

Carryover 2023 Directives to the Recipient

New Jersey

1. Increase access to and awareness of telehealth options to medical and social service care; request more information on telehealth services provided and the circumstance of its use.

In NJ, the Recipient found that telehealth options for medical care and social services were similar in NJ and throughout the EMA:

- ***AWARENESS:** Medical and social service staff such as case managers, community health counselors, medical assistants, benefits counselors, and nutritionists work individually with patients to communicate all services, including telehealth in efforts to reduce barriers to care. Upon making appointments, clients/patients will hear about telehealth options on outgoing messaging while they wait on hold (DHH verified).*
- ***ACCESS:** Telehealth appointments are routinely offered when needed and schedules can be shifted to make these accommodations. Print materials such as newsletters and agency brochures are made available to all clients and patients.*

Pennsylvania Counties

1. Ascertain the need for increased mental health services in PA counties
 - *Across Subrecipients, 35% of clients screened positive (need for mental health services) for depression and anxiety.*
 - *Reported barriers included transportation, clients who were under-insured and stigma. To combat these challenges, clients are provided transportation in the form of SEPTA passes, medical transportation services (Medicaid transportation or agency fleets), shared rides or cab services. Pertaining to the under-insured, those clients are counseled on benefits available to them such as Medicaid, Medicare and Special Pharmaceutical Benefits Program (SPBP). These agencies tend to leverage medical case management and navigation services to assist their clients.*

Philadelphia County

1. Review which services are most utilized and needed by PWH 50+ years old; encourage outreach to said population to ensure they are informed about funded services.

Data range: 1.1.23-12.31.23

Clients receiving RW Part A/MAI services- Service category by Age

srv_category	Age <50		Age 50+		Total
	n	%	n	%	
AIDS Pharmaceutical Assistance	108	54%	93	46%	201
Emergency Financial Assistance	309	60%	202	40%	511
Food Bank/Home-Delivered Meals	812	38%	1316	62%	2128
Housing Services	311	51%	294	49%	605
Medical Case Management	3123	48%	3384	52%	6507
Medical Nutrition Therapy	116	35%	219	65%	335
Medical Transportation Services	448	35%	844	65%	1292
Mental Health Services	1034	55%	857	45%	1891
Oral Health Care	559	33%	1115	67%	1674
Other Professional Services	326	41%	471	59%	797
Outpatient/Ambulatory Health Services	5923	48%	6540	52%	12463
Referral for Health Care and Support Services	9	28%	23	72%	32
Substance Abuse Outpatient Care	174	45%	209	55%	383

- The table above demonstrated the highest service to be utilized by individual 50 years and over were Outpatient/Ambulatory Health Services, followed by Medical Case Management and Food Bank.
- In terms of outreach, the Recipient held its 2nd Annual HIV and Aging Symposium on May 24, 2024. The symposium focused on long-term survivor content and a training track for medical case managers (services available to older adults with HIV).
- Since 2023, the Recipient held focus groups with People with HIV (PWH) over 50-year-old alongside an academic partner (final findings are still pending). The Recipient is currently working with a content expert to develop an aging readiness checklist. This will be used by Subrecipients to eventually be used to assess the needs of HIV positive clients over 50 in their programs. A web-based search tool on PhillyKeepOnLoving.com that will include all resources available in the Philadelphia EMA is coming soon.

2. Increase food access and awareness of Food Bank services, especially those that are culturally relevant; request more information on Food Bank services provided and their utilization to determine improved health outcomes.

This topic was presented to HIPC on November 9, 2023. Below is the response:

- *There are five (5) Subrecipients in Philadelphia that receive Ryan White Part A funding for food bank services. The range of food bank services is diverse. Services include traditional food bank and food vouchers to various merchants. After reviewing these services, Subrecipients are implementing culturally relevant and appropriate food bank services.*
- ***ACCESS:** Some examples include choice; this means giving clients the option to choose which food items they would like to take home. This may look like “supermarket” style food bank access or clients can submit a food bank shopping list while the worker packs their food bags. These same providers may source food items from Philabundance, Amazon and BJs to name a few. And, during the holiday season many Subrecipients will make available food baskets.*
- *Clients are also given additional resources for food banks in and around the area, and agency brochures to make them aware of in-house services. Moreover, clients are assessed to ensure access to entitlements such as SNAP benefits and WIC.*
- ***CULTURAL RELEVANCE/ACCOMODATIONS:** Food voucher selection takes into consideration the cultural needs and access limitations among clients. This includes getting vouchers from local supermarkets and supermarket chains.*
- *Alongside cultural relevance, other accommodations are made such as language access (all Subrecipients have language access policies in place), allergy considerations, food delivery, dietary considerations, supplements, and water filtration.*
- *At least two (2) subrecipients have disclosed they have events or acknowledge cultural needs by having monthly Hispanic heritage pantry days. Additionally, one (1) subrecipient shared they have annual surveys specifically about their food bank services to ensure their needs are met. However, one (1) subrecipient reported they need additional support to competently offer and address diverse diets (such as religious considerations, vegan, and vegetarian diets).*

3. Ensure subrecipients are disseminating information on the availability and coverage of EFA funding so clients can access this service.

This topic was presented to HIPC on November 9, 2023. Below is the response:

- *The primary mechanism by which EFA services are shared is through medical case management services. All medical case managers must complete a vigorous training process with the Recipient's Medical Case Management Coordination Project. Through this training they are introduced to the EFA service category. More specifically, each medical case management program must designate an individual(s) who complete further training with PHMC to carry out the services properly. A client's needs are considered during their comprehensive assessment with their assigned medical case management.*
- *Furthermore, the recipient will be adding a service search tool on the Philly Keep on Loving website (www.phillykeeponloving.com). This will describe services and People with HIV will be able to contact the recipient's Client Services Unit (CSU) staff via chat, email, or by phone to ask questions about services. Anyone in need of the service will be referred to MCM services and CSU will provide short term case management until the client has been assigned an MCM.*