

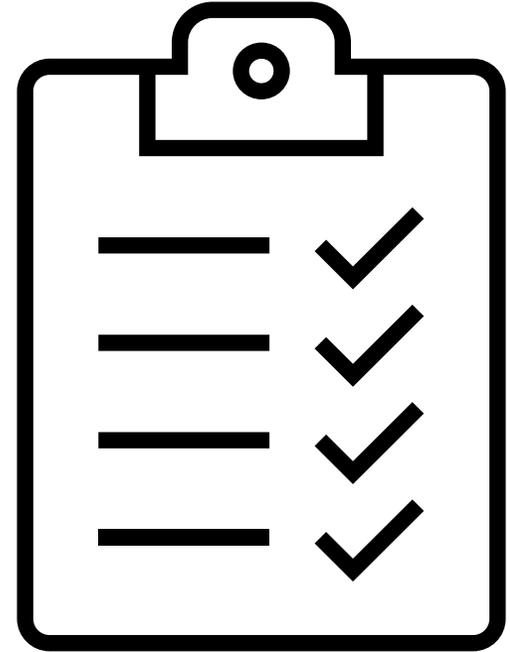
# Achievements in EHE

**Building HIV Program Sustainability through Blended Funding**

May 29, 2024

# Agenda

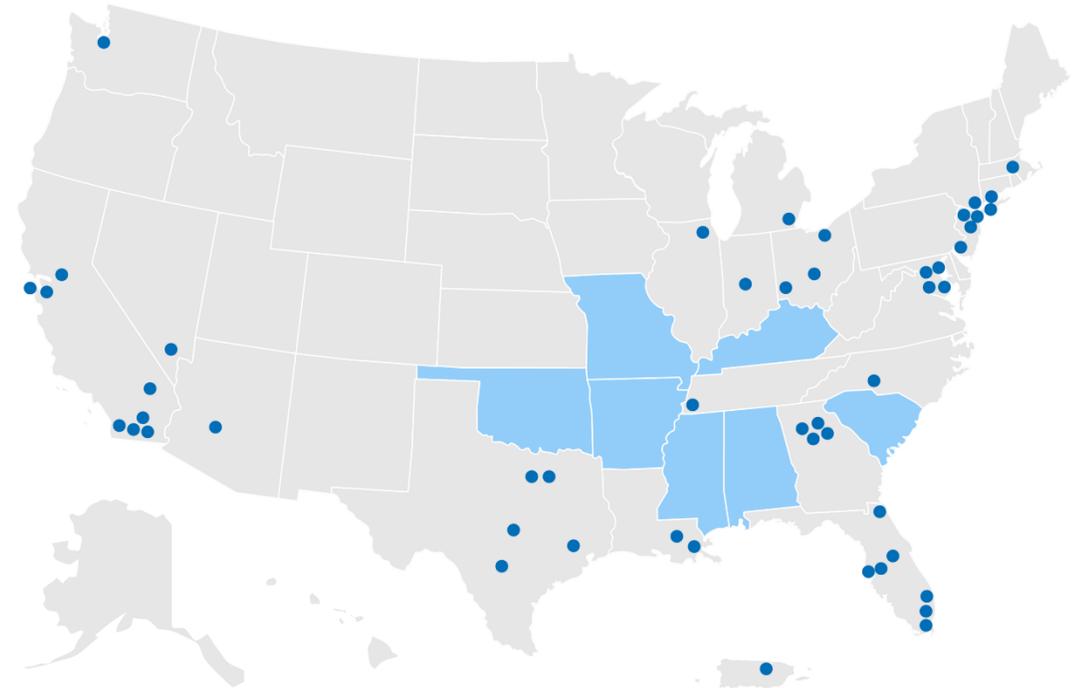
- Welcome & Overview
- Presentations
  - Arkansas Department of Health
  - San Francisco Department of Public Health
- Q&A and Discussion



# NASTAD EHE PROGRAM

NASTAD is a **Technical Assistance (TA) provider** funded through *CDC PS19-1906 Component A: National Level Strategic Partnerships, Communication, Policy Analysis, and Interpretation*

- National partner to enhance state and local health departments' capacity to end the epidemic through **technical assistance and capacity building**.
  - Technical assistance for PS20-2010, Component A Phase 1 Jurisdictions implementing EHE activities.
- **Systems Coordination Provider**
  - Technical assistance for HRSA-20-078 funded health departments



[nastad.org/ehe](https://nastad.org/ehe)

# Poll

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- Menti.com
- Code: 5415757
- Are you currently blending funding for HIV prevention and/or care?
- What funds are being utilized? For which activities?



# AR EHE PROGRAM OVERVIEW

**Ending  
the  
HIV  
Epidemic**

**A PLAN FOR AMERICA**



# EHE Program Mission

Reducing new HIV infections by 75% by 2025 and 90% by 2030.

To be achieved through efforts that are...

- EHE Pillar-focused (diagnose, treat, prevent, and respond)
- Innovative.
- Comprehensive.



# AR EHE Program Organization

**Tiffany Vance**  
ADH ID Branch Chief

**Zkochia Watson**  
EHE program Manager

**Kyla Cotton**  
Program Coordinator/Field Ops  
Manager

**Cynthia Wilson**  
Health Intervention Invx. (HII)  
Supervisor

Data & Linkage to Care Coord.

Data & Linkage to Care Coord.

Data & Linkage to Care Coord.

Data & Linkage to Care Coord.

Data & Linkage to Care Coord.

HII Northeast

HII / Southeast

HII / Southwest

**CDC-Funded**

**FB, Inc.**  
**EAC**  
**Strilite**  
**UAMS**

**Subgrants**  
**(CBOs)**

**HRSA-Funded**

**FB, Inc.**  
**EAC**

**Contracts**  
**(PHSAs)**



# Arkansas EHE Program

## Data/Linkage to Care Coordinators

- Identify and locate people “Not-In-Care”
- Investigate “Not-In-Care” cases reported through (eHARS)
- Provide guidance
- Inform and connect clients to appropriate care and supportive services.



# Arkansas EHE Program

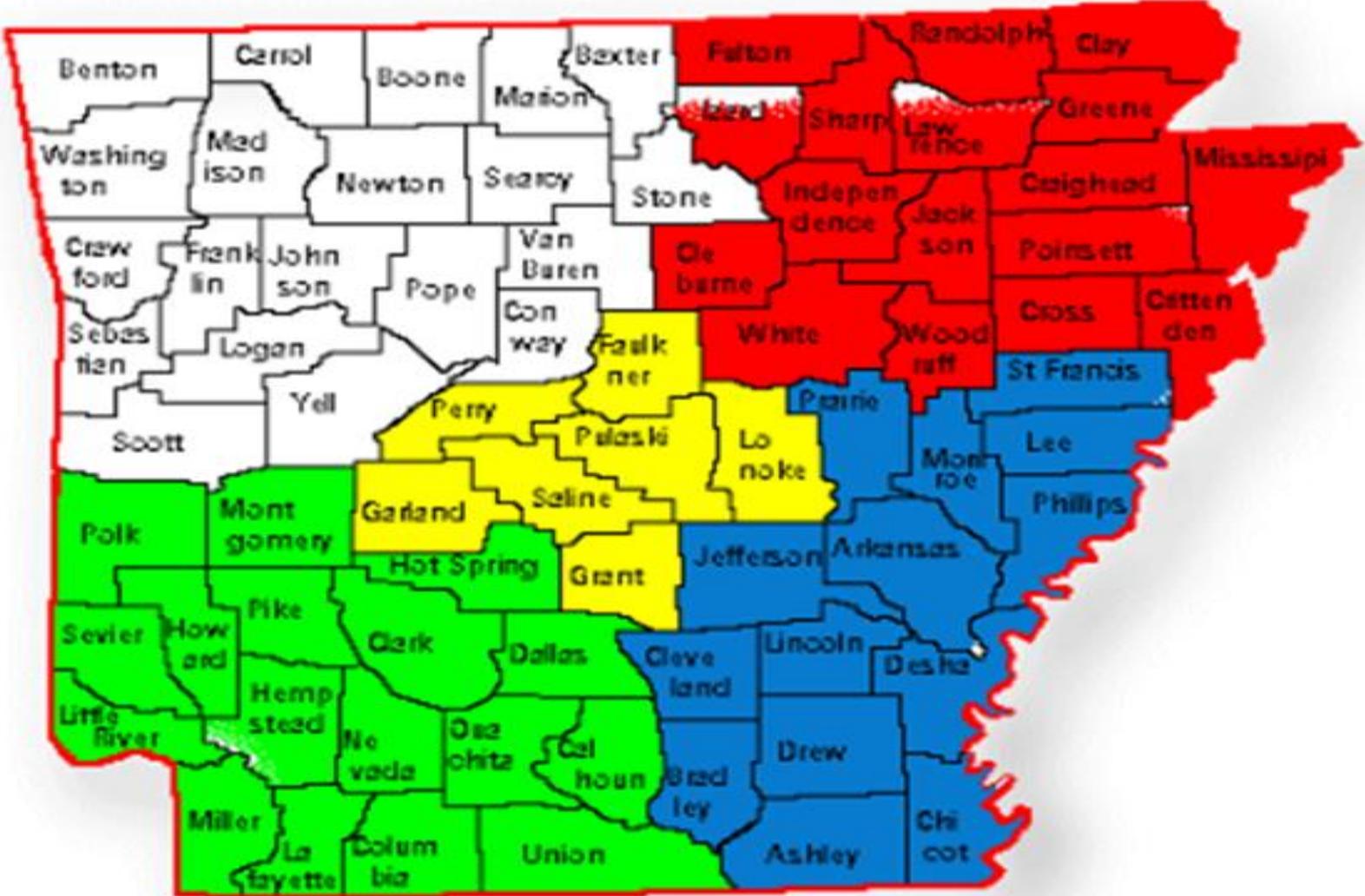
## Health Intervention Investigators (HII)

- HII (EHE DIS equivalent) investigate 90% of newly diagnosed cases.
- Coordination and Support: areas with limited HIV L-T-C resources; services for ensuring retention in care.
- Provide transportation assistance as needed.
- Promote and participate - community engagement and involvement activities.



# Health Intervention Investigators (HII) (NE, SE, SW)

- - NE
- - SE
- - SW
- - Central



# Arkansas EHE Program

## Community Health Worker-Case Management Supervisors (CHW-CMS) (NE, SE, SW)

CHW-CMS – 5 Total

Oversee/assess/evaluate:

- Daily CHW operations in their designated area.
- Needs of clients and links them with a CHW:
  - non-medical / medical case management / more supportive services.
- Service coordination necessary to support positive health outcomes.



# Arkansas EHE Program

## Community Health Workers (NE, SE, SW)

- Posted are select non-clinical sites statewide (10 Total, 2 per PHR)
- Coordinate access to treatment services and resources to sustain engagement in care.
  - psychosocial and emotional support for the client.
  - community resources for basic needs.
  - transportation to and from medical appointments as needed.



# COMMUNITY-BASED ORGANIZATIONS (CBOs) & SERVICES OFFERED



## Positive Miles Transportation Services-Statewide

- Address transportation needs for getting to medical appointments.

## Community Health Workers (Central, NW & SW)

- psychosocial support for clients.
- Linkage to Care Services
- Evaluate clients' complaints with medical appointments.
- short-term assistance, supportive services for maintaining positive health outcomes.



# COMMUNITY-BASED ORGANIZATIONS (CBOs) & SERVICES OFFERED



Community Health Worker-Case Manager Supervisor (CHW CMS)

NW, SE, & SW Regions

- Initial assessment of service needs; develop individualized care plan.
- Coordinate medical care access, support services & continuity of care.
- Client-specific advocacy; coordinate utilization of services.
- Ongoing client monitoring for care plan efficacy:
  - Re-evaluate periodically.
  - Transition client to CHW





## Community Health Workers (NE, SE, & SW)

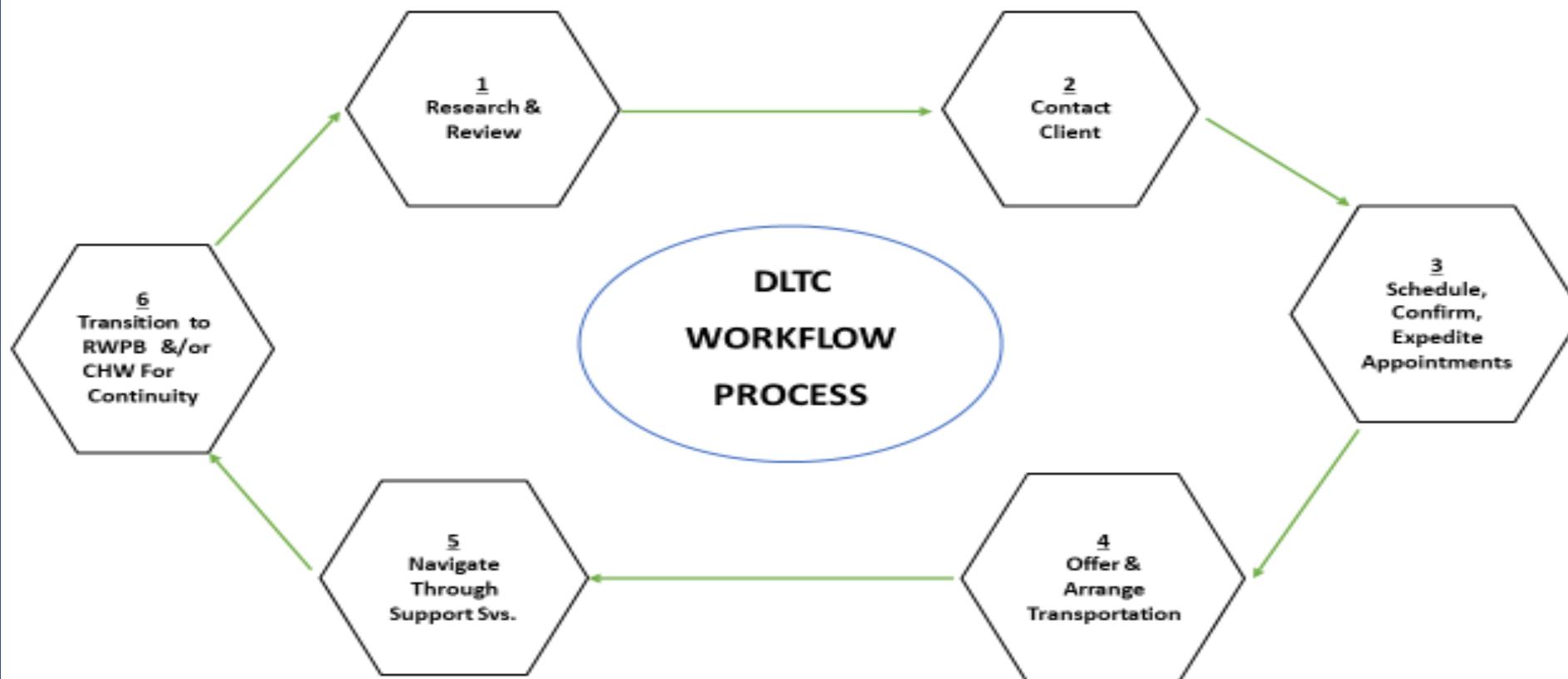
CHWs;

Direct action:

- Psychosocial support for clients.
- Linkage to Care
- Client compliance for medical appointments.
- Supportive services and short-term assistance for maintaining positive health outcomes.



# Data/Linkage to Care Workflow



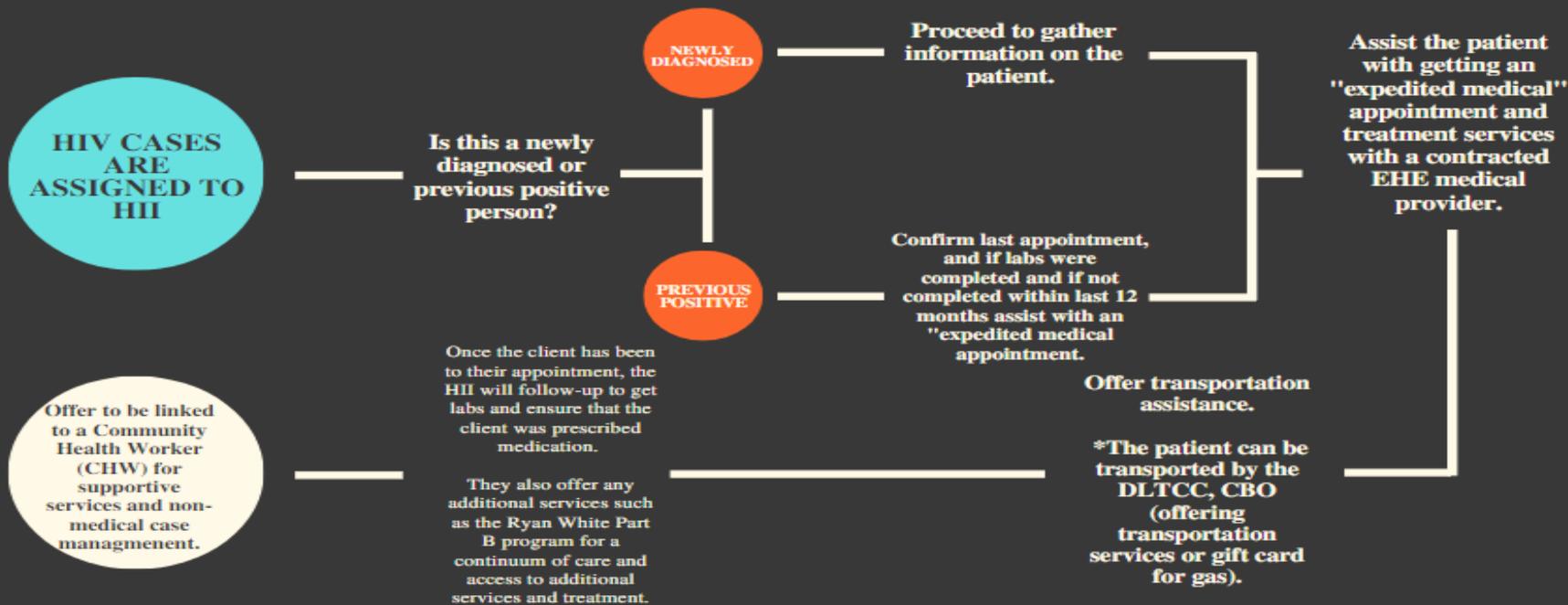
# WORKFLOW PROCESSES

## Health Intervention Investigator (HII) (NE, SE, SW) Workflow Process



### Health Intervention Investigators (also known as Disease Intervention Specialist-DIS)

ENDING THE HIV EPIDEMIC



## Coordination - Other Funding Sources



The Strilite Foundation – Subgrantee funded through CDC EHE grant.

Service area: SW Arkansas

Services provided:

- HIV Testing and Education to persons aged 15-65 yrs.
- Method:
  - Community outreach projects
  - Leveraged relationships with other organizations and business entities.



## Coordination - Other Funding Sources



**UAMS-Subgrantee** funded through CDC EHE grant.

Service area: SE, SW, and central PH regions

Services provided:

- Pre-Exposure Prophylaxis (PrEP) billboard and social media campaign
- On-site HIV-testing
- Education and public health awareness on methods for preventing HIV
- Telehealth medical appointments with physicians offering PrEP care
- Transportation to PrEP providers for PrEP care
- Promote HIV testing & education through faith-based organizations.



## Coordination - Other Funding Sources



*Take Me Home* –Activity for Arkansans to order HIV test kits online, at no cost to the client, for self-testing.



# Arkansas EHE & Expedited Medical Appointments

The Case for Public Health Service Agreements  
(PHSAs)





## What's a PHSA?

It's a contract....A guide...

- To services that comply with PH Service Treatment guidelines.
- Outlines services, requirements, and responsibilities of participating providers, and facilities:
  - ✓ case notes, lab test results, billing practices, site audits, etc.



## Benefits of PHSAs?

- Coordinates care for the Program's priority population, and protocols among organizations.
- Explains covered & non-covered services, and data sharing procedures.
- Details compliance: state and federal laws, nondiscrimination laws, debarment and suspension, access to records, client confidentiality, etc.

# Locating Providers for PHSAs

- Current RWPB provider list (familiar with HIV medical treatment and services)
- Referral from new or current EHE or RWPB clients or providers.
- Active recruitment



## Credentialing and Enrollment for Public Health Service Agreements

- Meet provider: explain program, goals, & mission.
- Review provider's policies and procedures guide.
- Discuss process for submitting claims
- Verify provider license & DEA certification.
- Review details of PHSA, answer any questions.



## Provider Relationship Management for PHSA

- Offer training/CME for HIV case management
- Provide updates on covered medical services and meds.
- Provide program updates and any changes, challenges or barriers to serving clients.



# QUESTIONS



# **ENDING** the **HIV EPIDEMIC**

May 24, 2024

**Thomas Knoble, MSW**

ETE and Capacity-building Manager  
Community Health Equity & Promotion

**Andy Scheer, LCSW 67597**

End the HIV Epidemic Community Program Coordinator  
HIV Health Services



**San Francisco Department of Public Health**

San Francisco Department of Public Health

## **ETE and EHE**

### **Community Health Equity & Promotion (CHEP)**

- CDC funding
- Prevention, testing, linkage, & outreach
- Ending the Epidemics (ETE) HIV, HCV, STI, & overdose syndemic focus

### **HIV Health Services (HHS)**

- HRSA HIV/AIDS Bureau funding
- Medical care and wrap-around support services
- Ending the HIV Epidemic (EHE) HIV+ client focus



## CHEP Focus: People living with and at risk for HIV, HCV, STIs

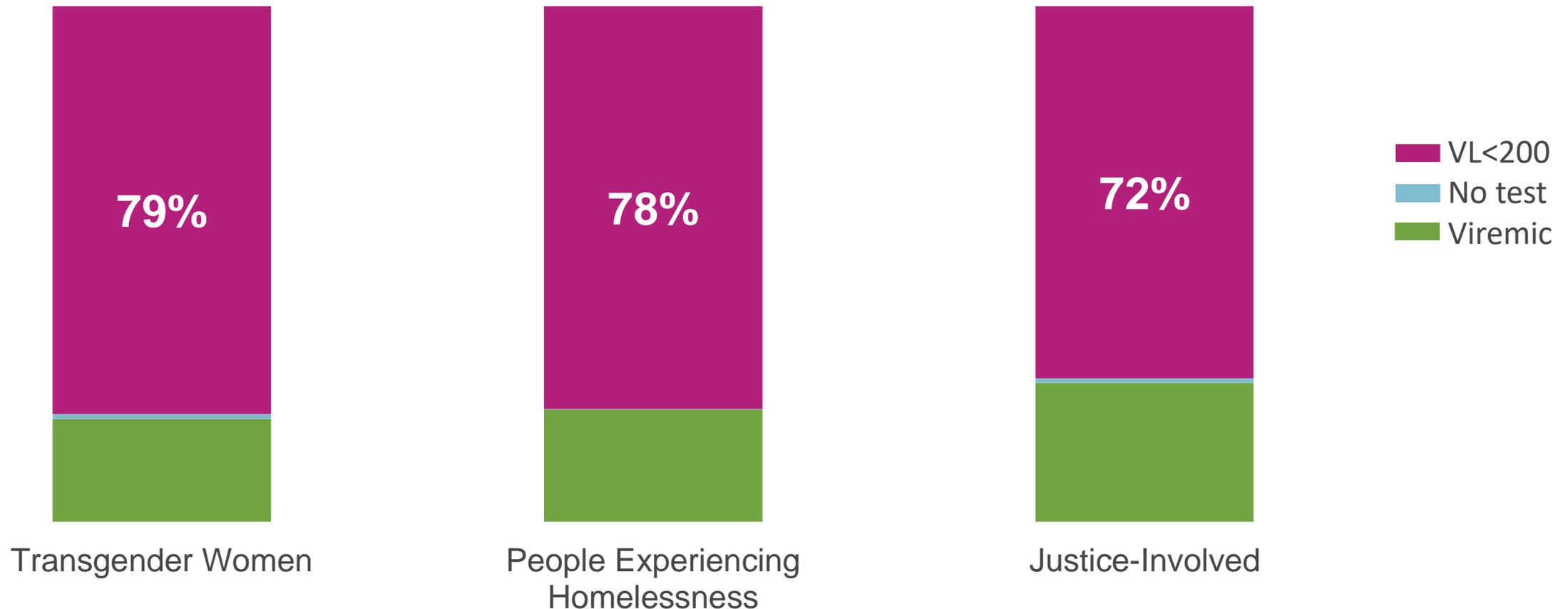
- Black/African American
- Latine
- Transgender Women
- People Who Use Drugs
- People Experiencing Homelessness
- Justice-involved
- Youth and Young Adults
- HIV+ and Aging

**CHEP ETE Populations of Focus**

San Francisco Department of Public Health

# HHS EHE Priority Populations

## Viral Suppression Achievements, 2023



# Cross-branch Collaboration

## Started before ETE/EHE

- SF HIV Community Planning Council (care + prevention)
- Test and Treat Strategy
- U=U aka Prevention with Positives
- Fund many of the same agencies

## Added in ETE/EHE Environment

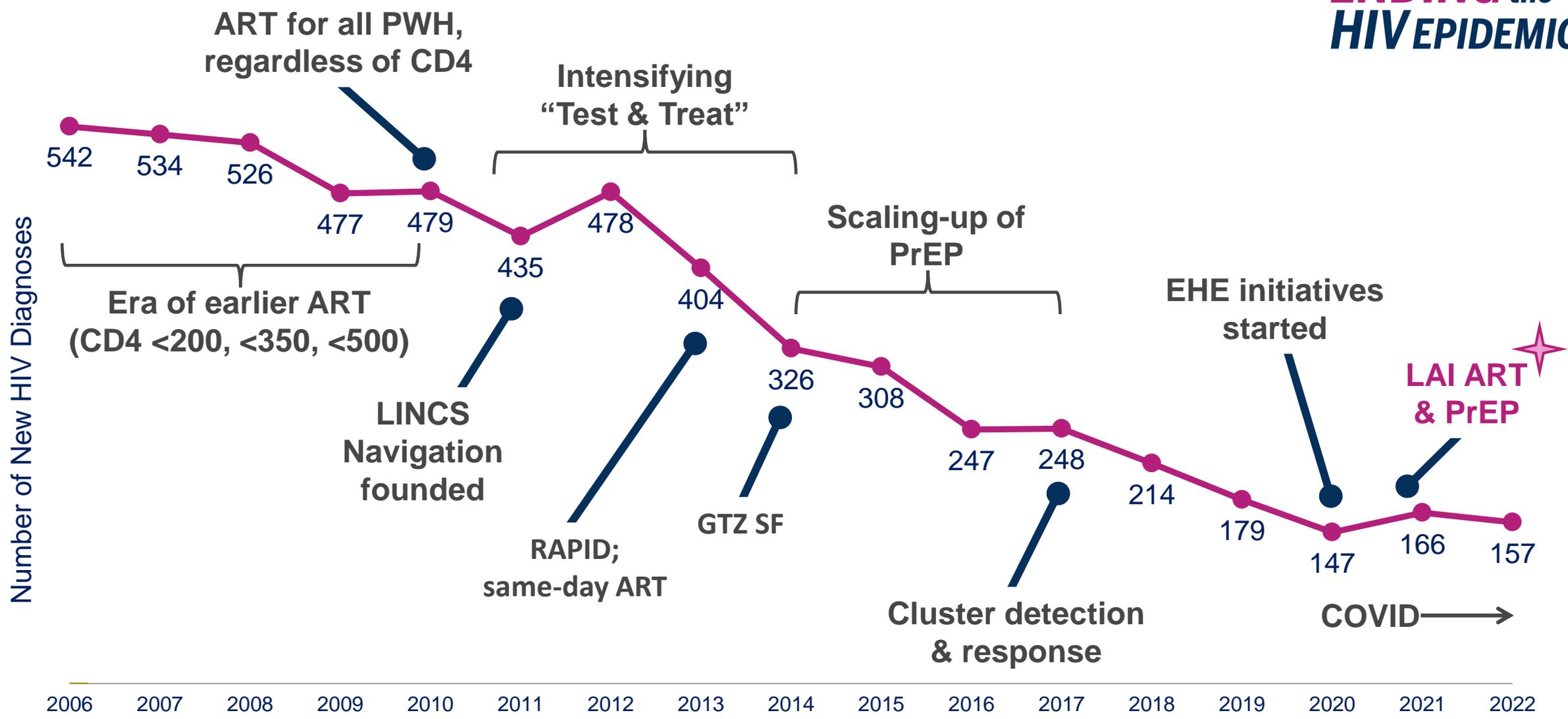
- Care & Prevention navigation increase
- Status neutral service environments improvements
- Increased cross-branch collaboration
- Contingency management, we tried

# Long-acting Injectable (LAI)

## ART & PrEP Rollout in San Francisco

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# ENDING the HIV EPIDEMIC



SFDPH HIV Epidemiology Report, 2022

## History of HIV Interventions in SF

San Francisco Department of Public Health

# LAI Landscape Analysis

## Purpose

To **assess current state** of LAI ART & PrEP implementation in SF and **ID key facilitators and barriers** to reaching the envisioned future state

- HRSA UOB set aside for consultancy
- Contract consultant through CHEP; piggy-back on contingency in existing contract with consultant
- Cross-branch planning and implementation meetings
- HHS & CHEP EHE/ETE Initiative interview warm hand-offs

# Overview of the LAI Landscape Analysis

## Approach

- Interviews with LAI implementation sites
- Supplemental data on LAI uptake
- Review of relevant literature and materials

### Qualitative

data collection & analysis

- 12 sites
- 21 interviews

### Quantitative

data collection  
& analysis at  
6 sites

### Literature &

relevant  
materials  
review

1

# Acceptability of LAI ART and LAI PrEP

Acceptable to patients, especially those who find taking a daily pill logistically challenging or stigmatizing.

Common concerns: injection-related pain and frequency of clinical visits

Providers are enthusiastic, with many switching patients over

Provider concerns: implementation capacity and the potential for patients to develop drug resistance

Clinical and non-medical providers need more training

“

A lot of patients are receptive to LAI, especially if they've been on psychiatric LAIs.

“

Because of homelessness and unstable housing, trying to keep track of oral ART daily is nearly impossible for a lot of people.

“

I've had clients say: I can just be a person the rest of the month and not think about my HIV

“

Having this tool has been incredibly gratifying and exciting for us and for patients who've had a hard time controlling their HIV with oral meds

## 2

# Equity of LAI ART & LAI PrEP

Many programs approach LAI with an equity lens

LAI is reaching populations who face barriers to oral alternatives

e.g., people experiencing homelessness, people who use drugs, Black and Latino MSM, and trans women, among others

Equity wins go beyond HIV prevention and treatment to better patient engagement and trust in health services overall



A not-small proportion of patients have never been on oral ART—have never had an undetectable viral load.

Once on long-acting, almost immediately they become suppressed then feel a lot better. It's the “feeling a lot better” piece that gives people a feeling of ‘Wow, maybe there's a point to medicine and a value of going to the doctor.

# 3 Resource-intensiveness of LAI implementation in current state

Current state: programs are resource-intensive due to

time and skill for patient navigation support, patient follow-up between injections, insurance navigation, and program development

Providers emphasized the need to start slow when building a new program, adapting LAI services to the site's resources and patients

“

We do a lot to find people who are off the radar which is challenging. It takes a lot of people power. The outreach is resource intensive and time consuming, but we do it. I would say that that's probably one of the biggest challenges we have.”

“

A lot of my time is spent working with the private insurance, trying to figure out how to navigate it or to convince pharmacies I know what I'm doing! I often end up directing them on how to get LAI covered.

# 4

## Scalability and sustainability

Implementation sites have innovative ideas to scale LAI ART and PrEP

Nearly all sites lacked dedicated resources for LAI ART and LAI PrEP

Some sites had capped participation, and all would require additional resources to expand services

“

But it feels like we don't currently have enough staff for expanding beyond what we've been doing.”

“

Because of our funding limitation, we have a limit of 10 patients, but we know there's a need for more.”

“

We're at the point where, to expand this model, we really do need more support from the City.”

San Francisco Department of Public Health

## How are LAI programs structured?

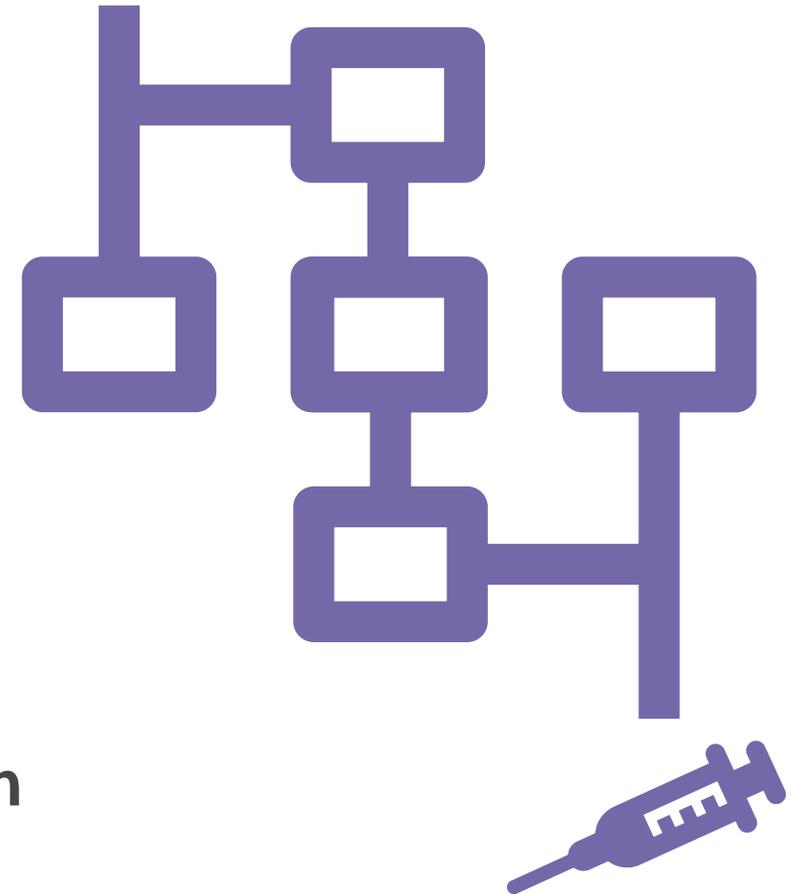
**Varies based on organization size, existing services, available resources, staffing, and patient populations**

**Most include a range of staffing types**

- Nurses, outreach specialists, pharmacists, clinicians
- Can be in-house or partners
- Often led by nurses
- Benefit from lived experience of staff members

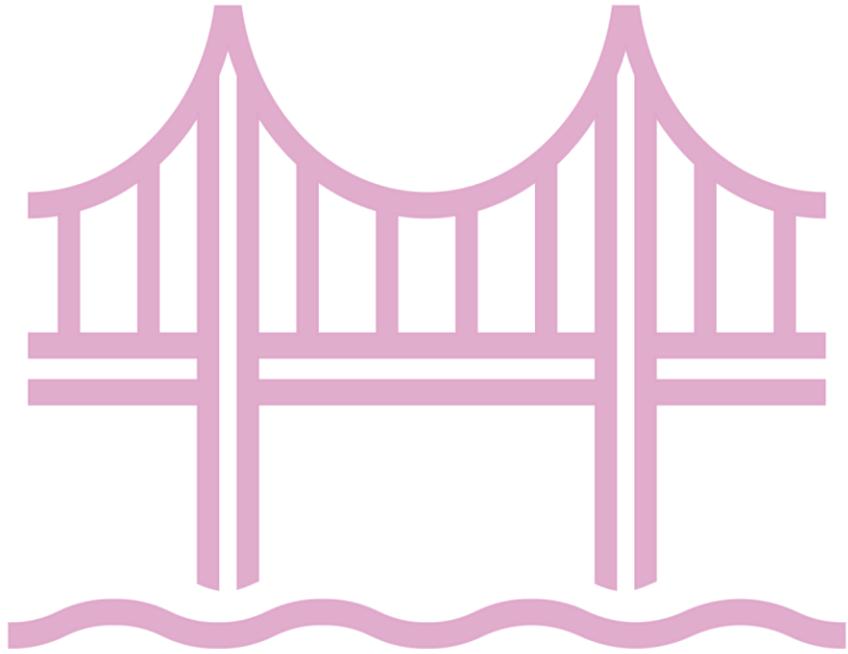
**Many allow flexible appointments for injections**

**All require considerable outreach and navigation support**



# LAI Landscape Analysis Take-aways

- **One of many tools** for ending the HIV epidemic
- **Scale is limited given resource-intensiveness**; without more dedicated resources, expansion near impossible
- **Potential for large equity gains**, especially if integrated into the settings & services accessed by priority populations
- Would **benefit from additional partnership** and collaboration
- **Opportunity to assess** through more robust evaluation



# ***ENDING*** *the* ***HIV EPIDEMIC***

**Andy Scheer, LCSW 67597**

SFDPH, HIV Health Services

End the HIV Epidemic Community Program Coordinator

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he/him/his | bilingüe español / inglés

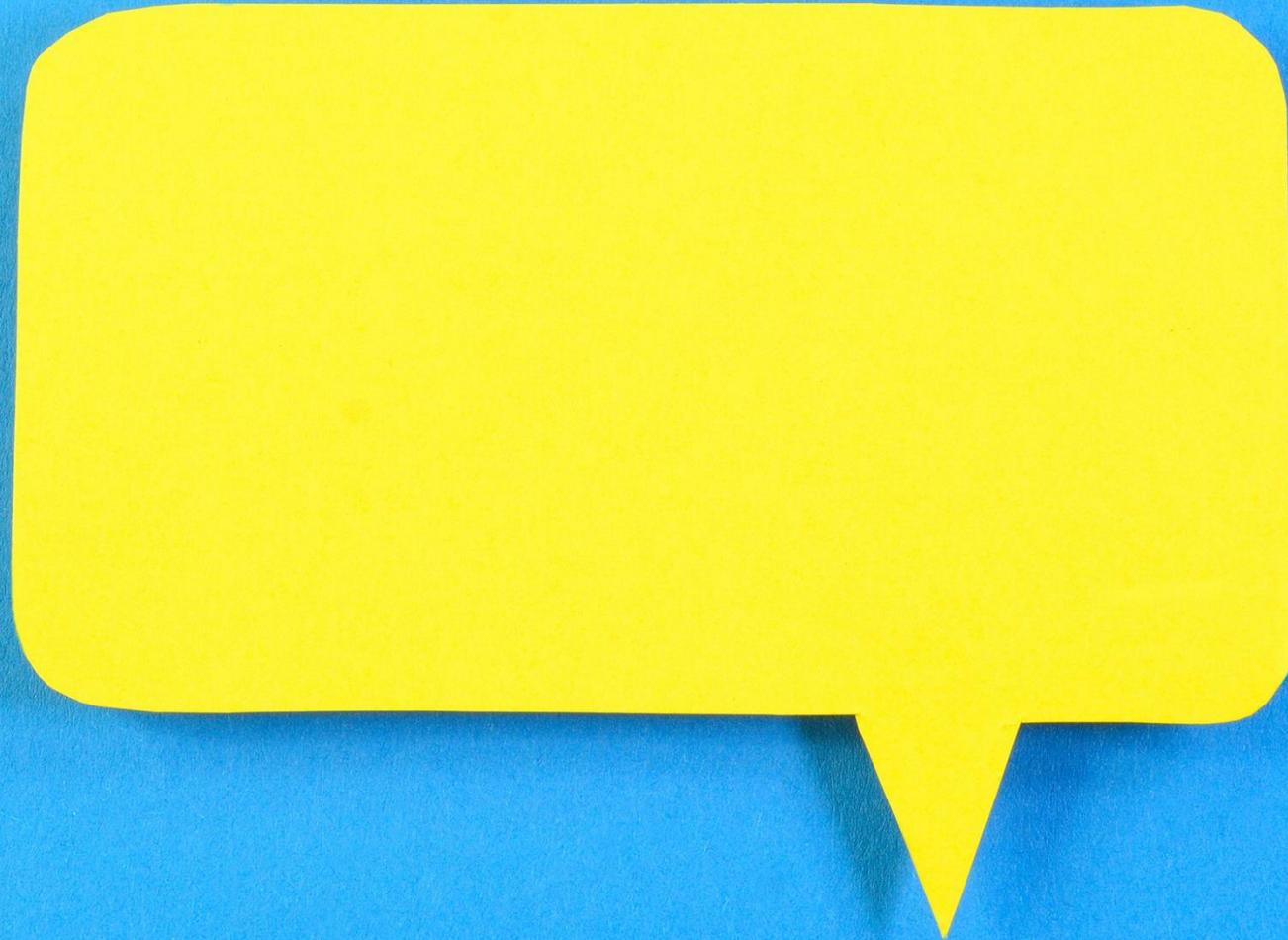
**Thomas Knoble, MSW**

ETE and Capacity-building Manager

SFDPH | Community Health Equity & Promotion

[Thomas.Knoble@sfdph.org](mailto:Thomas.Knoble@sfdph.org)

# Q&A



# Contact

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Request technical assistance (TA):

- [www.cdc.gov/hiv/programresources/capacitybuilding/](http://www.cdc.gov/hiv/programresources/capacitybuilding/)
- [www.nastad.org/technical-assistance](http://www.nastad.org/technical-assistance)

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