

Statewide Coordinated Statement of Need Update State of Oklahoma



**Oklahoma State Department of Health
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Table of Contents

Introduction	3
Mission of the SCSN	3
2006 SCSN Update Process	3
Ryan White CARE Act Provider Locations	4
Coordination and Linkage with Other HIV Programs	6
Integration of Title II Psychosocial Case Management with Title III Medical Case Management	7
State of Oklahoma Epidemiological Profile Summary	7
Unmet Need Estimate	10
Comprehensive Needs Assessment Findings	11
Conclusion	18
Acronyms	19

Introduction

Significant progress has been made over the past twenty years in the fight against HIV/AIDS, but there are still many challenges and unmet needs. The care arena has changed dramatically over the past few years. We have shifted from HIV being an acute disease with poor prognosis and little hope of longevity of life, to a chronic illness with many long-term survivors. The death rate for this disease has dropped dramatically. New drug therapies have extended the lives of individuals living with HIV/AIDS and now some individuals are struggling with return to work issues and giving up their disability status, which was initially difficult to obtain. With new drug therapies, we are now faced with different challenges. Adherence, vocational and financial issues, emotional and spiritual support, life skills and re-careering have become important issues.

Additionally, HIV disease has increasingly become a disease of poverty and an illness endured by people with complex social and health problems. In Oklahoma, as well as other parts of the United States, many individuals living with HIV disease have dual and triple diagnoses with multiple needs. Homelessness, substance abuse and mental health needs are common. These issues have challenged providers who have limited staff, time and resources. How to deal with these multiple problems with quality care coordination has become a major challenge in the treatment and care arena.

Mission

The mission of the Statewide Coordinated Statement of Need (SCSN) by Ryan White CARE Act recipients and other interested parties is to identify epidemiological trends, common unmet needs and barriers for persons living with HIV/AIDS throughout Oklahoma, and to promote a shared vision for effective planning and coordination of treatment and care services across the state.

2006 SCSN Update Process

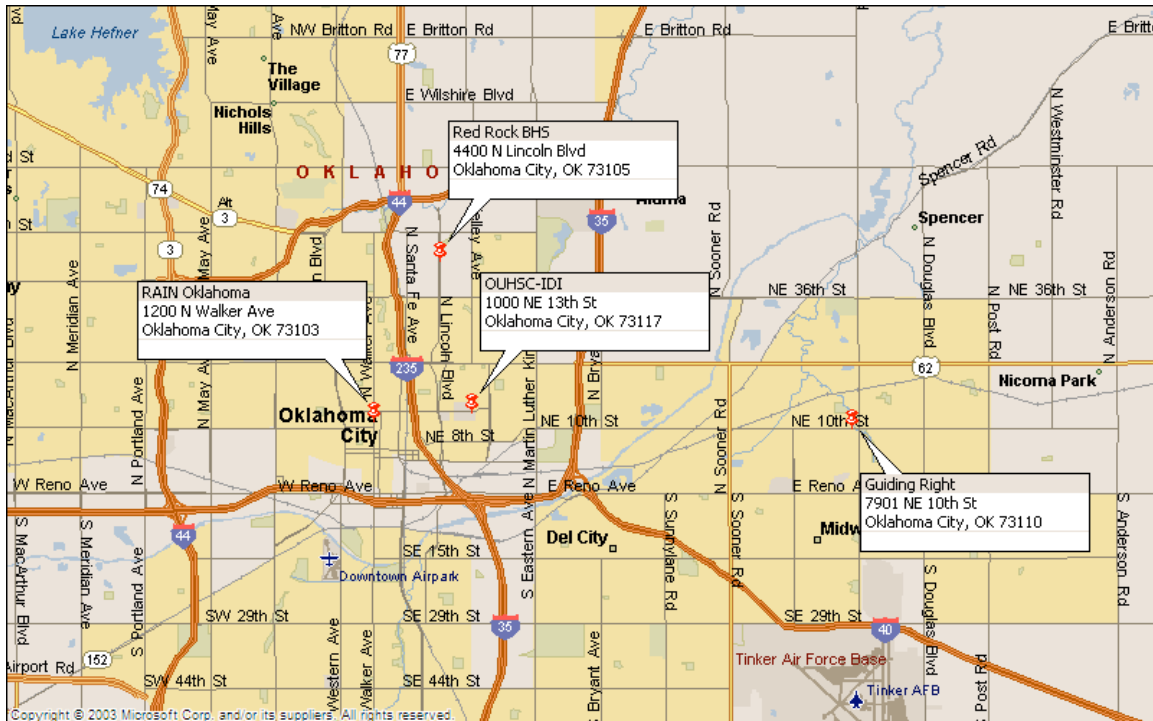
In October 2005, the Oklahoma State Department of Health (OSDH) HIV/STD Service, contracted with Collaborative Research, LLC to update the State's SCSN. Collaborative Research (CR) was selected due to their past work experience in the state of Oklahoma which includes: Comprehensive Strategic Plan 2003-2005 update, 2003 Statewide Comprehensive Needs Assessment, 2004 Title II Case Management Assessment and 2006-2008 Comprehensive Plan Update.

During the fall of 2005, CR staff met with OSDH HIV/STD Service officials, attended monthly meetings of the Oklahoma HIV Treatment and Care Consortium, met with Ryan White CARE Act Title II, III, IV agencies in Oklahoma City and Tulsa, and conducted consumer interviews in Oklahoma City and Tulsa. Additionally CR reviewed all prior work products to inform the 2006 SCSN Update.

Ryan White CARE Act Provider Locations

The state has two primary “hubs” of service providers—Oklahoma City and Tulsa. Each city has a Title III clinic as well as Title II providers. The maps below show provider locations for the western and eastern part of the state.

Oklahoma City

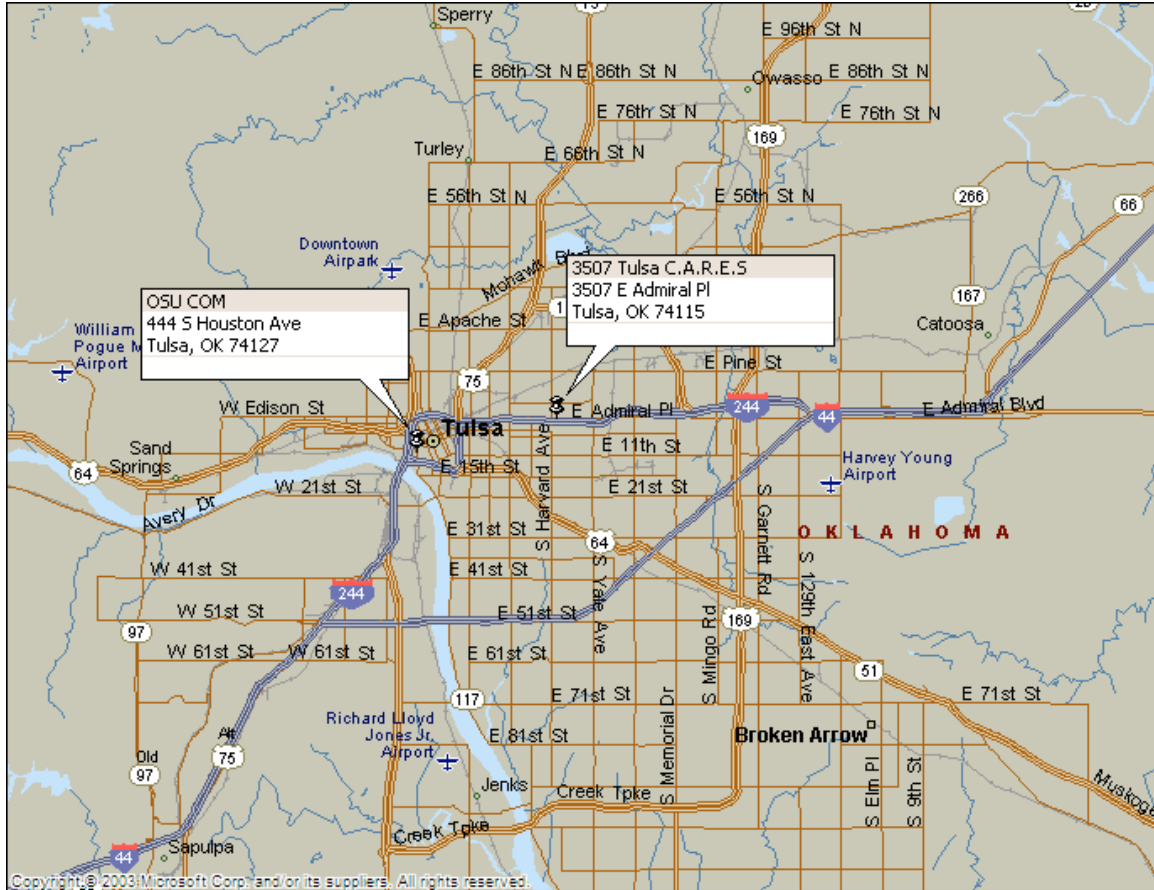


- The University of Oklahoma Ryan White Programs are to provide coordinated access to health care treatment and support services for infected children, adolescents, men and women with HIV/AIDS, and their affected families, and to promote prevention and education about HIV disease through counseling and testing. These programs also strive to link those HIV positive persons who are out-of-care into medical treatment and support services, and decrease the acuity level of these persons.
- The Regional AIDS Intercommunity Network (RAIN Oklahoma) was formed by the January 2005 merger of the Regional AIDS Interfaith Network and CarePoint, Inc. Both organizations have been actively engaged in providing services to Oklahomans impacted by HIV/AIDS for over a decade (RAIN was founded in 1991 and CarePoint in 1993). The merged agency operates from offices in Oklahoma City, Tulsa and Lawton, and provides a continuum of services including prevention education, testing, case management, housing and

employment assistance, nutritional services, and volunteer care teams to clients statewide.

- Red Rock North Behavioral Health Services provides case management, mental health, and the continuum of care for HIV-positive individuals.
- Guiding Right provides HIV prevention services to African American females as well as free HIV Counseling and Testing.

Tulsa



- The Oklahoma State University Center for Health Sciences College of Medicine Internal Medicine Specialty Services Program is responsible for providing comprehensive, integrated HIV prevention, primary medical and specialty care and care coordination services for individuals living with HIV/AIDS residing in the 918 area code.
- The Tulsa Center for AIDS Resources, Education and Support (C.A.R.E.S.) provides services to meet the special needs of those affected by HIV and AIDS. The case management program forms the hub of the direct care service delivery system in the 918 area code.

Coordination and Linkage with Other HIV Programs

Ryan White CARE Act Title I

No Title I Eligible Metropolitan Area (EMA) exists in Oklahoma.

Ryan White CARE Act Title II

The Title II service providers are RAIN Oklahoma (formerly CarePoint), Tulsa C.A.R.E.S., Red Rock Behavioral Health Services and Guiding Right (Minority AIDS Initiative recipient).

Ryan White Title II funding is also being used for the HIV Drug Assistance Program (HDAP), the Home Health Care Program and the Health Insurance Assistance Program (HIAP).

Ryan White CARE Act Title III

Two (2) Title III programs exist in Oklahoma. The University of Oklahoma Health Sciences Center (OUHSC) is the only program in the 54-county Western region of Oklahoma. Oklahoma State University Center of Health Sciences College of Medicine is the Title III grantee for the 23 counties in the Eastern region of the state.

Ryan White CARE Act Title IV

OUHSC is the Title IV grantee.

AETC

OUHSC is the AETC grantee.

Part F

The dental reimbursement program is administered by OUHSC College of Dentistry.

HIV Prevention

The Oklahoma State Department of Health (OSDH) receives funding for HIV Prevention services from the Centers of Disease Control and Prevention (CDC).

Other

- HUD-SHP (Housing and Urban Development – Supportive Housing Program)
- HOPWA (Housing Opportunities for People With AIDS)
- Department of Rehabilitative Services

Integration of Title II Psychosocial Case Management with Title III Medical Case Management

In April 2002, the HRSA (Health Resources Services Administration) field office in Dallas conducted a site visit of the Title II program in Oklahoma. Findings from that report included HRSA's strong desire to integrate psychosocial case management with medical case management offered at the Title III clinics in Oklahoma City and Tulsa. Data from the 2003 Case Management audit also indicated the need to have greater case management access within a primary care setting. For the contract year beginning April 1, 2004, OSDH signed Interagency Agreements with the University of Oklahoma and Oklahoma State University to direct Title II case management monies to the Title III clinics in Oklahoma City and Tulsa. The rationale behind this decision was to reduce duplication of effort, decrease health care disparities among severe need populations within the state of Oklahoma while increasing capacity at primary medical sites. This created an inter-disciplinary team approach to care involving the physician, nurse, clinical case manager and client.

State of Oklahoma Epidemiological Profile Summary

Oklahoma's statewide Epidemiologic Profile describes populations affected by Human Immunodeficiency Virus (HIV) and trends in transmission patterns among persons who are already infected. It is likely that HIV transmission will continue to occur among persons with similar characteristics who practice the same risk behaviors in the same communities where other persons are already infected.

The majority of HIV and Acquired Immune Deficiency Syndrome (AIDS) cases have been reported as living within the urban areas of Oklahoma at their time of initially testing positive for HIV and being diagnosed with AIDS. Every region of the state has had cases of HIV and AIDS; therefore, every region has been affected. Although more whites have been reported than any other racial/ethnic group, blacks have experienced the greatest impact, with 3 ¼ to 8 times the rate per 100,000 population.

Death rates decreased in HIV infected individuals from 1994 to 2003, and it is expected that deaths will fall in 2004 as well. The number of deaths for CY 2003 has not been determined. Through December 2003, 5,461 persons known to be HIV infected are currently living in Oklahoma. This is a prevalence rate of 158.3 per 100,000 population statewide and includes individuals diagnosed somewhere other than Oklahoma who now

live in Oklahoma. Since 1981, a total of 8,369 (combined HIV and AIDS) infected persons have been reported as residing in Oklahoma at their time of diagnosis.

From 1999 through 2003, the predominant mode of HIV exposure in Oklahoma has been male-to-male sexual (MSM) contact, which accounts for 55% of the modes of transmission. In 2003, MSMs accounted for 47% of all AIDS cases. A substantial proportion of cases were attributed to heterosexual contact (12%), heterosexual injection drug use (4%) and injection drug use in males who have sex with males (9%). Most cases among men initially reported without risks are eventually reclassified to the male-to-male sexual contact or the injection drug use exposure categories based on evaluation of past medical history. Among women, most cases initially reported without risk are eventually reclassified to the heterosexual and injection drug use exposure categories. However, risk was not specified for 17% of the modes of transmission and was reclassified as “Other/Risk not Reported or Identified” exposure category.

In Oklahoma, blacks have been disproportionately affected by HIV/AIDS and the data (AIDS, HIV and Sexually Transmitted Disease surveillance) suggest that they are probably still at high risk for HIV exposure. Analysis of sexually transmitted disease case reports (early syphilis, gonorrhea and chlamydia) all demonstrate blacks to have the highest reported rates of infection from 1999 through 2003. Blacks, age 15-24, in particular, have the most disproportionate rates, from 6 to 80 times greater than reported in whites.

The following charts contain the Centers for Disease Control and Prevention (CDC) generated HIV/AIDS Prevalence and Incidence Data for the State of Oklahoma by Demographic Group and Exposure Category.

Demographic Group/ Exposure Category	AIDS INCIDENCE: 01/01/02 TO 12/31/03		AIDS PREVALENCE AS OF 12/31/03		HIV (NOT AIDS) PREVALENCE AS OF 12/31/03	
	<i>AIDS incidence is defined as the number of new AIDS cases diagnosed during the period specified.</i>		<i>AIDS Prevalence is defined as the number of people living with AIDS as of the date specified.</i>		<i>HIV Prevalence is defined as the estimated number of diagnosed people living with HIV (not AIDS) as of the date specified.</i>	
<i>Race/Ethnicity</i>	<i>Number</i>	<i>% of Total</i>	<i>Number</i>	<i>% of Total</i>	<i>Number</i>	<i>% of Total</i>
White, not Hispanic	218	57	1145	65	1564	67
Black, not Hispanic	100	26	367	21	541	23
Hispanic	23	6	93	5	112	5
Asian/Pacific Islander	4	1	14	1	13	0
American Indian/Alaska Native	35	9	147	8	128	5
Multi- Race	2	1	2	0	3	0
Unknown	0	0	0	0	0	0

	AIDS INCIDENCE: 01/01/02 TO 12/31/03		AIDS PREVALENCE AS OF 12/31/03		HIV (NOT AIDS) PREVALENCE AS OF 12/31/03	
Total	382	100%	1768	100%	2361	100%
Gender	#	% of Total	#	% of Total	#	% of Total
Male	322	84	1555	88	1963	83
Female	60	16	213	12	398	17
Total	382	100%	1768	100%	2361	100%
Age at Diagnosis (Years)	#	% of Total	#	% of Total	#	% of Total
<13 years	0	0	6	0	26	1
13 - 19 years	6	2	12	1	91	4
20 - 44 years	283	74	1443	82	2030	86
45+ years	93	24	307	17	214	9
Total	382	100%	1768	100%	2361	100%

Demographic Group/ Exposure Category	AIDS INCIDENCE: 01/01/02 TO 12/31/03		AIDS PREVALENCE AS OF 12/31/03		HIV (NOT AIDS) PREVALENCE AS OF 12/31/03	
	<i>AIDS incidence is defined as the number of <u>new</u> AIDS cases diagnosed during the period specified.</i>		<i>AIDS Prevalence is defined as the number of people living with AIDS as of the date specified.</i>		<i>HIV Prevalence is defined as the estimated number of diagnosed people living with HIV (not AIDS) as of the date specified.</i>	
<i>Adult/Adolescent AIDS Exposure Category</i>	#	% of Total	#	% of Total	#	% of Total
Men who have sex with men	187	49	974	55	1152	49
Injection drug users	51	13	209	12	296	13
Men who have sex with men and inject drugs	42	11	214	12	220	9
Heterosexuals	42	11	172	10	258	11
Other/Hemophilia /blood transfusion	2	1	22	1	35	2
Risk not reported or identified	57	15	169	10	373	16
Total	381	100%	1760	100%	2361	100%
<i>Pediatric AIDS Exposure Categories</i>	#	% of Total	#	% of Total	#	% of Total

	AIDS INCIDENCE: 01/01/02 TO 12/31/03		AIDS PREVALENCE AS OF 12/31/03		HIV (NOT AIDS) PREVALENCE AS OF 12/31/03	
Mother with/at risk for HIV infection	1	100	6	75	19	70
Other/Hemophilia/blood transfusion	0	0	2	25	5	19
Risk not reported or identified	0	0	0	0	3	11
Total	1	100%	8	100%	27	100%

Unmet Need Estimate

The estimated number of people not in care in 2003 as calculated in Oklahoma using the Simple Probabilities Approach is 2,597 representing 47.5% of the total PLWHA within the state. Of PLWH/non-AIDS/aware, 2,457 (71%) did not receive HIV primary medical care during 1/1/2004 through 12/31/2004. Of PLWA, 1,025 (41%) did not receive primary medical care during 1/1/2004 through 12/31/2004. Overall, 3,482 (58%) did not receive HIV primary medical care from 1/1/2004 to 12/31/2004.

In response to the significant out of care population, OSDH is collaborating with Title II, III, IV, private and public health care providers to conduct chart reviews of individuals deemed out of care by OSDH. To facilitate the chart review process, the HIV/STD Service Chief sent letters to health care providers emphasizing the importance of the project and encouraging their participation. Chart reviews of 2,796 HIV/AIDS cases that meet the unmet needs definition will be completed by April 1, 2006.

Comprehensive Needs Assessment Findings

Needs assessments are studies conducted to canvass the HIV/AIDS client base and determine service gaps in the continuum of care for People Living With HIV/AIDS (PLWHA). Results of this client centered activity are used to establish service priorities, document needs for specific services, determine barriers to accessing care, provide baseline data for comprehensive planning including capacity building and help providers improve the access and quality of service, especially to severe need groups. Severe need groups are demographic/exposure subsets of the PLWHA community disproportionately impacted by the epidemic. A recent focus of the Annual Needs Assessment process is to survey PLWHA who are “Aware and Not in Care” and determine their unmet needs. PLWHA failing to access primary medical care over longer than a 12-month or year time period are deemed “Out of Care.” Primary Medical Care is technically defined as three

forms of service—use of (1) antiretroviral drugs (2) CD4 lab tests and (3) Viral Load lab test.

In Care surveys were administered at provider sites in Oklahoma City and Tulsa. Out of Care surveys were collected at various “touch points” throughout the state. Additionally, provider surveys were collected from all Title II contracted providers throughout the state. Provider surveys, combined with client surveys, explain the current continuum of care in Oklahoma and highlight areas for improvement.

During the three-month survey collection process, 101 In Care surveys were collected. Of those, 55 were collected in the Oklahoma City area while 46 were collected in the Tulsa area. This number represents roughly 9% of the total In Care population.

Out of Care surveys were also administered and resulted in 83 total surveys, 53 from the Oklahoma City area and 30 from the Tulsa area. This was the first time the State has collected significant information on the Out of Care population.

The consolidated In Care client response is listed below.

Consolidated In Care Client Response

Severe Need Group	#	%
AA MSM	7	6.9%
Anglo MSM	40	39.6%
American Indian	10	9.9%
IRR	2	2.0%
Bisexual	2	2.0%
Transgender	2	2.0%
IDU	8	7.9%
SA	17	16.8%
Hetero Male	14	13.9%
His MSM	3	3.0%
WCB	2	2.0%
Females 50+	5	5.0%
Total	101	100.0%

The survey captured Need, Use, Barrier and Gap information (NUBG) for Title II services. Definitions for the NUBG matrix are as follows:

Need—“Check the box if you currently need the service”

Use—“Check the box that indicates whether you have ever used the service”

Barrier—Check Yes or No to indicate if you believe that this service is available to you, whether or not you have used it”

Gaps—“Check the box that describes how easy it was for you to get this service (access)”

Based on the statewide data of the In Care survey population, the most critical service in the NUBG matrix was dental care, followed by Primary medical care, mental health, case management and housing. While housing is not a Title II funded service category, it is important to note that housing is a key component to the state’s Continuum of HIV Care. The following chart outlines statewide Client Response by Service Category:

Oklahoma Consolidated NUBG Matrix

ALL RESPONDENTS (n=101):					
Service Category	Need	Use	Barrier	Gap	Gap Rank
Dental Care	26	33	13	12	4
Primary Medical Care	18	40	8	6	
Vision	12	12	9	9	
Case Management	15	23	3	18	1
Mental Health	17	25	5	7	
Emergency Medical	10	18	10	9	
Substance Abuse	10	17	8	9	
Education	7	14	4	9	
Nutrition	8	17	3	7	
Prevention	9	12	7	14	2
Meds & Therapeutics	3	7	5	1	
Inpatient	3	9	4	6	
Rehab	7	6	4	8	
Hospice	1	7	7	12	4
Support Services	6	7	4	7	
Housing	13	10	3	4	
Child Care	5	2	9		
Long Term Care	1	5	7	13	3
Home Health Care	2	4	2	1	

Grouping statewide responses into “Oklahoma City region” and “Tulsa region” further identifies the service delivery challenges facing the two regions of the state.

In the Oklahoma City region, the highest use service category was primary medical care followed by dental care. The largest gap was identified to be case management, followed by prevention services. While providers have questioned the validity of case management as a gap service, it is important to note the ranking is viewed from *the client’s perspective*. Providers’ perspectives are often very different than what a client perceives to be valid. The most significant barrier to care in the Oklahoma City region is dental care, followed closely by vision care. Dental care and primary medical care were

identified as the two most needed services. The following chart outlines the NUBG matrix for the Oklahoma City region.

Oklahoma City region NUBG Matrix

ALL RESPONDENTS: (n=55)					
Service Category	Need	Use	Barrier	Gap	Gap Rank
Dental Care	32%	40%	15%	11%	6
Primary Medical Care	23%	43%	6%	13%	5
Vision			11%	11%	6
Case Management	19%	23%	4%	23%	1
Mental Health	19%	23%	2%	11%	6
Emergency Medical	11%	15%	6%	13%	5
Substance Abuse	9%	13%	6%	15%	4
Education	6%	11%	2%	13%	5
Nutrition	4%	11%	2%	9%	7
Prevention	4%	9%	2%	21%	2
Meds & Therapeutics	4%	4%	4%		
Inpatient	2%	2%	2%	13%	5
Rehab			2%	11%	6
Hospice			4%	19%	3
Support Services			2%	11%	6
Long Term Care			2%	13%	5
Home Health Care			2%		

In the Tulsa region, similar to Oklahoma City, the highest use service category was primary medical. However, in Tulsa, dental care, mental health services and vision care were all identified as the second most used category. The largest gap was identified to be Dental Care and long-term care. The most significant barrier to care in the Tulsa region is childcare, followed closely by emergency medical services. Housing and vision care were identified as the two most needed services. Interestingly, housing and mental health/substance abuse services were two of the most critical needs identified in Tulsa by the Out of Care populations. The following chart outlines the NUBG matrix for the Tulsa region.

Tulsa Region NUGB Matrix

ALL RESPONDENTS (n=46):					
Service Category	Need	Use	Barrier	Gap	Gap Rank
Dental Care	18%	24%	11%	13%	1
Primary Medical Care	11%	35%	4%	7%	4
Vision	26%	26%	7%	7%	4
Case Management	8%	22%	4%	12%	2
Mental Health	13%	26%	9%	2%	6
Emergency Medical	8%	22%	15%	4%	5
Substance Abuse	11%	22%	11%	2%	6
Education	8%	17%	7%	4%	5
Nutrition	13%	24%	4%	4%	5
Prevention	16%	15%	13%	4%	5
Meds & Therapeutics	3%	11%	7%	2%	6
Inpatient	5%	15%	7%	4%	5
Rehab	16%	13%	7%	4%	5
Hospice	3%	15%	11%	2%	6
Support Services	12%	15%	7%	2%	6
Housing	29%	22%	7%	9%	3
Child Care	11%	4%	20%		
Long Term Care	3%	11%	2%	13%	1
Home Health Care	5%	9%	2%	2%	6

In an attempt to further customize the service delivery system, HRSA has identified six severe need populations. For planning purposes, it is critical to examine data as it pertains to each severe need population. For example, the Incarcerated/Recently Released population will have a different NUGB matrix than Women of Child Bearing Years. The ability to plan at the group level allows better implementation of care strategies.

In Oklahoma, the Needs Assessment data is sub-divided into the six HRSA defined severe need populations and other “local relevant” groupings. Listed on the following page is a chart outlining the statewide response rate.

Oklahoma Consolidated Severe Need Groups

Severe Need Group	#	%
AA Men who have Sex with Men	7	6.9%
Anglo Men who have sex with Men	40	39.6%
American Indian	10	9.9%
Incarcerated/Recently Released	2	2.0%
Bisexual	2	2.0%
Transgender	2	2.0%
Intravenous Drug Use	8	7.9%
Substance Abuse	17	16.8%
Heterosexual Male	14	13.9%
Hispanic MSM	3	3.0%
Women Child Bearing Years	2	2.0%
Females 50+	5	5.0%
Total	101	100.0%

Analysis of the severe need populations by regions indicates a higher percentage of American Indians, substance abuse, heterosexual male and women of child bearing years in the Tulsa region. In the Oklahoma City region, there was a higher percentage of African American MSM, Anglo MSM, Hispanic MSM and females over 50. The following charts depict the severe need groups by region with a comparison by severe need population for the two regions.

Oklahoma City Severe Need Groups

Severe Need Group	#	%
African American MSM	5	9.1%
Anglo MSM	24	43.6%
Hispanic MSM	3	5.5%
American Indian	4	7.3%
Incar/RReleased	1	1.8%
Bisexual	1	1.8%
Transgender	1	1.8%
IDU	4	7.3%
Substance Abuse	7	12.7%
Hetero Male	6	10.9%
Women Child Bearing	2	3.6%
Females over 50	5	9.1%
Total	55	100.0%

Tulsa Severe Need Groups

Severe Need Group	#	%
African American MSM	2	4.3%
Anglo MSM	16	34.8%
American Indian	6	13.0%
Incar/RReleased	1	2.2%
Bisexual	1	2.2%
Transgender	1	2.2%
IDU	4	8.7%
Substance Abuse	10	21.7%
Heterosexual Male	8	17.4%
Women Child Bearing	6	13.0%
Total	46	100.0%

The 2003 Needs Assessment activities, for the first time ever, surveyed PLWHA that were out of care. Based on the August 21st, 2002 epidemiological profile, there were 2,973 individuals out of care. Roughly 2.7% of the out of care population was surveyed during the Needs Assessment. Survey collection sites for the out of care population include

- Food pantries
- Homeless shelters
- Street interventions
- Key observer/community gatekeeper
- Case managers

The following table indicates Out of Care surveys by geographic region.

Survey Response	#	%
Oklahoma City	53	64%
Tulsa	30	36%

The race/ethnicity response to the out of care surveys was highest with Anglo followed by African American, American Indian and Hispanic. This response rate is consistent with the state's epidemiological profile. The following tables indicate response by race/ethnicity.

Oklahoma Consolidated Out of Care Response—Race/Ethnicity

Race/Ethnicity	#	%
Anglo	47	57%
African American	19	23%
American Indian	14	17%
Hispanic	3	3%
Total	83	100%

Out of Care Findings

The following information was analyzed based on Out of Care survey responses:

- 27 (33%) responded to having ***never*** been in care
 - 20 Tulsa respondents
 - 7 Oklahoma City respondents
- 21 (25%) responded to having been out of care for a year or more
 - 10 Tulsa respondents
 - 11 Oklahoma City
- 30 (36%) responded to having never taken HIV medication
 - 20 Tulsa respondents
 - 10 Oklahoma City respondents
- 25 (30%) responded they were not referred to services at time of HIV diagnosis
 - 9 Tulsa respondents
 - 16 Oklahoma City respondents
- In Oklahoma City, 15 individuals (18%) were diagnosed in the emergency room representing a “late to care” issue
- In Oklahoma City, 23 individuals (28%) were co-infected with Hepatitis C
- In Tulsa, 10 individuals (12%) were homeless
- 23 (28%) responded to having substance abuse issues
 - 20 Tulsa respondents
 - 3 Oklahoma City respondents
- 14 (17%) responded to having a partner (prevention for positives need)
 - 4 Tulsa respondents
 - 10 Oklahoma City respondents

Conclusion

The steady expansion and changed demographics of the HIV epidemic, as well as improved survival time for people living with AIDS, are placing increased stress on state and local health care systems.

The State of Oklahoma, through the SCSN document, outlines the need for collaboration among Ryan White Care Act grantees. This collaboration is based on needs assessment findings, goals and objectives of the Oklahoma HIV Treatment and Care Consortium and evaluation/monitoring of HIV/AIDS providers. The overreaching goal for all CARE Act entities is to re-engage to primary medical care those individuals who know their positive HIV status.

As Ryan White CARE Act entities respond to the numerous challenges in delivering quality HIV care, the focus on reducing health care disparities, bringing out of care in to care while maintaining a comprehensive continuum of care is critical. Only through cross title collaboration can these challenges be overcome.

ACRONYMS

HDAP	HIV Drug Assistance Program
AIDS	Acquired Immune Deficiency Syndrome
CARE Act	Comprehensive AIDS Resources Emergency Act
HIV	Human Immunodeficiency Virus
HOPWA	Housing Opportunities for People With AIDS
HRSA	Health Resources and Services Administration
IDU	Injection Drug User
IRR	Incarcerated/Recently Released
OUHSC-IDI	University of Oklahoma Health Sciences Center Infectious Disease Institute
OSU CHS	Oklahoma State University Center for Health Sciences
MSM	Men who have Sex with Men
NR	Not Reported
PLWH	People Living with HIV
PWA	People with AIDS
RAIN	Regional AIDS Intercommunity Network-Oklahoma
OSDH	Oklahoma State Department of Health
SA	Substance Abuse
WCB	Women of Child Bearing Years