dysfunctional (individuals with extended and/or frequent periods of serious difficulty coping with the stressed of daily living due to mental/emotional impairment. This impairment is usually characterized by and inability to follow through with AIDS service plans and indicates a need for intensive case management. These individuals may or may not be diagnosed with mental illness.) ◆ Chronically homeless (individuals with extended and/or frequent periods of being unsheltered) ◆ Diagnosed mentally ill ◆ Individuals on parole or probation ◆ Injection Drug Misuser ◆ Inmates ◆ Native Hawaiians ◆ Other Drug Misuser ◆ Sex workers ◆ Women 	Ongoing	Collected data is reported to SAPB and ACCT and shared with Hawai'i CARES.
<p><i>Strategy 6.8</i> Provide early availability and adequate funding for the most up-to-date drugs</p>	Coordinated effort with Hawai'i CARES, ACCT and the SAPB's HDAP program. This effort should also involve the Hawai'i CARES Legislative committee in its work with the state legislature.	Ongoing	A full range of drugs is available on the formulary and drugs are available as expediently as possible according to client needs.

<p><i>Strategy 6.9</i> <i>Improve access and fulfillment of basic needs such as housing, food, and transportation by expanding alternatives for HIV positive individuals.</i></p>	<p><u>Housing</u> Hawai'i CARES and the HIV/AIDS Housing Coalition of Hawai'i should work together to follow the housing plan recommendations developed by the coalition in its strategic plan.</p> <p><u>Food</u> Providers are to give access to basic nutritional needs appropriate to an individual's health status in a timely manner, supplementing and supporting medical treatments and changes in therapy, and access to non-staple foods. Funding for grocery distribution programs should continue and be expanded so that the quality and range of products may be improved.</p> <p><u>Transportation</u> Each provider should have a plan addressing the transportation needs of the clients. Plans are to include a variety of options and resources to assist HIV positive individuals to access services. Options may include but are not limited to volunteer transportation, taxi vouchers, mileage reimbursement, fuel vouchers, bus passes.</p>	<p>Ongoing</p>	<p>A full range of basic needs services is available.</p>
<p><i>Strategy 6.10</i> Develop a mechanism for obtaining and disseminating the latest treatment information to clients, case managers and local health professionals.</p>	<p>Hawai'i CARES should work with providers to ensure the following:</p> <ul style="list-style-type: none"> ◆ Statewide initiative to bring information about treatment development (could be a consortium of physicians and advocates) ◆ Case managers should be expected to identify appropriate treatment advocates, information, or resources in order to address the treatment advocacy needs of individual clients. ◆ Clinical trial information is being made available to clients. 	<p>Ongoing</p>	<p>The latest treatment information is available to clients, case managers and local health professionals.</p>

<p><i>Strategy 6.11</i> Improve statewide access to legal services.</p>	<p>Legal services will be obtained from wherever most appropriate and to include individual lawyers willing to work at pro bono or sliding scale rates. Services may include:</p> <ul style="list-style-type: none"> ◆ Benefits counseling/return to work counseling ◆ Breach of HIV/AIDS confidentiality ◆ Child custody issues ◆ Drafting of simple wills, living wills, and durable powers of attorney ◆ Employment discrimination ◆ Housing discrimination ◆ Landlord/tenant matters ◆ Obtaining/retaining general assistance benefits ◆ Obtaining/retaining Social Security benefits 	<p>Ongoing</p>	<p>Client reports that access to legal services is improved.</p>
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Section VIII.ii.c

QUALITY MANAGEMENT

The principle issue here is to assure the best quality of care throughout the state, while being sensitive to different challenges faced by each county. This involves setting standards and improving the quality of services. There are basically two kinds of quality management: 1) You evaluate services you have provided in the past – yearly client surveys, etc. and 2) You monitor and evaluate the services you are presently providing. This usually entails picking a specific service where there has been dissatisfaction or a problem, designing a way to change / improve delivery, and analyzing the feedback data.

Quality Management principles include the following:

1. Consumer focused – dependent on consumer requirements, feedback
2. Leadership sets policy – verifiable objectives, provides resources, establishes a positive environment
3. Involves people at all levels – established competency levels, training, qualified personnel.
4. Process – documented process.
5. System approach – a total quality management system.
6. Continuous – internal /external audits, corrective / preventive action, on-going
7. Factual – analysis of factual data and information from audits.
8. Mutually beneficial – define and document requirements of both provider and consumer.

CARE Act grantees are required to build relationships with other Federal and State agencies including State Medicaid agencies. All programs should do the following:

- ◆ Assist direct service medical providers in assuring that funded services adhere to established HIV clinical practices and Public Health Service guidelines.
- ◆ Ensure that strategies for improvement to quality medical care includes access to vital health related support services

- ◆ Ensure available demographic, clinical and health care utilization information is used to monitor the spectrum of HIV related illnesses and trends in the local epidemic.
- ◆ Be systematic with leadership, accountability and dedicated resources
- ◆ Use data and measurable outcomes to determine progress
- ◆ Focus on linkages, efficiency of providers, client expectations
- ◆ Ensure that data collected is fed back into the quality management process

Goal Seven: Ensure Quality and Consistent Care

Ensure quality and consistent care for all people challenged with HIV/AIDS.

Goal Eight: Develop More Equitable Distribution of Funds

Develop more equitable distribution of funds throughout the entire state of Hawai`i.

Goal Nine: Create an Effective Process for Quality Improvement

Develop a quality improvement process that is efficient, effective and non-threatening.

Goal Seven: Ensure Quality and Consistent Care

Ensure quality and consistent care for all people challenged with HIV/AIDS.

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
<p><u>Strategy 7.1</u> Work toward developing voluntarily agreed upon standards of care for commonly provided services. Where appropriate, utilize existing national standards (e.g., mental health counseling, hospice services, etc.)</p>	<ul style="list-style-type: none"> ◆ The Quality Assurance Committee should select which services will be the focus of review. ◆ The committee will identify which services under the HRSA list have national standards that might be employed by Hawai'i CARES. ◆ The committee should review what standard(s), if any, is/are currently employed to assure the quality of its services. ◆ Common minimum standards are useful in providing a basis for developing cost comparisons. 	<p>2003-2004 – begin with review of one or two selected services.</p> <p>Add additional services in subsequent years.</p>	<ul style="list-style-type: none"> ◆ All AIDS service organizations funded through state and federal contracts will be aware and employ the standards being developed

Goal Eight: Develop More Equitable Distribution of Funds

Develop more equitable distribution of funds throughout the entire state of Hawai`i.

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
<p><u>Strategy 8.1</u> Investigate cost efficiency standards to determine if there are higher costs associated with delivering services to geographically isolated and otherwise hard-to-reach clients.</p> <p><u>Note:</u> This has been and continues to bring about a number of challenging issues on which to achieve consensus. The following recommendations require further discussion, as consensus was not reached.</p> <p><i>Issues</i></p> <ul style="list-style-type: none"> ◆ A basic inequity does exist in the way funds are distributed between Oahu and the Neighbor Islands and any population-based analysis (AIDS cases, case management case loads, general population, etc.) of the state suggests some redistribution of funds to Oahu. ◆ Reallocation formula should be applied only to state purchase of service contracts. ◆ Formula utilized should include a baseline amount for each ASO to cover the cost of keeping the doors open that includes personnel costs and operational costs. ◆ If SAPB decides to utilize a formula or any other system of fund allocation then the impact of the change in funding allocations must be minimized, so that a continuum of care throughout Hawai`i is maintained. <p>Geographic Formula: $a + bx + cx + dx = \\$ a = cost to open doors b = proportion of case load c = proportion of AIDS cases d = proportion of HSPAMM HIV+ cases</p>	<p>Quality Assurance Committee</p>	<p>Spring 2003</p>	<p>Cost efficiency standards determined.</p>

<p>x = total funding available less all the sum of 'a' divided by the number of variables (3) FORMULA: That is the amount needed to open doors plus the proportion of case load times the total funding available less all the sum of 'a' divided by the number of variables plus the proportion of AIDS cases times the total funding available less all the sum of 'a' divided by the number of variables plus the proportion of HSPAMM HIV+ cases times the total funding available less the sum of 'a' divided by the number of variables.</p> <p>Work will be initiated towards the development of a unit cost allocation system for AIDS service delivery in future years.</p>			
<p><u>Strategy 8.2</u> Work to ensure there are sufficient funds allocated to each county to guarantee a community-based agency the ability to attract, hire and pay qualified staff at a reasonable salary commensurate with the demands of the job and the standard of living in their community.</p>	<p>Conduct a compensation comparison of ASOs and non-ASO and other non-profits staffs.</p>	<p>Summer 2003</p>	<p>Cost comparison completed.</p>

Goal Nine: Create an Effective Process for Quality Improvement

Develop a quality improvement process that is efficient, effective and non-threatening.

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
<p>Strategy 9.1 Conduct annual client satisfaction surveys among consumers of all state and Ryan White funded HIV service providers.</p>	<p>ACCT will coordinate and disseminate survey results to the Quality Assurance Committee who will then share results with Hawai'i CARES</p>	<p>Annually</p>	<p>Results will be factored into overall care services planning.</p>
<p>Strategy 9.2 Establish a mechanism/group to assure quality improvement.</p>	<ul style="list-style-type: none"> ◆ All agencies receiving state funds for Case Management must demonstrate a plan for ongoing quality assurance of case management services. This may include regular and ongoing case conferencing among case managers and supervisors, regular and ongoing supervision of case managers, regular and ongoing opportunities for staff development and training. ◆ All agencies receiving state funds for Case Management must provide all consumers with a mechanism in writing of registering complaints and dissatisfaction, which ensures that valid concerns are addressed. Client Advisory Councils should be involved in the grievance process. ◆ DOH and ACCT should monitor grantees to ensure contract compliance. This monitoring shall include a mechanism to randomly review client records and conduct personal interviews with clients whose records are selected. This process must address related confidentiality issues and safeguard assurances. ◆ Agencies are encouraged to promote and allow for burnout prevention activities such as paid time off, grief counseling, staff retreats, psychotherapy, etc. 	<p>Ongoing</p>	<p>Contract monitoring and site visits of funded agencies complete and reports made to ACCT, Hawaii CARES, and individual ASOs.</p>

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
<p><i>Strategy 9.3</i> <i>Keep providers current</i> -To support services, especially primary medical in rural and geographically isolated areas, it is necessary to improve the dissemination of information and other technical support</p>	<ul style="list-style-type: none"> ◆ The AIDS Education Project or similar agency should develop an annual training curriculum for statewide specialty training for case managers. Recommendations for training topics will come from case managers and a Steering Committee convened by AEP or similar project. ◆ Improve and extend use of telemedicine system. ◆ Develop a model to help providers remain knowledgeable about HIV infection and related treatments. ◆ Support training for nurses, technicians and other medical providers interested in getting up-to-date HIV information. 	<p>Ongoing</p>	<p>Providers are giving current treatment and information to people living with HIV/AIDS.</p>

Section VIII.ii.d.

CAPACITY DEVELOPMENT

Goal Ten: Identify capacity and infrastructure needs in communities to better meet the needs of HIV-positive individuals

Assess the providers to identify their capacity and infrastructure needs for serving people living with HIV/AIDS.

Goal Eleven: Improve the capacity and infrastructure of providers and the community to better meet the needs of HIV-positive individuals

Assure an improved capacity of providers and the community to better meet the needs of HIV-positive individuals.

Goal Ten: Identify capacity and infrastructure needs in communities to better meet the needs of HIV-positive individuals

Assess the providers to identify their capacity and infrastructure needs for serving people living with HIV/AIDS.

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
<p><u>Strategy 10.1</u> Create a process to assess the capacity development needs of providers.</p>	<p>ACCT should work with its Board of Directors to create an assessment tool to survey the providers and their capacity/infrastructure needs.</p>	<p>March 2003</p>	<p>Capacity and infrastructure needs are identified.</p>
<p><u>Strategy 10.2</u> Utilize the summary of capacity development needs as Problem/Need statements in the fund development processes of ACCT, Hawai'i CARES and the individual providers as appropriate.</p>	<p>ACCT, Hawai'i CARES, Providers</p>	<p>April 2003</p>	<p>Funding opportunities are developed based on identified capacity and infrastructure needs statements.</p>

Goal Eleven: Improve the capacity and infrastructure of providers and the community to better meet the needs of HIV-positive individuals

Assure an improved capacity of providers and the community to better meet the needs of HIV-positive individuals.

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
<p><u>Strategy 11.1</u> Develop capacity of providers and community based on funds received through fund development process.</p>	<p>ACCT, Hawai'i CARES, Providers</p>	<p>Fall 2003 and ongoing</p>	<p>Capacity and infrastructure needs are met.</p>
<p><u>Strategy 11.2 (also part of the Coordination and Linkages Section)</u> Identify agencies/groups to coordinate and develop linkages to strengthen the capacity and infrastructure of existing agencies/programs and communities' abilities to meet the needs of people living with HIV/AIDS.</p>	<p>ACCT, Hawai'i CARES, Providers</p>	<p>Ongoing</p>	<p>Linkages and coordination of services developed and capacity and infrastructure of providers is strengthened.</p>

Section VIII.ii.e.

COORDINATION AND LINKAGES

A principle requirement of the CARE Act is that the state plan be coordinated with other statewide programs serving people with HIV/AIDS. They include prevention services, clinical trials, social and human services, as well as other types of services. Additionally, providers are required to build relationships with entities providing “key points of entry” into HIV care. These include providers of early intervention services, family planning clinics, substance abuse treatment providers, sexually transmitted disease clinics, community organizations, and correctional institutions.

Goal Twelve: Improve Access to Clinical Trials

Make clinical trials accessible across the state.

Goal Thirteen: Assure Availability of Medication

Assure all people living with HIV/AIDS in the state have access to necessary medication.

Goal Fourteen: Improve Information Access, Coordination and Cooperation

Since collaboration is the key to service provision, consortia should be strongly encouraged to share resources, including technical assistance, services, personnel, standards of care and information.

Goal Fifteen: Increase Participation of Other Department of Health Divisions and Human Services Agencies

Coordination is important among publicly-funded programs. This is particularly relevant given “payer of last resort” requirements in the law.

Goal Twelve: Improve Access to Clinical Trials

Make clinical trials accessible across the state.

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
<p><u>Strategy 12.1</u> Establish a more comprehensive information dissemination system that serves case managers and physicians in their need to provide information about clinical trials to their client/patients.</p>	<ul style="list-style-type: none"> ◆ The AIDS Clinical Trials Group (ACTG) in conjunction with the Community Advisory Board (CAB) already publishes information on clinical trials and should be supported in continuing this work. ◆ ACTG and CAB should release the information to Hawai'i CARES, perhaps even creating a liaison position from the group. ◆ Hawai'i CARES should, in turn, assist the ACTG and CAB by making special efforts to inform individuals about the trials, especially, the special populations. ◆ Agencies should be encouraged to publish information about clinical trials in their newsletters and/or agency flyers. 	<p>Ongoing – Many aspects of this strategy are ongoing.</p> <p>New aspects should be implemented as soon as possible</p>	<p>Better geographic distribution and diversity of people involved in clinical trials.</p> <p>Increased dissemination of ACTG and CAB published materials.</p>
<p><u>Strategy 12.2</u> Increase convenience to clients and providers in accessing clinical trials.</p>	<ul style="list-style-type: none"> ◆ ASOs should identify at least one case manager who will serve as primary liaison with ACTG of Hawai'i. ◆ Technical support should be provided in completing paperwork and performing other responsibilities required to get on, and be maintained on, a clinical trial. ◆ Remuneration of clinical trial participants should be encouraged. 	<p>Begin in February 2003 and then ongoing</p>	<p>Same as 12.1</p>

Goal Thirteen: Assure Availability of Medication

Assure all people living with HIV/AIDS in the state have access to necessary medication.

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
<p>Strategy 13.1 Train at least one case manager in each ASO to help clients qualify for drug donation and compassionate use programs run by various manufacturers. This case manager should keep physicians with HIV infected clients informed of these opportunities.</p>	ASOs	Ongoing – Some aspects of this strategy are ongoing.	<p>There is at least one properly trained case manager in each ASO.</p> <p>More clients are successful in qualifying for donation and compassionate use programs.</p>
<p>Strategy 13.2 Improve the availability of complementary drug therapies and nutritional supplements.</p>	ASOs, ACCT, Hawai'i CARES – Nutrition Committee	Ongoing – Some aspects of this strategy are ongoing.	Clients report better availability to complementary drug therapies and nutritional supplements.

Goal Fourteen: Improve Information Access, Coordination and Cooperation

Collaboration is the key to service provision. Providers are strongly encouraged to share resources, including technical assistance, services, personnel, standards of care, and information.

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
<p>Strategy 14.1 Improve clients' and case managers' access to information about services and providers.</p> <p>An important objective is to use non-CARE supported agencies to deliver services to HIV/AIDS clients and their families. With rapid expansion of the Internet, there is strong desire to make more information available through this source to clients as well as case managers. Although not all clients have access to this technology, there are increasing numbers of public access sites.</p>	<ul style="list-style-type: none"> ◆ All agencies receiving funding for Case Management services must provide clear documentation to all clients which details the parameters for case management services, as well as all HIV related services and resources that are available in their jurisdiction. Documents should be developed so that the information is accessible to all consumers. Each agency should have methods to document that this information has been received and understood by clients. ◆ It is essential that strong coordination, if not collaboration, be established with prevention services. 	<p>Ongoing – Some aspects of this strategy are ongoing.</p>	<p>Clients report better access to information about services and providers.</p>
<p>Strategy 14.2 Improve the frequency and quality of assistance that Hawai'i CARES and AIDS Service Organizations provide each other.</p>	<ul style="list-style-type: none"> ◆ This is already occurring, though largely informally. ACCT is assisting with group purchase of flight coupons to help consumers access medical services. ◆ Encourage exchange of training manuals and other technical information among Hawai'i CARES, ASOs and other non-profits. ◆ Provide greater opportunity for information exchange through E-Mail and an electronic bulletin board. Such a link-up might eventually be integrated with an ACCT internet site. 	<p>Some of this is ongoing, but opportunities for information exchange should be more clearly provided through Hawai'i CARES beginning January 2003.</p>	<p>More AIDS service agencies report working collaboratively.</p>

<p><i>Strategy 14.3</i> Improve coordination between Hawai'i CARES and the HIV Prevention Community Planning Group (CPG) in primary prevention and prevention for positives. This will help to ensure individuals know their HIV status and can access services.</p>	<ul style="list-style-type: none"> ◆ Hawai'i CARES and CPG will do the following: ◆ Develop collaborative leadership initiatives ◆ Understand CPG recommendations for primary prevention interventions ◆ Develop a strategy to assure primary prevention work is developed with a prevention/care collaboration. 	<p>Some of this is ongoing, but opportunities for information exchange should be more clearly provided through Hawai'i CARES beginning January 2003.</p>	<p>Prevention for HIV positives (PHIP) efforts are coordinated by Hawai'i CARES and the CPG of Hawai'i.</p>
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Goal Fifteen: Increase Participation of Other Department of Health Divisions and Human Services Agencies

Coordination is important among publicly-funded programs. This is particularly relevant given "payer of last resort" requirements in the law.

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
<p><i>Strategy 15.1</i> Improve collaboration with other publicly-funded programs.</p>	<p>SAPB, ACCT, Hawai'i CARES and ASOs are required to collaborate in the assessment of need, planning and allocation of CARE Act funds. Programs may include, but are not limited to the following:</p> <ul style="list-style-type: none"> ◆ Community Health Centers ◆ Maternal and Child Health Programs ◆ Medicaid ◆ Providers to substance misusers ◆ Providers to the homeless ◆ Quest ◆ Representatives from correctional facilities 	<p>Some of this is ongoing, but opportunities for information exchange should be more clearly provided through Hawai'i CARES beginning January 2003.</p>	<p>Clients and agencies report better collaboration with other publicly-funded programs.</p>

Section VIII.ii.f.

PROGRAM ADMINISTRATION

Goal Sixteen: Improve Contracting Processes

Simplify the grants award, application and funding process

Goal Seventeen: Improve Education/Information Sharing About Ryan White CARE Act Programs

Communities should be encouraged to share information and knowledge about Ryan White CARE Act programs.

Goal Sixteen: Improve Contracting Processes

The grants award, application and funding process should be user-friendly.

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
<u>Strategy 16.1</u> Develop a simplified application and funding process.	SAPB, ACCT, Grant Review Committee, other stakeholders will meet to review the current application and award processes. Grantee agencies will be consulted for their input. SAPB and ACCT will develop a funding calendar for state and federal funds. Calendar will include reporting deadlines.	Some aspects of this strategy are occurring and ongoing. Should be fully implemented by April 2003.	Application and funding processes are simplified and clear.
<u>Strategy 16.2</u> Conduct an administrative cost study.	ACCT and SAPB will conduct a study to examine the relationship of administrative costs to service provision.	Summer of 2003	Study is complete and results are shared with stakeholders in the process.

Goal Seventeen: Improve Education/Information Sharing About Ryan White CARE Act Programs

Communities should be encouraged to share information and knowledge about Ryan White CARE Act programs.

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
<p><i>Strategy 17.1 (Also appears in Coordination & Linkages Section)</i> Improve clients' and case managers' access to information about services and providers.</p> <p>An important objective is to use non-CARE supported agencies to deliver services to HIV/AIDS clients and their families. With rapid expansion of the Internet, there is strong desire to make more information available through this source to clients as well as case managers. Although not all clients have access to this technology, there are increasing numbers of public access sites.</p>	<ul style="list-style-type: none"> ◆ All agencies receiving funding for Case Management services must provide clear documentation to all clients which details the parameters for case management services, as well as all HIV related services and resources that are available in their jurisdiction. Documents should be developed so that the information is accessible to all consumers. Each agency should have methods to document that this information has been received and understood by clients. ◆ It is essential that strong coordination, if not collaboration, be established with prevention services. 	<p>Ongoing – Some aspects of this strategy are ongoing.</p>	<p>Clients report better access to information about services and providers.</p>

Section VIII.ii.g.

TARGETING RESOURCES / FUNDING

The issue here is to identify goals and strategies to increase and diversify sources of support for services to people with HIV/AIDS. We are particularly mindful that future levels of Ryan White funding are unpredictable, and that reduced funding is a distinct possibility. In addition, there is a changing fiscal and administrative environment in which all human and social service programs now operate. Therefore it is necessary to consider all the changes in Medicare and Medicaid, as well as how the restructuring of the private health insurance industry has affected support for people with HIV/AIDS. Notwithstanding the tragedy of September 11, 2001, the staggering shift in the US economy and the impact that has had on the tourist industry for the state of Hawai`i, many people living with HIV/AIDS continue to struggle financially.

Goal Eighteen: Diversify Funding for Services

Increase the use of alternative resources and sources of funding by Ryan White contract agencies in their provision of services to people with HIV/AIDS.

Goal Eighteen: Diversify Funding for Services

Increase the use of alternative resources and sources of funding by Ryan White contract agencies in their provision of services to people with HIV/AIDS.

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
<p><u>Strategy 19.1</u> Strengthen Hawai'i CARES capacity to mobilize people to contact state and federal officials and representatives who are addressing funding for persons with HIV/AIDS.</p>	<p>Hawai'i CARES Legislative Committee, ACCT, Governor's Committee on HIV/AIDS and other key stakeholders will ensure the following:</p> <ul style="list-style-type: none"> ◆ Educate the community to develop support for diversified funding. ◆ Develop quick alert and response process (e.g. E-mail trees, phone trees) when legislative actions are pending or need to be raised. ◆ Identify a "legislative day" on which representatives would be lobbied 	<p>Some aspects are already occurring. This should begin in January 2003.</p>	<p>There are a greater number of people engaged in the legislative process and involved in a "quick-response" system.</p>
<p><u>Strategy 19.2</u> Develop a resource book for grantees of HIV/AIDS friendly corporations/foundations and technical assistance.</p>	<p>ACCT and Hawai'i CARES may want to do this as a joint venture.</p>	<p>2003-2004</p>	<p>Resource book is available and in use.</p>

<p>Strategy 19.3 Identify non-HIV specific funding sources and HIV-specific non-Ryan White funding sources that could be used by agencies to diversify support for client services.</p>	<p>ACCT and Hawai'i CARES may want to do this as a joint venture.</p>	<p>2003-2004</p>	<p>A directory and/or database are created.</p>
<p>Strategy 19.4 Improve the capacity of Hawai'i CARES, ASOS and ACCT to raise funds.</p>	<ul style="list-style-type: none"> ◆ ACCT and Hawai'i CARES could take on the responsibility for helping to implement this strategy. ◆ Create a Fund Development Ad Hoc Committee from Hawai'i CARES that can collaboratively develop and apply for grants. ◆ Organizations with a depth of experience in fund raising could help to mentor other organizations. 	<p>Ongoing – Some aspects of this are ongoing</p>	<p>Diversification of funding is achieved.</p>
<p>Strategy 19.5 Identify and educate the public about which organizations are serving specific communities.</p>	<p>Presumably this is already occurring. Teleconferencing among providers may be set up to improve local awareness of services.</p>	<p>2003-2004</p>	<p>Increased public awareness of HIV/AIDS service providers.</p>

Section VIII.ii.h.

DATA AND EVALUATION

Goal Nineteen: Develop and Implement a Statewide Data Management Program

Reliable and useful data is necessary to the ongoing evaluation of HIV/AIDS care services programs.

Goal Twenty: Assure HIPAA Compliance Where Necessary

HIPAA will have a positive impact on the health care industry in terms of reduced costs, time and errors.

Goal Twenty-One: Assure ongoing evaluation of all strategies in the Comprehensive Plan

Ongoing evaluation of the Comprehensive Plan will allow for opportunity to review, revise and further develop the continuum of care and support services for people living with HIV/AIDS.

Goal Nineteen: Develop and Implement a Statewide Data Management Program

Reliable and useful data is necessary to the ongoing evaluation of HIV/AIDS care services programs

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
<i>Strategy 19.1</i> Assure implementation of a statewide data management system. (e.g. ReggieHAWAII)	ACCT and SAPB will work with providers to coordinate the networking of the state data management system.	Ongoing	Collected data is reported to SAPB and ACCT and shared with Hawai'i CARES.
<u>Strategy 19.2</u> Evaluate efficiency and effectiveness of selected data management system	Hawai'i CARES, ACCT, SAPB and other key stakeholders	March 2003 and on into 2004. From then, ongoing	Useful, effective and efficient data management system provider networked throughout the state
Strategy 19.3 Determine outcome measures for services and programs related to care and support for people living with HIV disease	Hawai'i CARES, ACCT, SAPB	Ongoing – Some aspects of this strategy are ongoing	Measurable outcomes achieved

Goal Twenty: Assure HIPAA Compliance Where Necessary

HIPAA will have a positive impact on the health care industry in terms of reduced costs, time and errors.

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
Strategy 20.1 Assure agencies required to meet HIPAA compliance standards have filed their extension to fulfill the requirements.	SAPB, ACCT and Hawai'i CARES may work with "covered entities."	Ongoing	Covered entities have fulfilled filing requirements.
<i>Strategy 20.2</i> Discuss impact of HIPAA Compliance issues with Hawai'i CARES.	Hawai'i CARES Steering Committee, ACCT and SAPB	Begin Spring of 2003 and Ongoing	Hawai'i CARES understands HIPAA regulations and impact on clients and providers alike.

Goal Twenty-One: Assure Ongoing Evaluation of All Goals in the Comprehensive Plan

Ongoing evaluation of the Comprehensive Plan will allow for opportunity to review, revise and further develop the continuum of care and support services for people living with HIV/AIDS.

STRATEGY	WHO IMPLEMENTS	WHEN IMPLEMENTED	HOW EVALUATED
Strategy 21.1 Develop a timeline for progress review of the plan.	Hawai'i CARES Comprehensive Planning and Evaluation Committees	Begin January 2003	Timeline developed
<i>Strategy 21.2</i> Add or delete goals and/or strategies as necessary to keep plan updated.	Hawai'i CARES Comprehensive Planning and Evaluation Committees	March 2003 and ongoing	Goals and/or strategies remain updated.
<i>Strategy 21.3</i> Updated plan is used as foundation for delivery of services, fund development, evaluation, etc.	Hawai'i CARES Comprehensive Planning and Evaluation Committees	Ongoing	Plan remains updated and serves as a useful document