

**Summary of Cross-Title Collaboration to  
Estimate, Assess, and Address Unmet Need:  
Ideas from the FY 2006 Ryan White Title I and Title II Applications**

<b>Type of Activity</b>	<b>Description</b>
<b>Estimating Unmet Need</b>	
Data sharing agreements	Title III and Title IV grantees sign data-sharing agreements to provide information to the Title I (or Title II) grantee for estimating unmet need. Data on clients meeting the HRSA definition of met need are provided along with their characteristics and zip code of residence, using a unique client identifier. This enables the grantee doing the estimate of unmet need to unduplicate these data with its own client data, Medicaid, and ADAP data to create a single care patterns database and a profile of individuals in public care.
Help in obtaining private-sector data on met need	A Title IV grantee assists the Title I grantee in obtaining a data-sharing agreement with several major private health care payers. This improves the estimate of unmet need by including individuals in private care.
<b>Planning</b>	
Statewide Coordinated Statement of Need (SCSN)	The State's SCSN process focuses on identifying service needs, gaps, and barriers to care for PLWH not in care. Grantees from all Titles participate in this effort.
Comprehensive Plan	Representatives of Titles II, III, and IV assist the Title I program in developing the Comprehensive Plan, which includes specific goals related to helping people enter care. Strategies for reaching these goals involve increased cross-title collaboration in addressing unmet need.
<b>Training</b>	
Joint planning body and consumer training on unmet need	Grantees from all Titles and consumers from their planning and consumer advisory bodies arrange a joint training session on assessing and addressing unmet need.
Training for providers on unmet need	Grantees from all Titles work together to arrange joint training on unmet need, including the methods and use of estimates of unmet need, key roles of providers in assessing unmet need, decision-making responsibilities of planning bodies, and how providers can help in addressing unmet need.
<b>Assessing Unmet Need</b>	
Assessing service needs and gaps	Title I and Title II collaborate on a PLWH survey that includes specific targeting and a special set of questions for individuals who are not in care.
Special needs assessment	The Title I program collaborates with other Titles to conduct a special needs assessment targeting PLWH who are not in care. Title I, II, III, and IV providers help identify individuals in their systems who have fallen out of care or are receiving supportive services but not medical care, and help arrange

	interviews with them. Non-Ryan White providers including points of entry (e.g., homeless shelters, substance abuse treatment providers, emergency rooms) also assist in identifying individuals not in care for interviews.
Needs assessment by outreach workers and peer advocates	Outreach workers and peer advocates from several Titles collaborate to identify individuals who are not in care and interview them, using a jointly developed needs assessment mini-survey.
<b>Task Forces</b>	
Task Force on Unmet Need	Representatives of all Titles participate as members of a Task Force on Unmet Need, which advises the Title I Planning Council and grantee on strategies to use in assessing and addressing unmet need.
Task Force on Health Services	Title III and Title IV grantees participate in a Title I-led Task Force on Health Services that includes public and private health care providers and payers. A focus for the Task Force is how primary care providers and payers can help address unmet need. The Task Force explores ways to improve outreach to individuals not in care, intake and services to ensure that new clients are satisfied with their medical care, adherence, retention, and cross-referrals.
Continuum of Care Work Group	The Title I program convenes an EMA work group of Ryan White and non-Ryan White providers of HIV/AIDS care, to describe and assess the current system of care, determine what would be an “ideal” system of care, and identify ways to work towards creating that “ideal” system of care.
<b>Addressing Unmet Need</b>	
Joint outreach	Outreach workers from several Titles and Prevention collaborate on outreach to people not in care.
Referrals	Providers funded under Title I, Title III, and Title IV develop enhanced referral relationships to move people into care quickly and efficiently and avoid life-threatening delays. The agreement with the Title IV program calls for immediate referral of pregnant HIV-positive women for expedited case management intakes and either immediate entry into care or (if the Title IV program has no slots available) referral to a hospital-related clinic that can provide peri-natal services.
Cross-title referrals	Title II and Title III clinics collaborate to meet service needs, using cross-referrals to ensure that access to medical care is not delayed.
Follow up on referrals	Cross-title agreements provide procedures for referrals and require telephone follow up to ensure that clients get to the referral site and receive care. Sometimes peer advocates accompany clients to the primary care or case management site for the first appointment.
Peer education services	Title II and Title III grantees collaborate on peer education services designed to encourage PLWH to enter care.

