Care Continuum Learning Collaborative (CCLC) Leadership & TA Team

- HAB
- Abt Team
  - Abt Associates
  - NASTAD
  - Mission Analytics Group
- Expert Consultants
  - National Expert Stakeholder Committee (NESC)
  - Other external experts

Why Learning Collaborative?

- Recipients learn from each other and from experts

- Reliance on distance technology to grow and sustain "cyber teams" of self-selected individuals

- Innovation fueled by frequent, non-hierarchical communication patterns

- Work patterns characterized by transparency and openness to contributions from all participants

Participants

- **2016-2017 Jurisdictions**
  - New York City
  - San Antonio
  - Memphis
  - Sacramento
  - Baton Rouge
  - Houston
  - Washington, DC

- **2017-2018 Jurisdictions**
  - New York City
  - San Antonio
  - Orlando
  - Baltimore
  - Chicago

ACTION Portal

- **A**ccelerating **C**hange **T**hrough **I**nteractive **O**nline **N**etworks
- Shared workspace for multiple small groups
  - Track and schedule meetings
  - Ongoing discussion forum
  - Bulletin board for sharing important information
  - Resource page to post and share documents or collaborate on new documents
  - Hold impromptu virtual meetings (face-to-face using webcams)

Jurisdictional Highlights

Jurisdictional Highlights- Orlando EMA

- Worked with Orange County Jail staff and CBOs conducting counseling and testing
  - Utilized D2C processes to increase linkage and retention for PLWH released from jail.
  - Secured agreement with jail to notify EIS staff when inmates will be released and relationship with jail pharmacy program.

- Implemented data collection and sharing of client-level testing data from the local Jail among Part A EIS Providers.

- Development of informational contact cards
  - Inmates are often released during uncertain timeframe. This ensures that they have linkage specialist contact information on hand.

Jurisdictional Highlights- New York City EMA

- NYC focused on the Medical Case Management (MCM) service category
  - Developed and piloted surveillance-based client level D2C report.
  - Reports shared with providers to help identify clients for ongoing MCM, or for possible transition out of MCM (may not need intense CM).
    - Client status (in 5 mutually exclusive categories): (1) needs follow up for care *and* viral suppression, (2) needs follow up for viral suppression, (3) shows some evidence of suppression, (4) shows stable suppression, or (5) should be closed due to death.

- Frequent communication with providers
  - Staff provided a report overview and developed Mock Report prior to release
  - Created a "Companion Report" for MCM providers to communicate back about each client listed in their surveillance-based report and action planning
  - Ensured simple, standardized and complete reporting from MCM providers
  - Conducted a survey with all MCM D2C report recipients, for more feedback on utility

Discussion Questions

- What were some of the successes and challenges faced in your jurisdiction as you implemented these initiatives?
    - Did you experience any unexpected wins?

- Have you been able to continue D2C work after the conclusion of the Learning Collaborative?

- Are there any lessons learned you would share with jurisdictions that may want to replicate your D2C efforts?

- What resources, tools or information would be helpful in implementing D2C in jurisdictions?

Questions?

Thank you