

# **COUNTIES COMMITTEE**

## **Presentation to the Greater Baltimore HIV Health Services Planning Council**

Based on presentations given to the Counties Committee by:

**Anne Arundel County**  
**Baltimore County**  
**Carroll County**  
**Harford County**  
**Howard County**  
**Queen Anne's County**

For the FY 2012 Part A Priority Setting and Resource Allocation  
Conference

InterGroup Services Inc. for the Greater Baltimore HIV Health Services Planning Council

# Presentation to the Planning Council

## Purpose and intent:

- To articulate the unique needs of PLWH/A living in the counties.
- To describe best practices, opportunities for the future, challenges, and services available to PLWH/A living in the surrounding counties.

# Background

- In February 2012, the Counties Committee created a data presentation template and began soliciting information from the representatives of each county health department.
- The committee solicited feedback on the template from the PLWH/A committee.
- The Counties Committee received jurisdiction-specific presentations from representatives of each respective county in March and May 2012.
- June 2012, the committee developed its presentation to the council using aggregated information from each jurisdiction-specific presentation.

# Background

- The template asked for:
  - Prevention and outreach practices
  - HIV care and treatment practices
  - Challenges and potential gaps in care
  - Best practices
  - Strategies and opportunities for the future

# Prevention and Outreach in the Counties

## **Prevention Initiatives:**

- The counties are mindful of the goals outlined in the National HIV/AIDS Strategy, and the state is working with each county to ensure implementation of those goals, as well as formulating additional prevention initiatives through ECHPP.

## **Outreach Initiatives:**

- Providing outreach to MSM community, foreign-born clients, and other special populations.
- Collaboration between partner services, outreach workers, and HIV case managers – this will lead to more targeted testing and linkage to care.
- Use of trained peer advocates, navigators, workers to reach special populations.

# HIV Care and Treatment in the Counties

- Services provided to residents in all six counties includes:
  - **Case Management:** Case Managers work in partnership with HIV-positive individuals to help them determine their needs and achieve their goals of improved quality of life and attaining self sufficiency. This also helps clients navigate the channels of the health system.
  - **Partnerships:** On-going partnerships with a number of primary care providers and sero-positive clinics.
  - **Other Available Services:** Housing, dental services, support groups, mental health and substance abuse support, legal services, Emergency Financial Assistance, transportation services, pharmacy and nutrition consultations.

# Trends

- An increase in AIDS-defined new clients entering into care.
- An increase in young MSM population.
- Success in use of peer navigators for engaging and linking clients to care.
- Success in use of social media and networking to identify and communicate with clients and their partners.

# Challenges

- Barriers to engaging and linking PLWH/As to care
  - Changes in insurance eligibility – developing strategies for compensating for gaps in care.
  - Increase in clients with co-morbidities.
  - Clients with difficulties navigating a complex healthcare system .
  - Lack of legal service providers in the counties.
  - Accessibility to public transportation.
  - Availability of housing for all clients, specifically for the previously incarcerated.
  - Of the HIV providers that exist, many only accept private insurance. Many clients are being referred to providers in Baltimore City which creates additional challenges with transportation.
  - Lack of consumer participation and feedback in county specific events, such as Community Advisory Boards.
  - Smaller counties that have fewer clients face higher levels of stigma and fear.



# Challenges cont.

## Systems challenges

- Capacity building and ability to maintain services if funding is cut.
- Need for increased targeted outreach for MSMs.
- Need for case management services
- Need for more HIV providers in the counties.
- Administrative burden of Ryan White.

# Best Practices

- Use of peers: Peer education, Peer advocacy, Peer navigation
- Strong working relationships with incarcerated population.
- Emergency Financial Assistance for clients.
- Strong relationships between case managers and their clients and the provision of individualized care.
- Most counties offer closer partnerships with disease intervention specialists (DIS) in an effort to link clients to care.

## Best Practices cont.

- When resources are available, partner services and non-traditional outreach services are also a best practice.
- Strong collaboration with providers.
- Sero-positive clinic services that come monthly to the counties.
- Partnership with HOPWA, as transitional housing was identified as being a common challenge in many counties.
- Targeted outreach has proven to be very effective:
  - Culturally specific outreach videos
  - Advertising events and testing opportunities in magazines and local businesses.

# Opportunities for the Future

- Establishing a mechanism that will allow the counties to better provide outreach to the MSM population.
- Increased number of HIV providers in the counties in alignment with the NHAS strategy.
- Access and utilization of text messaging and other social media/networking tools to increase adherence to treatment programs and increase linkage to care.
- Internet partner services – advocated by the state. Can be used by DIS to identify online partners and try to link them to care.