

Proposed and Final Draft Recommendations and Values for Washington's HIV/AIDS Service Delivery Administration System

As developed by members* of the HIV Service Delivery Administration Workgroup on October 8, 2009

Proposed Recommendations for a New HIV/AIDS Administration System

1. Leave King County as is including current process to receive and distribute funds
2. Merge AIDSNET regions 4, and part of 3 and 5 where cases are concentrated including planning and coordination
 - Pierce
 - King
 - Snohomish
 - Possibly Island
3. Planning possibly aggregated at state level with appropriate representation
 - Services delivery may need local break down closer to communities (take an epicenter approach)
4. Eastern and Western Washington "entity" to represent those part of state for service coordination
5. Part A care planning remain with King, Snohomish and Island counties and part B with rest of state
6. Use Early Intervention Program as state care plan lead and State Planning Group as prevention lead
 - Increase representation on both planning bodies
7. Mandated services should be funded before non-mandated services
8. DOH provide service coordination for both Part B and prevention
9. Use separate parity for care and prevention (based on new infections)
10. Preserve consumer community input – all grant recipients maintain a consumer panel (Colorado example)
 - Maybe include consumer panel requirement in contract
11. Ensure areas without an organization currently receiving funding – get some type of organizational representation
12. Minimize number of times prevention and care priorities change – extend contracts beyond a 2-year cycle

Final Recommendations for a New HIV/AIDS Administration System

The Department of Health shall establish a planning and service delivery system to address care and prevention needs.

- Department to review future changes in the system with some type of empowered advisory body (not Early Intervention Program Steering Committee or State Planning Group)
- Preserve and encourage consumer input
- Recognize epicenter between the Everett – Tacoma corridor
- Use existing state prevention and care planning bodies to the extent possible
- Include funding for mandated services
- Limit the impact and disruption on consumers.

Values for Washington's HIV/AIDS Service Delivery Administration System
(values are not in priority order)

- Community Input – empowered “clout”
- Parity – distribution of funds urban/rural, statewide inclusion and representation, demographics
- Efficiency – non-redundancy
- Transparency
- Results – effectiveness in output
- Evaluation – quality control of administration system and contractors
- Support prevention of new cases and result in more individuals care
- Are mandated HIV services current? Should they be “on the table?”
- Support effective services
- Limit impact/ disruption to consumers
- Clear and fair request for proposal (RFP) process. People/entities that can provide services have the opportunity
- Economy of scale
- Balance of consumer and provider in community input
- Disease management and management of community needs
- Promoting effective coordination and collaborations that are logical and appropriate vs. “forced” collaboration
- Flexibility – don't get constricted by state law to manage programs with limited resources
- Community responsiveness in addition to evidence and science-based interventions
- Use existing systems that work
- Ability to create new capacity (flexibility)
- Support/ promote/ apply innovation and creativity in new system
- Support maximum use of resources for rapid response to emerging needs
- Use existing administrative structures across care and prevention
- Ellensburg Agreement – principles may continue to guide community input

- Make workloads manageable
- Link prevention and care – example: planning interventions
- Effectively respond to new/ emerging technologies

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