

Program Collaboration & Service Integration- The Houston Experience

**Houston Department of
Health and Human Services**



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Bureau of HIV/STD and Viral Hepatitis Prevention

A Historical Look



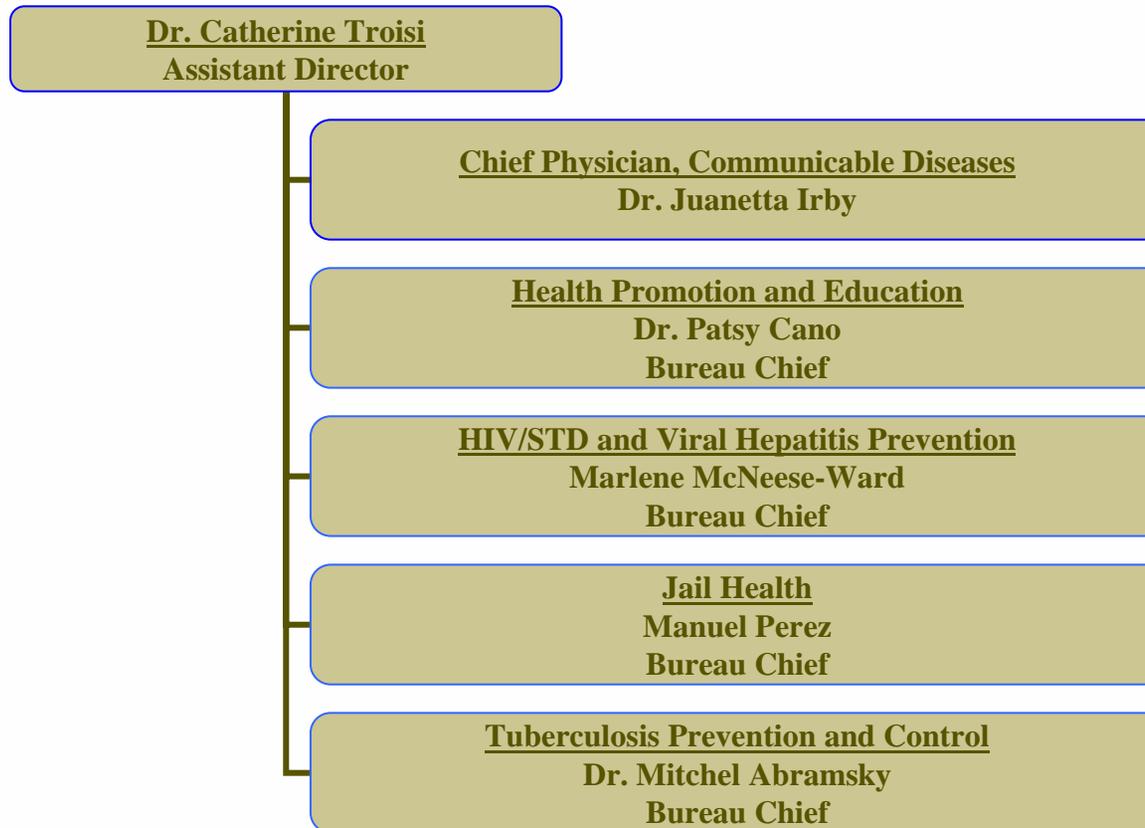
- HDHHS historically received funding through the TDH for STD and HIV activities
- STD interventions were co-located with clinical services as a stand alone program within HDHHS
- 1989 - CDC directly funded HIV Prevention to Houston and the City established the Bureau of HIV Prevention
- 1994 - Name change to the Bureau of HIV/STD Prevention
- 2003 - Beginning of annual budget rescissions from CDC
- 2006 - Bureau underwent massive reorganization
- 2007 - Name change to the Bureau of HIV/STD and Viral Hepatitis Prevention

Why Integration?

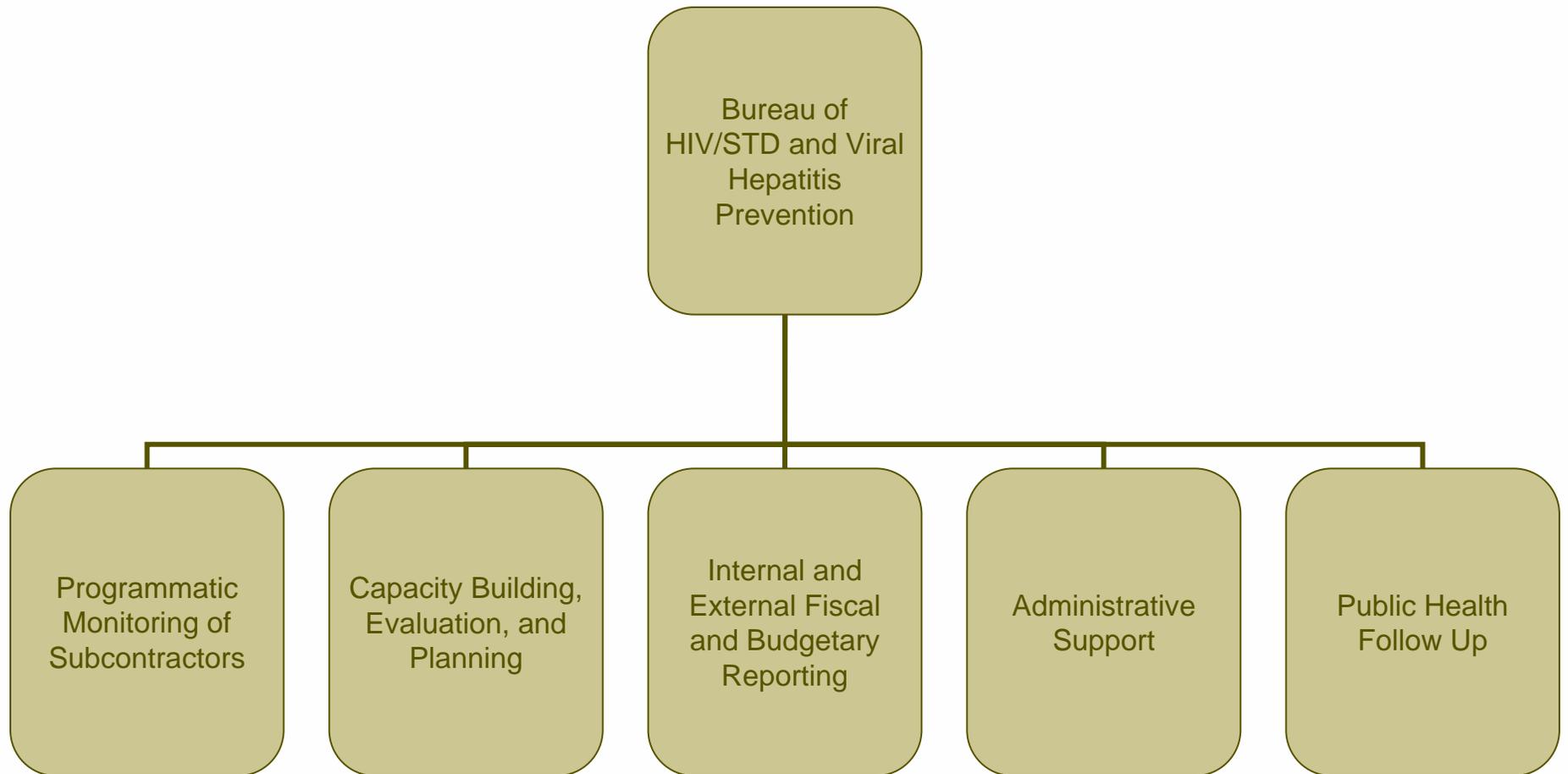


- Declining resources forced a need to look at feasibility of integrating core prevention services; looking for enhanced efficiencies and effectiveness
- Repetitive processes for CBO and client services led to realigning staff by job function rather than by silo programs
- HDHHS resources were fragmented and often unaware of related activities targeting the same populations
- Persons engaging in unprotected sex are at risk of acquiring multiple infections

HDHHS Disease Prevention and Control Division



Five Functional Units



Integration Activities



- Partner Counseling Referral Services (PCRS) completed by all CBO staff and HDHHS DIS for HIV and syphilis
- HDHHS DIS housed within high volume/high morbidity community and provider sites
- Web-Based Self Interview
 - allows for an alternate option to provide information on sex partners or associates who may have been exposed to HIV or a STD <http://penshouston.org>
- TB DOT workers trained to conduct HIV rapid testing on field and clinic patients and contacts
- HIV CBO contractors screen and vaccinate for multiple diseases
- HDHHS family planning nurses assist with provider education during syphilis outbreak responses
- Enhanced Syringe Access Program (ESAP)
 - structural intervention, establishes a network of pharmacies that agree to sell syringes without a prescription
 - HIV CBOs provide education through recruitment efforts & billboard campaign

Barriers-Internal and External



- Staff concerns around learning another discipline/new skill sets; time taken away from core responsibilities
- Cultural differences; i.e. confidentiality, sense of urgency, competing priorities
- Intervention methodologies-Tailoring approaches or developing new ones to address co-morbidities
- Lack of project officer coordination; conflicting messages
- Funding stream restrictions
- Inconsistent and/or repetitive reporting requirements
- Conflicting program guidance across disciplines
- Surveillance database systems that do not “talk” to one another

Wins



- Enhanced program planning with multi-disciplinary input; development of a holistic prevention plan
- Client interaction with one staff person versus two or three
- One stop screening for multiple diseases
- Increased sharing of information with monthly bureau-wide meetings
- Increased understanding of various job functions
- Department move to co-locate staff closer together
- One training/capacity building unit serving all HIV/STD/Hepatitis/TB staff, CBOs, community task forces and planning groups
- More efficient CBO monitoring

Recommendations for Programs



- Have a change management plan in place prior to implementation-prepare for contingencies
- Research similar program models
- Consult with key stakeholders; staff, CBOs, legal, Human Resources, etc.
- MOUs can serve to strengthen collaborative relationships
- Strive for transparency in developing new processes
- Collaboration is okay if integration does not occur

Recommendations for CDC



- CDC must send the same clear message from all Divisions within NCHHSTP
- Messages must clarify the goal of PCSI-seamless client level services
- Continued cross discipline program announcements, i.e. PS07-768
- Integration or consistency in program guidance and terminology; OI, IP
- Disseminate best practice models
- CDC must lead by example

Contact Information



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