

Program Integration:

“An Evolving Art” OR “The Art of Evolving”

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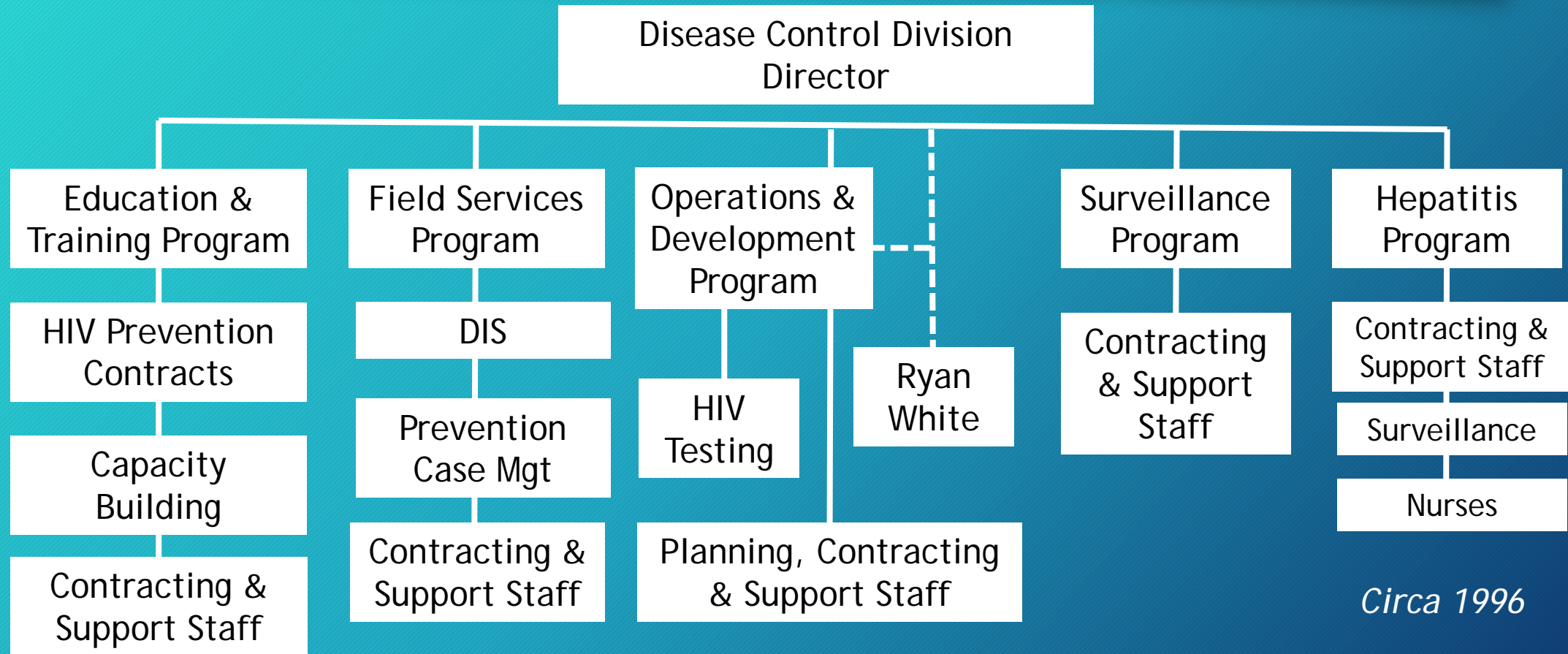
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What we will cover today

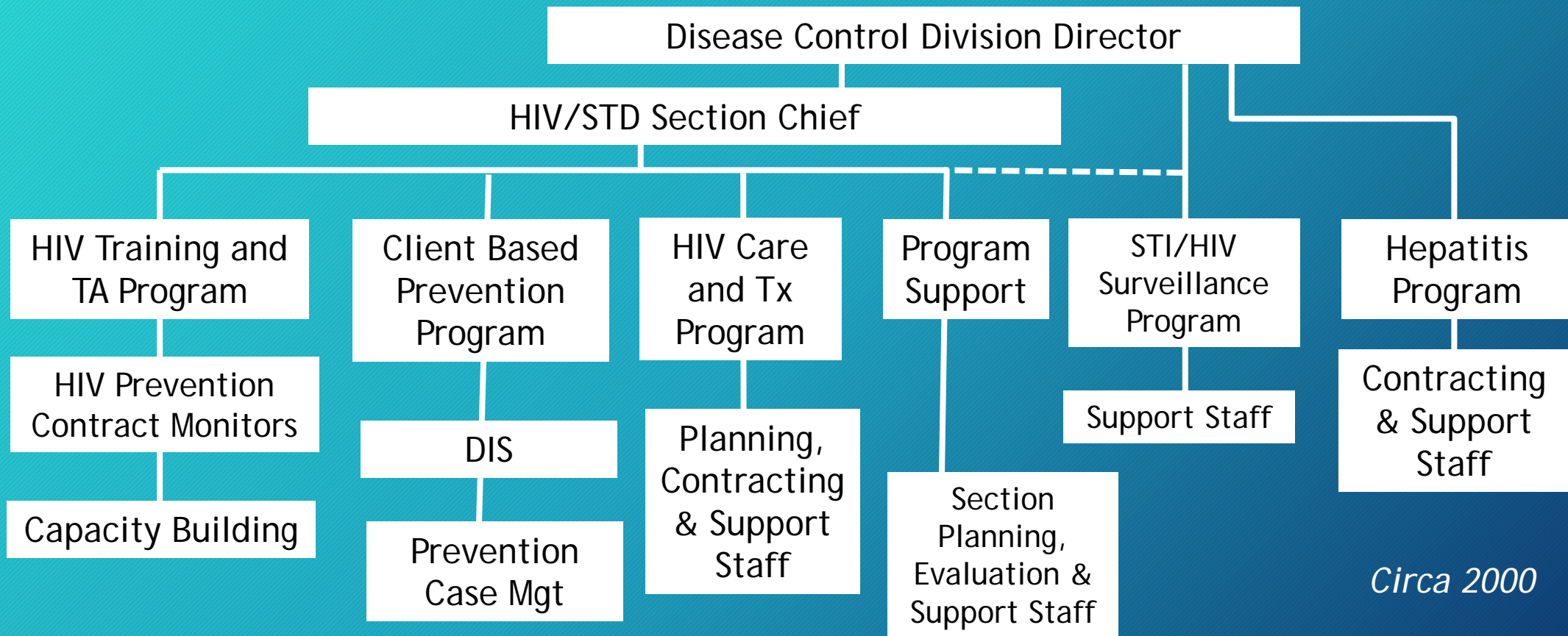
- Evolution of Colorado's program integration efforts
- The benefits of integration
- The challenges of integration
- Your questions

Evolution of Colorado's Program Integration



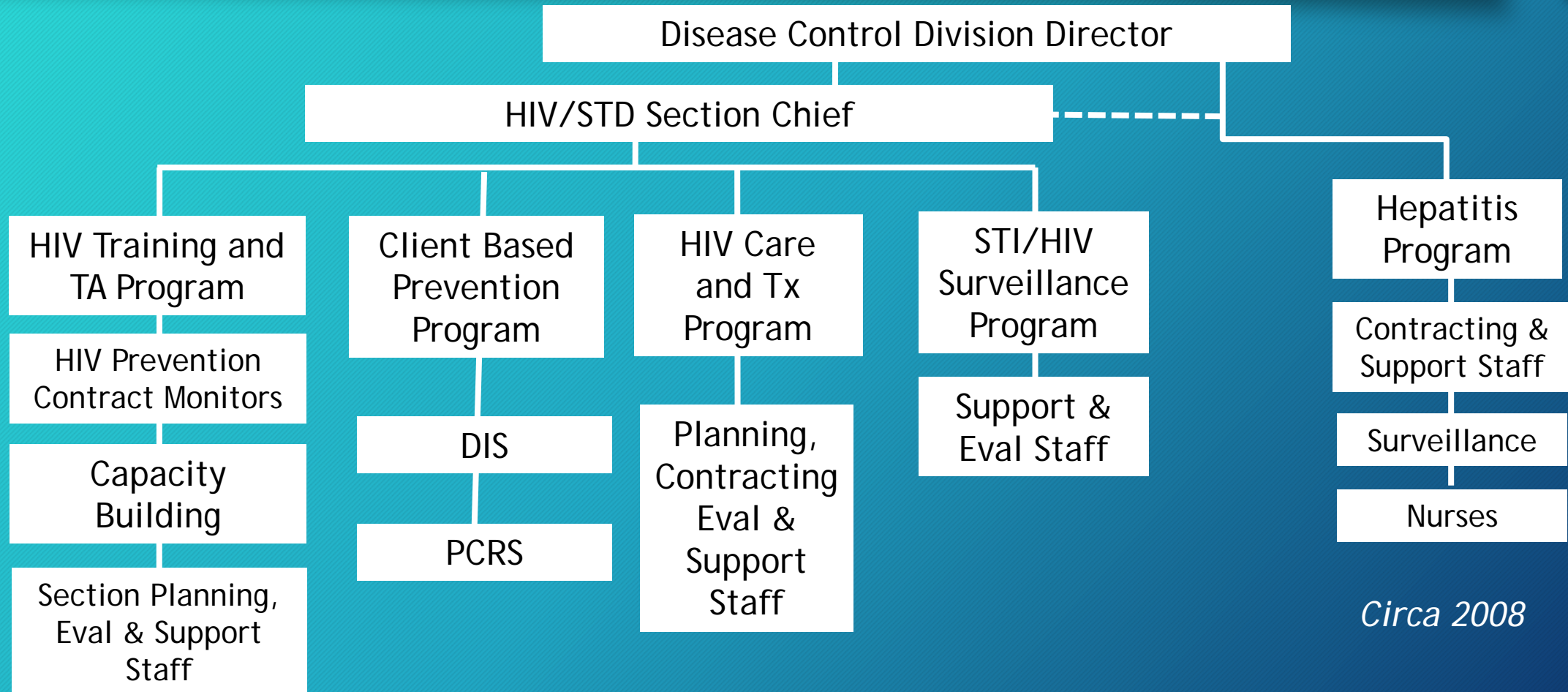
Circa 1996

Evolution of Colorado's Program Integration

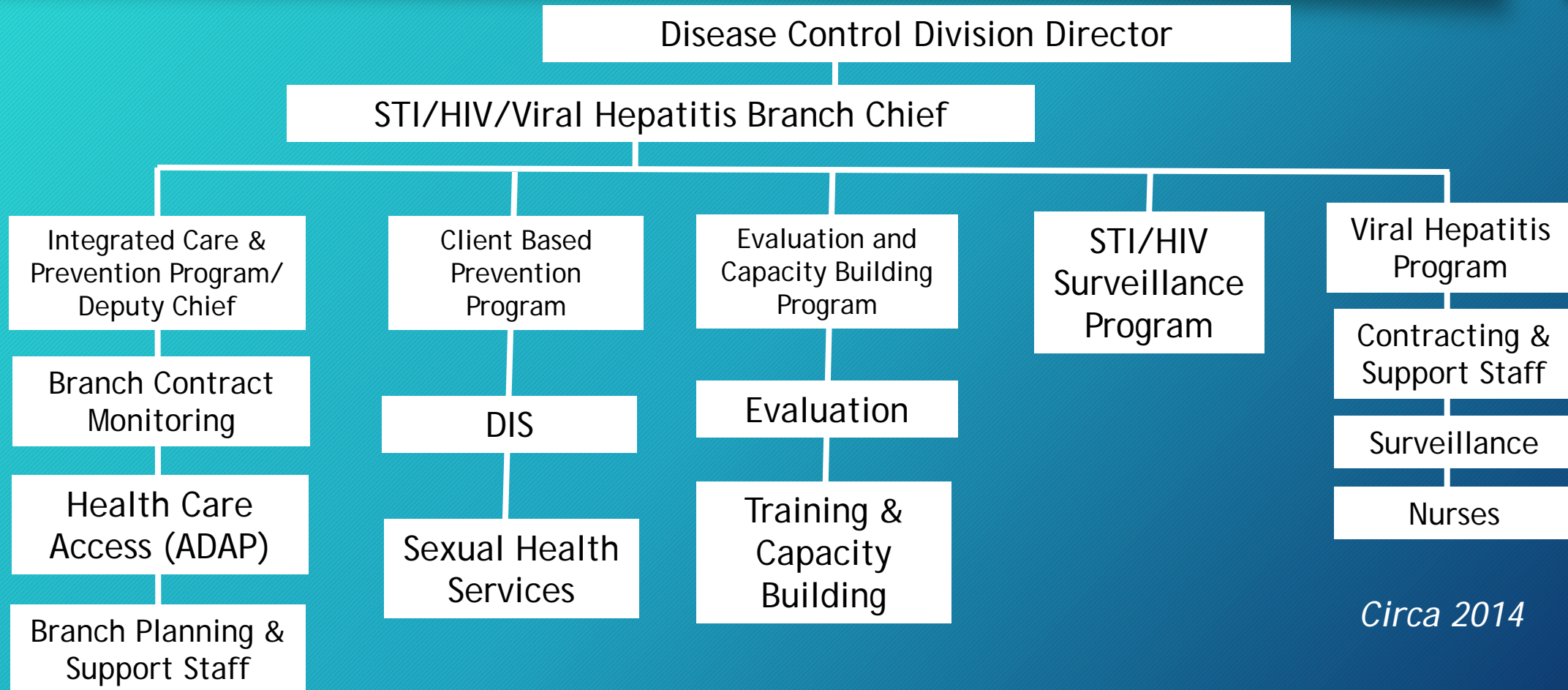


Circa 2000

Evolution of Colorado's Program Integration

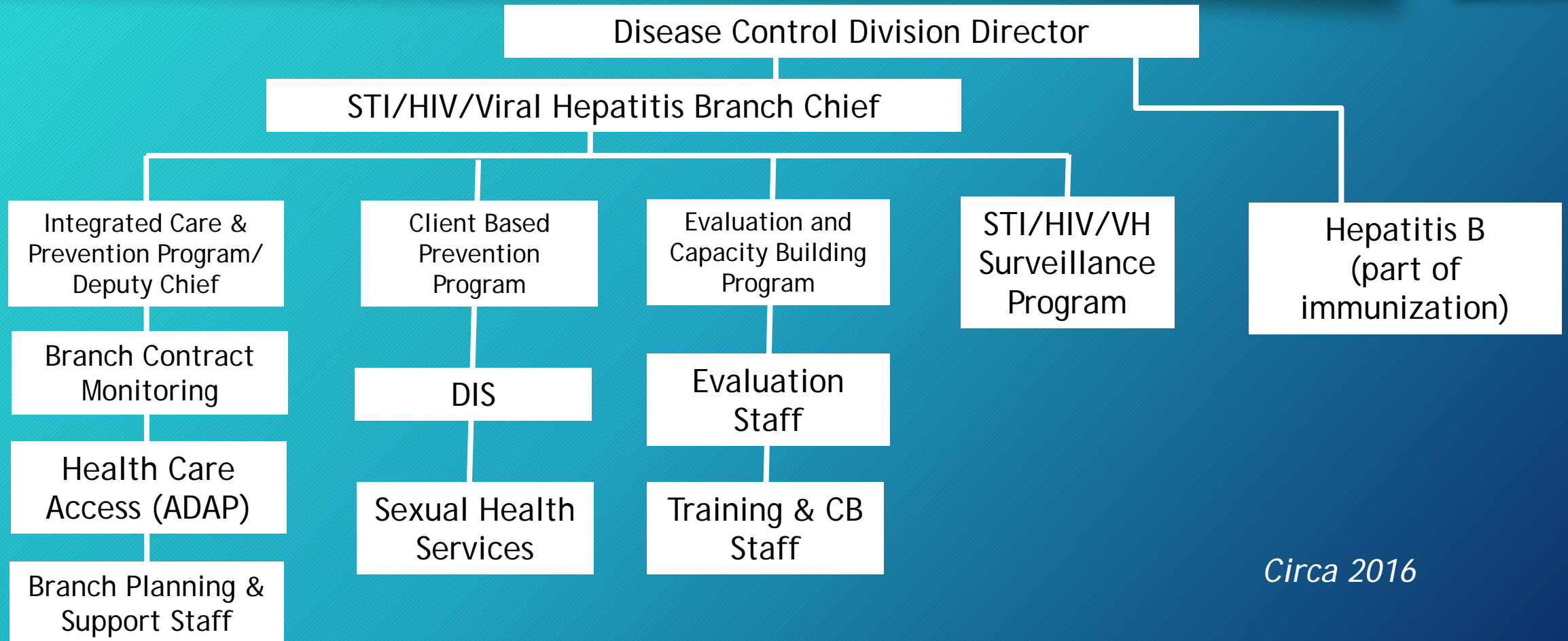


Evolution of Colorado's Program Integration



Circa 2014

Evolution of Colorado's Program Integration



Circa 2016

The benefits of integration

- Fiscal flexibility
- Consistent contracting
- Staff development opportunities
- Positioned for integrated planning
- Positioned for biomedical approaches (TasP, PreP, PEP)
- Eliminate redundancy
- Simpler structure is better all-around

The challenges of integration

- Greater expectations for staff
- Accounting complexities
- Data system complexities
- Tendency to “over-standardize” program models
- Maintaining “subject matter expertise” in a function-driven organization
- CDC and HRSA concerns about separation of funding
- “What is my title again?”

Example: The Evolving Role of DIS

Additional roles are being assigned to DIS. Do they have the time and expertise to do them all well?

- ✓ STD Disease Intervention
- ✓ HIV Partner Services
- ✓ HIV and STD testing
- ✓ Screening and referral for mental health and substance use
- ✓ Initiating linkage-to-care for newly diagnosed PLHIV
- ✓ Screening for and linking to HIV PrEP
- ✓ Linkage to nPEP
- ✓ Investigating and intervening in HCV outbreaks (syringe distribution)
- ✓ OTHER DUTIES AS ASSIGNED

When does
it become
too much
to expect?

Questions



Thank You!

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