



The History of Program Integration in Missouri: “A Series of (mostly) Fortunate Events”

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Early History: Some Very Smart People!

- Integrated STD and HIV Prevention (DIS), Community Planning, and Surveillance
- Named HIV Reporting
- All HIV and STD together in one structure

The “Dark Period” for some of us....

- 1994: Care moved out (separate divisions)
- 1995: Care system blew up financially
- 1996: Clean up the mess
- 1997: Rebuild and start fresh!

1998-2000: From Crisis Comes Creativity

- Rebuilt HIV Care system and community trust
- Coordinated and Integrated HIV Care client services statewide across all titles/grantees

2001 Reorg: Prevention and Care Reunited; Lost Surveillance

- Began integrating planning groups, processes

2003 Reorg & ELC Grant: Added Immunizations, Hepatitis to the Mix

- Hep C (the Parasite Program) = Integrated training, education, and outreach testing
- Imms Carryover = Hep A/B Vaccines in STD Clinics and for HIV Care Clients

2004: AMCHP/NASTAD Perinatal HIV Prevention Consultation

- “HIV People” = Perinatal HIV/HepB/Syphilis Prevention Integration
- Stakeholder Education, but we do all the work
- Used MCH and CD as referral sources
- Title 4 case management system

2005: AMCHP/NASTAD Prevention Education Consultation

- Integrated STD/HIV/Teen Pregnancy Education programs, mostly school-based

Late 2005 Reorg: Major Changes!

- Added All Communicable Disease, Surveillance, and Environmental Health to my world!
- Finally reunited HIV/STD Prevention and Care with Surveillance, added Hepatitis
- Now that Surveillance is mine.... Sick of STD-MIS, sick of HARS, sick of CTS database, sick of PEMS, love FACTORS..... Can we get one system that shows me the big of the client (data system integration)?!
- Surveillance staff a speed bump, but not a barrier.... More to come in 2008!

2006: Let's Learn About TB

- Similar surveillance, contact investigation, risk populations, case management, testing push, disease interactions, meds program, contractors.....
- So, what about Integrating TB with HSH?
- TB Staff supportive, TB manager not – my first roadblock to integration!
- New proposal for Director next week.....

2006: More Nutty Ideas or Steppin' It Up a Notch?

- KC Free Health Clinic ARTAS demonstration project is a huge success – let's go statewide!
- Let's aim for true HIV prevention/care integration at the client level (DIS/Case Mgr)
- 2007 Ryan White funding increase = more staff to focus on multi-level linkages to care
- Pilots underway, working out the details
- Ultimate Goal: No more “prevention” staff and “care” staff, just HIV/STD/Hep staff

So, get to the point Brad!

- What prompted integration?
- Putting a crazy, big-mouthed, competitive idea guy who never sleeps in charge of programs and letting him out of the office!
- Having staff that truly care, dedicated to excellence.
- Focus is on constantly improving for the clients.
- Perceptions = Cautiously excited; HIV prevention folks particularly protective, but have built trust.
- Internal barriers = Staff time/drive, focus, energy, process/task oriented, early fear that HIV Care would take over everything.
- Barriers CDC could have removed = ???
- Wins? Getting to come here today!

Advice for Others?

- Learn from others – the little guys have to be creative!
- Find and empower your visionary.
- Dedicate the resources (staff, time, money) to make it happen.
- Find the right people to be the cheerleaders and to make it happen! (It won't happen if someone isn't pushing it along and supported from the top!)
- Engage the right people in the process up front (and get buy-in).
- Start with small wins where you can get them and build from there.
- Keep the focus on the client.
- Celebrate your successes!

Advice for CDC?

- Learn from others – the little guys have to be creative!
- Find and empower your visionary.
- Dedicate the resources (staff, time, money) to make it happen. (Both at CDC and for the states.)
- Find the right people to be the cheerleaders and to make it happen! (It won't happen if someone isn't pushing it along and supported from the top!)
- Engage the right people in the process up front and get buy-in. (This meeting is a very good start!)
- Start with small wins where you can get them and build from there.
- Keep the focus on the client.
- Celebrate your successes!



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