

DEII Intervention Sustainability Report

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The **Dissemination of Evidence-Informed Interventions (DEII)** to Improve Health Outcomes along the HIV Care Continuum Initiative is a Health Resources and Services Administration (HRSA) HIV/AIDS Bureau, Ryan White HIV/AIDS Program (RWHAP) Part F Special Projects of National Significance (SPNS) initiative funded for (FY2015-2020). It was designed to replicate four adapted interventions previously found to be effective and to study their implementation and replication at 12 RWHAP recipient sites. The **Dissemination and Evaluation Center (DEC)** adapted four previous SPNS HIV care interventions for replication and implemented a multisite evaluation plan using an Implementation Science framework to gather insight on the barriers and facilitators to replication of the interventions. Data collected throughout the initiative was used to build four final Care and Treatment Intervention (CATI) implementation toolkits to support the replication and uptake of the interventions across the country. Additional information about the DEII interventions, including implementation and training manuals, are available on [TargetHIV](#).

Twelve sites implemented DEII interventions between September 1, 2016 and July 31, 2019 with funding and technical support through the DEII's Implementation and Technical Assistance Center (ITAC). To assess the extent to which demonstration sites continued to implement interventions post-DEII initiative funding, the DEC distributed a **DEII Sustainability Survey** to one core program staff member at each agency to complete in June 2020. The survey examined adaptations of intervention components and intervention funding sources. The survey also utilized the **Program Sustainability Assessment Tool (PSAT)**¹ to measure demonstration sites' capacities to sustain the interventions. The PSAT is an organizational tool, developed by Washington University, that assesses a program's capacity to be sustained, as measured by four sustainability sub-components: 1) environmental/agency-level support, 2) funding support, 3) organizational capacity, and 4) program adaptability.¹ Each sub-component utilized 4 to 5 Likert scale questions that participants rated as having minimal to extensive support from to sustain their programs (0= to little or no extent; 5= to a very great extent).¹ The four sub-components are used to calculate the overall score for program sustainability capacity.¹ The following provides results of the DEII intervention sustainability findings.

Overview of sustainability findings

Of the 12 demonstration sites, 10 sites (**83%**) are implementing their interventions post-DEII grant funding.

Reasons for not sustaining the interventions (3 of 12 sites)*

- Funding (1)
- Staffing capacity (1)
- COVID-19 (1)

*While only two sites reported not sustaining the interventions post-DEII funding, one Transitional Care Coordination site reported sustaining but pausing the intervention due to the COVID-19 pandemic interfering with jail access.

New clients served post-DEII initiative funding

Individual sites reported serving between 3 and 501 unique clients (between July 2019 and June 2020)

New Clients Served by Intervention (N=8 of 12 sites)

Intervention	Mean Number of Clients Served (Number of sites)
Peer	27 (N=3)
Patient Navigation	501 (N=1)
Transitional Care Coordination	38 (N=2)
Buprenorphine	7 (N=3)
Overall across interventions	81 (N=8)

Reasons for not currently sustaining DEII interventions

N= 3 of 12 sites*

- Funding (1)
- Staffing capacity (1)
- COVID-19 (1)

*While only two sites reported not sustaining the interventions post-DEII funding, one Transitional Care Coordination site reported pausing the intervention due to the COVID-19 pandemic interfering with jail access.

Funding sources for sustained implementation activities post-DEII initiative funding

N= 12 of 12 sites

- Any RWHP funding (7)
 - Part A (3)
 - Part B (2)
 - Part D (1)
 - Not specified (1)
- Program/internal income (4)
 - Through 340B program income (1)
- Local funding (state/city) (2)
- Foundation funds (1)
- SAMHSA (1)

Results of the Program Sustainability Assessment Tool (PSAT)¹

N= 12 of 12 sites

Each sub-component utilized 4 to 5 Likert scale questions that participants rated as having minimal to extensive support from to sustain their programs (0= to little or no extent; 5= to a very great extent). An overall score for program sustainability capacity is calculated from the four sub-component scores.

PSAT mean scores, by intervention (N=12 of 12 sites)

Sustainability component	Peer	Patient Navigation	Transitional Care Coordination	Buprenorphine	Scores across interventions
Environmental/agency support	4.7	4.2	3.4	3.9	4.1
Funding support	4.2	3.7	2.9	2.1	3.2
Organizational capacity	5	3.9	3.7	4.1	4.2
Intervention adaptability	4.7	4.7	2.5	3.5	3.8
Overall score, by intervention	4.7	4.1	3.1	3.4	3.8

PSAT scoring

0 = Little capacity to sustain the program

5 = High capacity to sustain the program

¹This assessment tool is from: the Program Sustainability Assessment Tool, copyright 2012, Washington University, St. Louis, MO. All rights reserved. For more information about the original framework or Program Sustainability Assessment Tool, visit <http://www.sustaintool.org>.

Examples of adaptations made at intervention sites post-DEII initiative funding

Each site that reported sustaining its intervention made at least one adaptation to the model. The following are adaptations, *made by some of the intervention sites*, and are samples of ways that various sites modified the activities and structure of the intervention post-DEII funding. The adaptations are categorized by different components of each intervention (e.g., eligibility criteria).

Intervention component	Adaptations reported by Peer sites	Adaptations reported by Patient Navigation sites	Adaptations reported by Transitional Care Coordination sites	Adaptations reported by Buprenorphine sites
Eligibility criteria	<p>DEII model: Women of color with HIV Adaptation: Serve all women, youth, or adults with HIV</p>	<p>DEII model: Women of color with HIV Adaptation: Serve all women, youth, or African American adults with HIV</p>	<p>DEII model: Recently incarcerated people with HIV Adaptation: Expand to serve recently incarcerated people with Hepatitis C or with substance use disorders</p>	<p>DEII model: People with HIV and co-occurring opioid use disorder Adaptation: Expand to serve People at risk for HIV and co-occurring opioid disorder</p>
Staff roles and FTE	<p>DEII model: Peers have various roles they perform. Adaptation: Peers also offer HIV screenings at community events.</p> <p>DEII model: Peers provide coaching to clients. Adaptation: Peers still provide coaching but have increased referrals to psychologists for more support.</p>	<p>DEII model: Two patient navigators at the agency. Adaptation: Four patient navigators at the agency (increase to serve an expanded and diverse client population).</p> <p>DEII model: Clients complete six education sessions. Adaptation: Education sessions conducted informally based on client needs.</p> <p>DEII model: Patient navigators develop care plans for all clients. Adaptation: Patient navigators develop care plans for some clients, as needed.</p>	<p>DEII model: Interventionist is a transitional care coordinator (TCC). Adaptation: TCC role is filled by a case manager.</p> <p>DEII model: One TCC provides services in the jail and one TCC provides services outside the jail. Adaption: One TCC provides services in the jail 0.5 FTE and services outside the jail 0.5 FTE.</p> <p>DEII model: TCC serves as a court advocate for clients. Adaptation: TCC does not serve as court advocate for clients due to limited staff.</p> <p>DEII model: TCC connects client to care and provides support for the 90-day period. Adaptation: TCC connects clients to care but may refer clients to other staff in-agency to provide support services.</p>	<p>DEII model: At least one physician is a prescribing provider for buprenorphine. Adaptation: Additional physicians have become waived to treat clients with buprenorphine, and prescribe it in a limited capacity.</p> <p>DEII model: Interventionist is a clinical coordinator. Adaptation: Clinical coordinator role is filled by a medical case manager, LPN, or CSW.</p> <p>DEII model: Clinical coordinator provides referrals and follows up with client. Adaptation: Clinical coordinator partners with a case manager to provide referrals and follow ups.</p>

Intervention component	Adaptations reported by Peer sites	Adaptations reported by Patient Navigation sites	Adaptations reported by Transitional Care Coordination sites	Adaptations reported by Buprenorphine sites
Supervision structure	<p>DEII model: Supervision provided at least weekly (at structured intervals)</p> <p>Adaptation: Supervision provided as needed and not at structured intervals.</p>	<p>DEII model: Supervision provided at structured intervals.</p> <p>Adaptation: Supervision provided as needed and not at structured intervals.</p> <p>DEII model: One supervisor provides clinical supervision and one supervisor provides administrative supervision to the patient navigator.</p> <p>Adaptation: Administrative and clinical supervision provided by same staff member.</p>	<i>No adaptations to report.</i>	<i>No adaptations to report.</i>
Internal clinic support and integration	<p>DEII model: The HIV care team participates in case conferencing.</p> <p>Adaptation: Peers have one-on-one interactions with providers about clients.</p> <p>DEII model: Peers provide coaching to clients.</p> <p>Adaptation: Peers make more client referrals to psychologists for trauma informed care and support.</p>	<i>No adaptations to report.</i>	<p>DEII model: TCC connects client to care and provides support for the 90-day period.</p> <p>Adaptation: TCC connects clients to care but may refer clients to other staff in-agency to provide support services.</p>	<p>DEII model: Clinical coordinator identifies participants and follows up with hard-to-reach clients.</p> <p>Adaptation: An outreach team was added to help identify participants and to follow up with hard-to-reach clients.</p> <p>DEII model: Clinical coordinator provides referrals and follows up with client.</p> <p>Adaptation: Clinical coordinator partners with a case manager to provide referrals and follow ups.</p>
Intervention intensity	<p>DEII model: Clients are assessed for the (case management) standard of care after 4 months.</p> <p>Adaptation: Clients are assessed at 6 months. Clients are transitioned to the standard of care based on client acuity, completion of care plan goals, and readiness to transition to the standard of care.</p>	<p>DEII model: Clients are assessed for the (case management) standard of care after 4 months.</p> <p>Adaptation: Clients are assessed at 6 months. Clients are transitioned to the standard of care based on client acuity, completion of care plan goals, and readiness to transition to the standard of care.</p>	<p>DEII model: Clients work with the TCC for 90 days.</p> <p>Adaptation: Clients who need additional resources (IDs, housing) or are re-incarcerated may need more than the 90-day period. Client cases are closed once they are connected to community needs, which may be less than the 90-day period.</p>	<p>DEII model: Clients receive Medication for Opioid Disorder (MOUD) and support from the clinical coordinator.</p> <p>Adaptation: Clients are encouraged to attend intensive outpatient programs at the time of MOUD initiation.</p>



Overview of sustainability findings

- Most sites secured funding through at least one RWHAP funding source.
- Sites were more confident that they had the organizational capacity (4.2) and environmental support (4.1) than the intervention adaptability (3.8) and funding sources (3.2) to sustain their interventions.
- Overall, Peer and Patient Navigation intervention sites scored higher (4.7 and 4.1, respectively) in their abilities to sustain their interventions than Buprenorphine and Transitional Care Coordination intervention sites (3.4 and 3.1, respectively). One potential reason for increased sustainability among these interventions was secured funding. Peer and Patient Navigation sites had high scores in the funding component of sustainability, and funding was identified as the top barrier to continuing the interventions.
- Adaptations included:
 - Expanding the intervention to focus and serve other vulnerable populations who are at risk for falling out of care.
 - Utilizing other existing positions in the clinics to fill the interventionists' roles.
 - Being flexible on the time limit of the interventions to meet individual clients' needs.

Implications for Ryan White Care organizations

Sustainability is an ongoing challenge across all social service and clinical care settings. The majority of DEII sites were able to overcome these challenges by planning for sustainability during implementation and by adapting the intervention activities to meet the needs of their organizations, communities, and participants. Training and implementation resources are available at [TargetHIV](#) to support program start up, implementation, and long-term sustainability. Sustainability of program activities can contribute to the long-term sustainability of positive health outcomes, supporting linkage to and engagement in HIV care, and viral suppression.

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