



Project Overview:
**Texas Statewide Assessment of the Administrative Agency (AA) Model
and Service Delivery Systems**

Overview: The Texas Department of State Health Services (DSHS) has arranged for an assessment of regional and local systems of HIV care and Ryan White HIV/AIDS Program (RWHP) Part B regional operations in the seven Texas service regions, to be implemented from September 2016 through December 2017. EGM Consulting, LLC (EGMC) is carrying out the assessment as a subcontractor of the University of Texas at Austin Health Innovation and Evaluation Team. The work is designed to help DSHS improve the efficiency and effectiveness of services that are funded partly by the State and partly through federal funds under Part B of the federal Ryan White HIV/AIDS Treatment Extension Act of 2009 and Housing Opportunities for Persons with AIDS (HOPWA).

Purposes:

- Provide a comprehensive review of the current system of HIV/AIDS services in each AA region including selected Health Service Delivery Areas (HSDAs), and the potential for expanding and enhancing these systems of care
- Assess the current Administrative Agency (AA) system, identify best practices and effective models, and recommend any changes needed to improve regional operations, efficiency, and effectiveness and health care outcomes for people living with HIV in Texas

Scope/Topic Areas: The assessment is expected to include gathering and analysis of information about the following aspects of HIV services as implemented through the regional AA model:

1. **Systems of care and gaps** in availability or accessibility in the system of care by region and for selected urban, suburban, and rural HSDAs, and gaps or disparities in care for specific PLWH subpopulations, as well as how service systems in each AA region and HSDA have changed in the past few years
2. **Access to care**, including: (a) access challenges and barriers overall and for specific populations and in specific areas; (b) access to medications; (c) approaches to increase timely access to care; and (d) AA strategies for addressing disparities in service
3. **Use of technology** for outreach to providers, linkage of PLWH to care, and delivery of services, especially in rural areas
4. **Outreach and procurement**, including messaging in outreach to providers, capacity-building efforts, and procurement procedures
5. **Provider participation factors**, including existence of potential providers, barriers and incentives to being a RWHP Part B or HOPWA provider, and specific barriers and incentives for potential subrecipients that target underserved populations
6. **Health centers (FQHCs & “look alikes”)** and their current and potential level of participation as HIV service providers, reasons for providing or not providing HIV services, and actions that might increase their participation in HIV care

7. **Administrative Agency models**, including types of AA organizations, staffing structures, positions, roles, and experience
8. **Changing environment/new policies**, including how AAs are addressing changes in the health care system, HIV services and financing, and implementing new policies at the federal and state level
9. **Administrative Agency (AA) roles & strategies and their strengths & weaknesses**, including regional operations related to health planning activities, resource/financial management, contracting/monitoring, data management, and quality management
10. **Assessment of systems of care**, including strengths and weaknesses of regional/local systems of HIV care and comparisons across regions and HSDAs
11. **Assessment of AA models**, in terms of appropriateness, efficiency, performance/outcomes, and capacity, including strengths and problems/challenges
12. **AA models and structures** used in other RWHAP jurisdictions and other service systems

Data-Gathering Methods: This information will be obtained through a combination of the following data-gathering methods:

- Review of existing documents
- On-site observation and documentation
- Review of RWHAP utilization and clinical data
- Structured input from stakeholders
- Identification & documentation of best practice models & strategies

Site Visit Components: AAs and HSDAs

- Interviews with AA personnel
- Review of regional operations, e.g., outreach, procurement, monitoring, fiscal management, quality of care & QM, planning, consumer and community input, and collaboration with other RWHAP Parts and providers – to obtain information not available from DSHS
- Interviews with current and potential HIV service providers, including FQHCs and “look alike”
- Focus groups/group interviews with consumers, providers, other stakeholders

Site Visit Structure/Timing:

- **A typical visit** will last 5 days, with 2 days spent at the AA site and 3 days at the selected HSDA
- **Planning/coordination plans** call for scheduling site visits about 2 months ahead and seeking AA input regarding provider, consumer, and other stakeholder sessions
- **Site visit teams** will generally include 1 EGMC consultant and 1 UT-Austin representative

Results/Recommendations: The work is expected to lead to recommendations designed to strengthen systems of care and AA regional operations, which might include:

- Suggested changes in AA or state policies and practices that might motivate more, and more diverse, providers to seek Part B funding
- Adaptation/refinement of current Texas AA models and structures

Project Timeline Summary:

Task	Timing
2016	
Obtain and review existing data/materials	September - October
Carry out state-level interviews	September & November
Select 7 HSDAs for site visits and develop field data-gathering tools	October - November
Prepare Interim report and provide briefing to DSHS	November - December
Plan pilot site visit	December
2017	
Conduct pilot site visit, summarize findings, and refine methods and tools	January - February
Schedule and conduct site visits to AAs and HSDAs	February - May
Complete capacity review of current providers	March - August
Interview additional state-level stakeholders	April - May
Analyze findings across sites	July - September
Identify & review "best practices" and other regional AA-type models	August - October
Prepare final report and present findings and recommendations	October - December

EGM Consulting, LLC:

EGMC is a small, specialized organizational consulting group with a focus on strengthening HIV services and the health care safety net by assisting both nonprofit organizations and the public and private entities that support them. Founded in 2011, EGMC is located in Washington, DC and works nationally and occasionally internationally. EGMC's core team provides highly skilled, individualized assistance to state and local health departments, planning bodies, and community-based service providers, as well as the federal HIV/AIDS Bureau. Current and recent clients also include several national Hispanic organizations, two federally qualified health centers that provide extensive HIV services to communities of color, and the Smithsonian Latino Center. EGMC's President/Managing Director has served as a consultant to RWHAP recipients and planning bodies under Ryan White Technical Assistance Contracts (TACs) for more than 20 years; she was the founder and President of Mosaica: The Center for Nonprofit Development and Pluralism before establishing EGMC. EGMC's Vice President has served as a TAC consultant for more than a decade, assessing Part A and Part B administrative and fiscal operations and providing assistance to recipients and planning bodies.

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