

Care and Treatment Committee

Immediate

- After testing positive, connect individual with Mental Health services.
- Have a telephone # that is available for providers to use to get advice/consult over a situation at that moment.
- Increase Mental Health resources.
- Reaching out to all systems to let them know of existing HIV programs.
- Encourage peer education.
- Have this specific meeting for providers only to get their input on how we can develop specific strategies.
- Continue cross-training at the different clinics.
- Research the “Moving Mountains” model used in the Hepatitis community.
- Advocate for increased funding.
- Collaborate between existing programs.
- Educate on how to access the different insurance options.
- Emergency room discharge planners to have education on the different types of insurance and funding streams to properly refer with.
- Case management available to those that need it.
- Link individuals to service while they are still in care.
- Research T3 model.
- Involve rural clinics/hospitals when working with metro clinics/hospitals so that there is a standardized, yet tailored message.
- Develop a universal release of information with providers that discharge planners can use.
- Increase AOD services.
- Identify providers who handle the co-morbidities.
- Encourage clients to find something to do to keep them busy and active.
- Encourage and increase peer education.
- Educate on all options when it comes to continuum of care.
- Increase prevention with positive efforts.
- Develop training for clinicians to have a basic skill set when it comes to HIV and mental health.
- Increase marketing and use of AIDS Education Training Center.
- Make sure to do reassessment of problems/issues that clients are experiencing.
- Work on preventing the stigma that is associated with mental illness.
- Use the Wellness and Holistic approach.
- Find out why people don’t want to go to a HIV specific clinic.
- Educate on the services that are provided (to clients and providers).
- Provide a phone # for medical provider consultations between one another.
- Develop collaboration between smaller clinics (especially in rural areas).
- Train more people to do intakes at the AIDS Service Organizations so there is no delay in care.
- Collaborate between existing programs in a better way to increase seamlessness of care.
- Collaboration between providers, client based organizations and counties.
- Increase referrals and promotion of agencies/services.
- Use providers as advisory body throughout plan process.

Intermediate

- Better use of AIDS Education Training Center – by all types of medical providers, not just HIV specific ones.
- Better the transition from prison/jail into care upon release.
- Increase use of tele-medicine.
- Have testing facilities have one contact from each health provider to use as a referral reference.
- Work on referral service from the emergency room.
- Increase continuum of care.
- Develop a better connection and continuum of care for the homeless population.
- Work through other services as a portal for care (such as the food and nutrition programs).
- Offer CEU's for mental health providers through localized training.
- Provide more services that are not HIV related.
- Review structure of AIDS service organizations.
- Convince community that the “past is the past” when it comes with problems/issues had with a clinic before.
- Upon diagnosis, connect African American clients to culturally competent clinics.
- Design a program for communication between hospitals and other agencies and institutions so clients don't fall through the cracks immediately.
- All newly diagnosed clients are personally introduced to care (not referred) including support groups. (Specific protocol designed immediately.)
- Standardize discharge planning referrals to streamline access to care.
- Make sure incarcerated population maintains access to care – for those being released as well.
- Expand existing universal ROI.

Long Term

- Increase funding to train physicians.
- Rotation of residents to have training on HIV/AIDS to allow them to experience the field if it's not part of their concentration.
- Better use of the AIDS Education Training Center by all types of medical providers.
- Develop stable HIV funding streams.
- ER – discharge referrals, connection with case managers, training/linkage with additional insurance options.
- Develop a personal health record that can be accessed by clients/providers.
- Develop a regional health network for all providers.
- Incentivize focus on HIV specialty – debt forgiveness, education on field, capture passion/reignite passion for this field, increase salary of HIV specific docs to be a little more attractive, increase collaboration/mentoring between soon to be retiring docs and new docs.