

## **CENTRAL NEW YORK HIV/AIDS NETWORK**

### **SERVICE DELIVERY PLAN PRIORITIES**

**2008 REVISION: 6/12/08**

### **RECENT/CURRENT NETWORK ISSUES: 6/18/08**

*The following recommendations reflect concerns raised and discussed in a number of Network meetings during 2007 and 2008, as consolidated by the Steering Committee in June 2008. Network members are invited to comment on this draft document and to suggest additional priorities that may be considered by the Steering Committee. Once the deliberation phase is completed, the priorities will be incorporated into the Network's 2007-2008 Service Delivery Plan.*

#### **CAPACITY BUILDING**

- Continue collaborative efforts to access/coordinate capacity building technical assistance and resources for HIV/AIDS service providers.

#### **CLINICAL CARE**

- Increase access to Specialty Care resources
- Provide resources and policy guidance for stable long-term, survivors who have additional health care needs not requiring HIV/AIDS specialist care
- Improve coordination between HIV/AIDS care and other Primary Care
- Develop stronger patient/provider partnerships to address long-term survival issues
- Increase provider emphasis on helping patients to understand and deal with clinical implications of long-term survival, impact of the virus and medications on organic function, and monitoring/modifying therapeutic regimens
- Promote tele-medicine and satellite conferencing to link providers in outlying areas with regional HIV/AIDS specialists for consultation

#### **COMMUNICATION**

- Facilitate PWA cyber movement, via Internet, e-mail (access at libraries, churches, other accessible venues for PWAs without computers) to build non-geographic communities
- Provide funding, technical assistance & staff support to develop local PWA peer structures and link them to regional programs and resources

#### **COMMUNITY AWARENESS**

- Increased community support/involvement to counter prevalent perceptions that "HIV/AIDS is over" or that medical therapy eliminates the importance of prevention
- Beat home the message: declining AIDS deaths + increasing HIV survivors = increase demand for service
- Strengthen collaborations with the community at large for support, advocacy, and education
- Strengthen collaboration with Rural Health Networks, Prenatal-Perinatal Networks, and Planned Parenthood affiliates to support HIV/AIDS awareness

## COMMUNITY OF COLOR INITIATIVES

- Strengthen on-going, long-term outreach & education for Latino communities to promote HIV/AIDS awareness and increase readiness for testing and treatment
- Strengthen collaborations with Community of Color resources, “natural leaders” and faith communities to increase HIV/AIDS awareness, response and support for HIV Prevention and Advocacy
- Support ongoing Native American community-based efforts to develop culturally specific, scientifically based HIV prevention interventions and related evaluative tools.
- Support ongoing Native American community based efforts to target high priority sub-populations for intervention, including Native American youth groups and Native women’s support groups
- Conduct Native American community based needs assessment activities

## DENTAL CARE

- Address Medicaid reimbursement limits to increase numbers of dentists accepting new patients/HIV to improve prompt access to care
- Add Medicaid coverage for dentures/restorative procedures to restore oral health and promote sound nutrition

## FAITH COMMUNITY OUTREACH & COLLABORATION

- Strengthen collaboration with faith community leaders on HIV/AIDS Prevention Education
- Encourage faith community leaders to appear prominently in Network community awareness activities
- Assist faith community programs involved in HIV/AIDS awareness

## FUNDING ADVOCACY

- Get real about the limits of “more with less” mandates
- Document need and advocate for Ryan White & CDC funding that actually reflects the on-going impact of the epidemic
- Stop Congressional reliance on robbing Peter to pay Paul as a strategy for responding to newly-emergent epi-centers
- End counterproductive competition among states for federal funding
- Stop redirecting funding to the latest epidemiological uptick
- Educate lawmakers by focusing on HIV/AIDS prevalence rather than incidence (total living vs. new cases)

## HIV COUNSELING & TESTING

- Increase the availability of HIV Testing resources and activity
- Broaden the target focus for funded CTS programs
- Assist in overcoming barriers arising from the difficulty/impossibility of securing medical oversight for community-based programs interested in offering HIV testing

## HOUSING ASSISTANCE

- Increase funding to address the long waiting list for long-term subsidies
- Provide funding/staffing to provide on-going counseling, support, and trouble-shooting for housing clients (not available currently from Case Management programs)
- Provide training in budgeting, priority-setting and money management for housing clients struggling on limited/fixed incomes
- Work with LDSS units to increase PWA access to Enhanced Shelter Allowances when applicable
- Pursue local contacts with DSS and SSA to explore/address local variations in approach and response to benefit applications

## INTERPRETERS FOR CLINICAL APPOINTMENTS

- Increase bi-lingual (English/Spanish) hiring at community-based programs
- Provide HIV/AIDS information and training to ASL interpreters at Aurora, Inc.
- Provide HIV/AIDS information and training to the staff of Spanish Action League, Inc.

## LEGAL SERVICES & CRIMINAL JUSTICE

- Provide access to legal advice and services for PWAs without custodial children
- Improve pre-release and post-release counseling to connect prisoners with civilian services without delay to reduce recidivism

## MENTAL HEALTH

- Increase the availability of and access to Mental Health Services
- Revise regulatory requirements for Psychiatrist sign-off for SSI/SSD Disability determination necessary before PWAs can obtain benefits
- Address supply shortages aggravated by Mental Health providers unwilling/unable to work with HIV/AIDS patients as a result of lack of HIV/AIDS awareness and/or training and inadequate reimbursement levels
- Distribute the Network's Mental Health Policy Paper to county Mental Health departments

## PEER SUPPORT & DEVELOPMENT

- Strengthen services/opportunities to attract/engage/retain PWAs to achieve readiness to address behavior issues, become acquainted with HIV/AIDS policy issues, and develop leadership skills (Leadership Training Institute, general purpose community empowerment resources, etc.)
- Collaborate with pharmaceutical providers' Community Liaison programs to provide PWA training to increase understanding of HIV infection and treatment
- Provide dialogue opportunities with service coordinators to reinforce mutual understanding of roles, expectations and responsibilities
- Provide PWA training in conflict resolution, inter-active listening, anticipating consequences, decision-making, grievance procedures
- Develop DVD or website self-guided educational materials & training modules for PWAs to increase understanding of physiological manifestations and clinical interventions for dealing with HIV/AIDS

- Provide skills training, mentoring, guidance and support to encourage PWAs to participate in advisory structures of provider programs and other community programs addressing social justice concerns

## RETURN TO WORK

- Make sure PWA's know that VESID will not permit school enrollment if the individual is already working

Advise PWA's regularly on the importance of sequencing return to work decisions and action to avoid unintended jeopardizing of benefits

## SERVICE COORDINATION/CASE MANAGEMENT

- Address critical staff recruitment and retention problems by focusing on training, credentialing, and funding
- Provide staff training emphasizing boundaries, decision-making skills, behavior change models
- Replace narrow, funding-driven definitions of "case management" with a holistic concept of scope of services to meet clients where they are and follow them through stages of change throughout their life experience with HIV/AIDS
- Introduce a Policy Dialogue on PWA need for long-term relationships with supportive programs and resources; abandon misguided funding assumptions that life-long client issues can be effectively addressed with one-time/short-term interventions

## SUBSTANCE ABUSE

- Provide counseling & supportive resources to promote treatment/recovery readiness
- Promote general awareness of the high correlation between past and current substance abuse and HIV infection
- Emphasize integration/collaboration among service providers to diminish the incidence of clients lost to service/follow-up
- Increase resources trained and prepared to work with "difficult to serve" clients who may fall between the cracks with episodic crisis needs

## TRANSGENDER OUTREACH

- Engage the Transgender community for HIV/AIDS education, support and advocacy
- Support legislative and regulatory measures to ensure social justice and protection of human rights for all people

## TRANSPORTATION

- Increase funding for PWA transportation recognizing that PWAs living outside major metropolitan areas well-served by public transportation generally do not own cars and experience pronounced transportation barriers because of limited public transportation services and schedules
- Relax restrictions preventing PWA transportation to peer support, advocacy and Network policy-setting activities
- Facilitate physical movement, particularly intra-region, to services and support structures

## YOUTH OUTREACH & INVOLVEMENT

- Increase programmatic resources working with youth to address holistic issues of identity, self-esteem, health promotion, cause and effect relating to decision-making
- Develop and implement school curricula that support comprehensive, age-appropriate sex education, including risk identification and prevention practices for STDs, including HIV/AIDS

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