

## Comprehensive Plan Updates June 2018

#	Activity #	Community Partner	Activity
1	#1 HIV prevention education activities #10 Integration of appropriate harm reduction approaches into prevention programming. #14 Sustain targeted HIV testing by community-based organizations to high-risk pops	Integral Care	C.A.R.E.'s Outreach Team also continues to provide HIV/HCV education and HIV and HCV testing at various sites in the community, including: Clean Investments, the University of Texas Gender and Sexuality Center, the Galano Club, a local LGBT AA/NA clubhouse and monthly community Pop-Up Resource Fairs. In addition, C.A.R.E.'s Outreach Team has also been doing a great deal of work on overdose prevention awareness and education and has been providing community-based overdose prevention education and distributing overdose kits since June of 2017.
2	#2 (Promote culturally and linguistically appropriate prevention efforts)	ASA	TLC/Mpowerment: HIV Tester Counselor/ Outreach provide all services in both English and Spanish
3	#8 Develop guidelines to expand community-wide access to PrEP and nPEP #37 Promote and sustain biomedical interventions, such as PrEP. Increase availability, accessibility, and utilization of sterile injection equipment.	CommUnity Care	CommUnity Care Increased access to PrEP- 15 providers are prescribing PrEP at 7 set locations
4	#8 Develop guidelines to expand community-wide access to PrEP and nPEP	Integral Care	Outreach makes tons of referrals to PrEP *Not just develop guidelines, but expand access to PrEP
5	#10 Integration of appropriate harm reduction approaches into prevention programming.	Integral Care	In order to maintain clients in HIV medical care and to reduce new HIV infections, C.A.R.E. incorporates health and risk reduction education throughout all of our services. This results in the clients we serve improving their health literacy and in them feeling comfortable both participating in and initiating conversations regarding sexual behavior, sexual health, and other aspects of health and substance use.
6	#10 Integration of appropriate harm reduction approaches into prevention programming.	Integral Care	Distribute harm reduction kits
7	#11 Advocate for early Treatment as Prevention approaches	ASA	TLC/Mpowerment: Clients that Access TLC and Mpowerment all get talk to about Treatment as Prevention
8	#14 Sustain targeted HIV testing by community-based organizations to high-risk pops	ASA	TLC: ASA focus on high-risk population
9	#14 Sustain targeted HIV testing by community-based organizations to high-risk pops	Integral Care	Additionally, the C.A.R.E. Program employs five Peer Recovery Specialists as part of our HHSC funded HIV Outreach program. C.A.R.E.'s Outreach Team provides rapid HIV and hepatitis C testing at the C.A.R.E. office, as well as at various sites in the community and at a number of special events throughout the

	#19 Survey newly diagnosed people on their linkage experience and create strategies to improve linkages to care.		year. Whenever a person is identified as being HIV positive, this person is linked directly to primary care and immediately referred to additional supportive services at C.A.R.E., including case management services, outpatient substance abuse services and mental health services, so that linkage to primary medical care can be accomplished. Referrals and linkage to care are tracked on a monthly basis.
10	#19 Survey newly diagnosed people on their linkage experience and create strategies to improve linkages to care.	CommUnity Care	<p>Rapid Linkage @ David Powell. Over the last several months, team members at the David Powell Clinic and from across CommUnityCare have been working diligently to transform our organization's linkage to HIV care program. This model best mirrors innovative rapid linkage activities happening throughout the country, and we are excited to bring these enhancements to our existing model. Our vision for this program is that patients can be diagnosed and linked into care (plus ARTs) within 24-72 hours. <b><u>Beginning June 4</u></b>, we are excited to bring this new program to our community.</p> <p>A few key highlights:</p> <ul style="list-style-type: none"> <li>• Same-day Social Work Intake, Provider Visit, and ART Initiation when appropriate <ul style="list-style-type: none"> <li>a. We recognize that there will be instances where it might not be appropriate to start someone on ART immediately, but want those moments to be the exception rather than the rule.</li> </ul> </li> <li>• Streamlined Social Work Intake Process</li> <li>• Enhanced Prescription Assistance Coordination</li> <li>• Improved Care Coordination Activities</li> </ul>
11	#25 Research alternative clinic models to reach clients, including Telemedicine.	CommUnity Care	Telemedicine- tele-psychiatry- was implemented in 2015.
12	#26 Advocate for mobile medical clinics and co-locating HIV services with other services	CommUnity Care	Currently, care for PLWH is predominately at David Powell- but also provision at other sites (Blackstock and South Austin) - plan for 2018 to expand to additional sites- which increases city-wide access to service providers (not necessarily Ryan White) throughout the system of care. Trying to also expand Ryan White providers to other locations- but currently blocked by data and eligibility requirements.
13	#26 Advocate for mobile medical clinics and co-locating HIV services with other services	CommUnity Care	PrEP services with mobile site which goes to Community First location – Prevention and EMS and Community Care mobile team on getting individuals into care. EMS goes to Community First- they are looking for X person, will find them

			and try to link them into care with Community care mobile team and make an apt at David Powell. I.e. person diagnosed 10 years ago and was never linked to care. Was able to link person into care. Reaching hard to reach people.
14	#26 Advocate for mobile medical clinics and co-locating HIV services with other services	ASA	TLC: Working with Community partners to bring HIV testing onsite at different locations
15	#27 - Promote Affordable Care Act	ASA	Promotion of ACA enrollment at DPC in the months of September, October, and November 2017.
16	#29 Launch a re-linkage to care project for recently released HIV+ individuals.	CommUnity Care	Return to Care Project- Targeted outreach to people identified as out of care. *note general, not recently released from jail/prison
17	#29 Launch a re-linkage to care project for recently released HIV+ individuals.	Integral Care	In addition to providing HIV testing, C.A.R.E.'s Peer Recovery Specialists also serve as a resource for clients and as a liaison between clients and clinicians. When a client has fallen out of C.A.R.E. Program services, the Outreach Team serves as a link to look for clients and re-engage them in our services. *note- relinkage to people who fell out of behavioral health services, not medical linkage for individuals recently released from jail/prison
18	#35 Promote and sustain biomedical interventions, such as PrEP. Increase availability, accessibility, and utilization of sterile injection equipment. #37 Promote and sustain biomedical interventions, such as PrEP. Increase availability, accessibility, and utilization of sterile injection equipment.	CommUnity Care	Treatment (not just for HIV positive people) for substance use. Medication assisted therapy for weaning off opioids, also a provider on site at David Powell that does medically assisted therapy for opioids. *Note- not just screening, but also treatment
19	#35 Integrate behavioral health screening with HIV related services.	CommUnity Care	behavioral health screen at every appointment
20	#38 - Sustain CDC approved evidence-based behavioral interventions (EBIs)	ASA	CLEAR and CRCS with PrEP client
21	#38 Sustain evidence-based behavioral interventions, 10	Integral Care	In order to ensure and maintain a high level of quality of the services we provide, the C.A.R.E. Program utilizes a diverse array of interventions, including, but not limited to, components of the following evidence based models: - Cognitive Behavioral Therapy (Multiple sources with emphasis on Rational Emotive Behavior Therapy (REBT) by Albert Ellis): REBT is a comprehensive, philosophically and empirically based psychotherapy which operates from the basis that people are rarely affected emotionally by outside things but rather by their perceptions, attitudes, or internalized beliefs about outside things and events. From this premise, therapy focuses on resolving emotional and behavioral problems through the exploration of a person's views and perceptions about outside things and events.

			<ul style="list-style-type: none"> <li>- Harm Reduction Psychotherapy (Andrew Tatarsky; Patt Denning): A person centered, collaborative therapeutic approach which integrates the harm reduction philosophy into clinical work and allows people to explore their substance use and other self-harming behaviors, as well as the issues behind it.</li> <li>- The Matrix Model of Intensive Outpatient Treatment (Richard A. Rawson and Michael McCann): an intensive outpatient treatment model which contains many different treatment strategies, including cognitive behavioral therapy, relapse prevention, motivational interviewing strategies, and psycho-educational information.</li> <li>- Motivational Interviewing (William R. Miller and Stephen Rollnick): a person centered counseling style that helps people to explore and resolve their ambivalence about any behavior that is a source of concern for the person and/or has potentially harmful consequences in a nonjudgmental, empathetic manner.</li> <li>- Narrative Therapy (Michael White): a therapeutic model that posits that our identities and beliefs about ourselves are shaped by the accounts of our lives found in our stories, both the stories we were told about ourselves by others and the stories we tell. Narrative therapy cultivates a respectful, non-blaming approach which centers people as the experts in their own lives.</li> <li>- Seeking Safety (Lisa Navatis): an evidence-based model that can be used in individual or group counseling with people who have co-occurring trauma and substance use.</li> <li>- The Transtheoretical Model of Change (Prochaska &amp; DiClemente; Prochaska, DiClemente, &amp; Norcross): a comprehensive model of change, which can used to assess a person's motivation and readiness to change, and also provides strategies to guide the person through the stages of change.</li> </ul>
22	#40 Require trauma informed care training of HIV prevention and care staff regarding the needs of those who have experienced violence and trauma	CommUnity Care	trauma informed care training from HRAU for providers
23	#42 Develop a resource education campaign promoting local HIV resources and services targeted at HIV+ consumers in waiting rooms	HIV Planning Council, CommUnity Care	Resource guide – exploring collaboration with RedRibbon.us
24	#53 - Promote ACA marketplace enrollment for those who are living with HIV	ASA	Promotion of ACA enrollment at DPC in the months of September, October, and November 2017.