

Providing Capacity Building Assistance to support innovative program models in the Ryan White Program

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Mississippi: Kizmet Cleveland

New Orleans, LA: Vatsana Chanthala

UCSF: Greg Rebchook, Starley Shade,

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ON HIV CARE & TREATMENT

SPNS Capacity Building Assistance Initiative

- Build capacity of RWHAP recipients to replicate evidence informed interventions in jurisdictions disproportionately affected by HIV
 - Atlanta, CA
 - New Orleans, LA
 - Jackson, MS and surrounding areas
 - Las Vegas, NV
- This project complements the *Ending the HIV Epidemic* plan to focus on areas carrying the most substantial HIV burden

SPNS Capacity Building Assistance Initiative

- **Goals**
 - Assist jurisdictions in selecting their intervention(s) to help close gaps in local HIV care continuums
 - Provide trainings and resources for implementation of evidence informed interventions
 - Provide technical assistance
 - Establish and support Learning Collaboratives
 - Evaluate:
 - implementation strategies and outcomes
 - service outcomes and client outcomes

This presentation provides case studies for each CBA participating jurisdiction, utilizing information from:

- Jurisdictional Assessments (JA) conducted prior to each Learning Session (Fall 2020 - Spring 2022).
 - **Fall 2020 JA data:** Budget, clinics providing HIV services, intervention(s) selected and their perceived feasibility and acceptability
 - **Spring 2022 JA data:** Number of participating agencies, jurisdiction level activities
- Ryan White Report 2019 (<https://data.hrsa.gov/topics/hiv-aids/compass-dashboard>)
 - Ryan White Program client characteristics
 - HIV Outcomes overall and by select sub-populations for each jurisdiction
 - Retention and Viral Suppression
- Additional intervention(s) description and progress based on notes and documentation collected during CBA coaching and monitoring activities and Learning Sessions

New Orleans



New Orleans Jurisdiction Description

8,564

• People with HIV

7,548

• Ryan White Clients

\$10,800,000

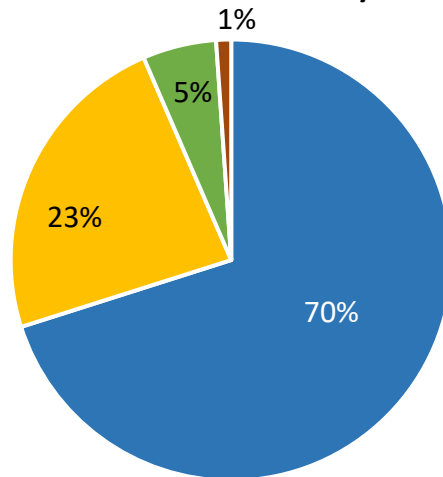
• Jurisdictional Budget

13

• Clinics providing HIV services

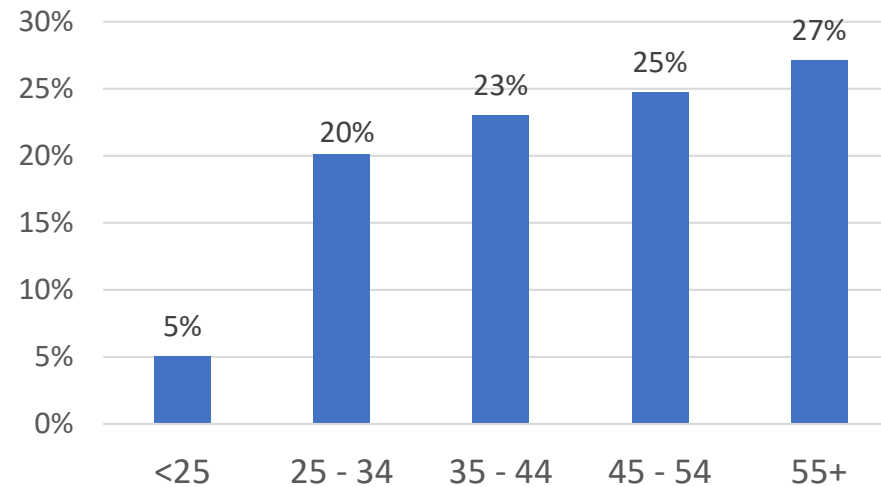
Characteristics of Ryan White HIV/AIDS Program Clients

Race/Ethnicity



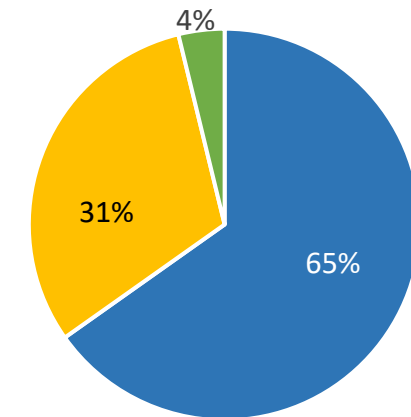
■ Black/African American ■ White
■ Hispanic/Latino ■ Other/Multiracial

Age



■ Age

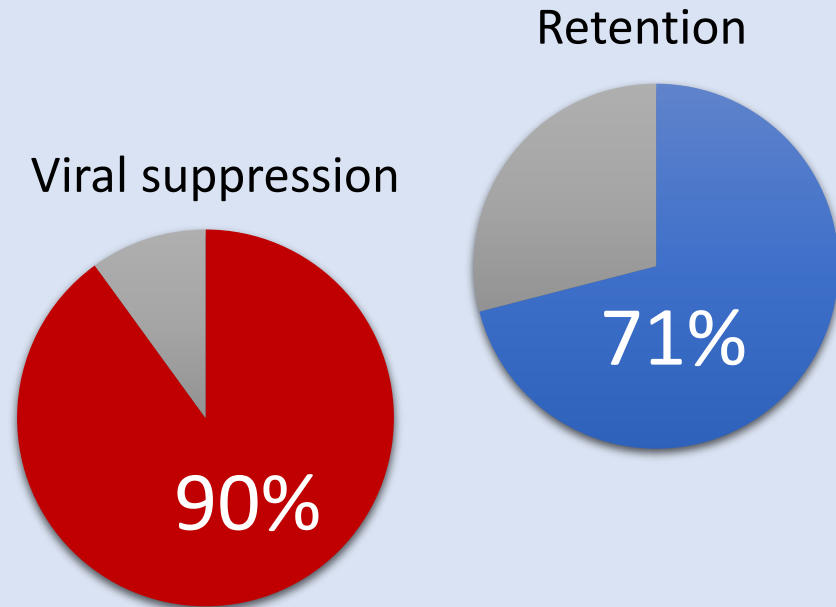
Gender



■ Male ■ Female ■ Transgender

New Orleans RSR HIV Outcomes 2019

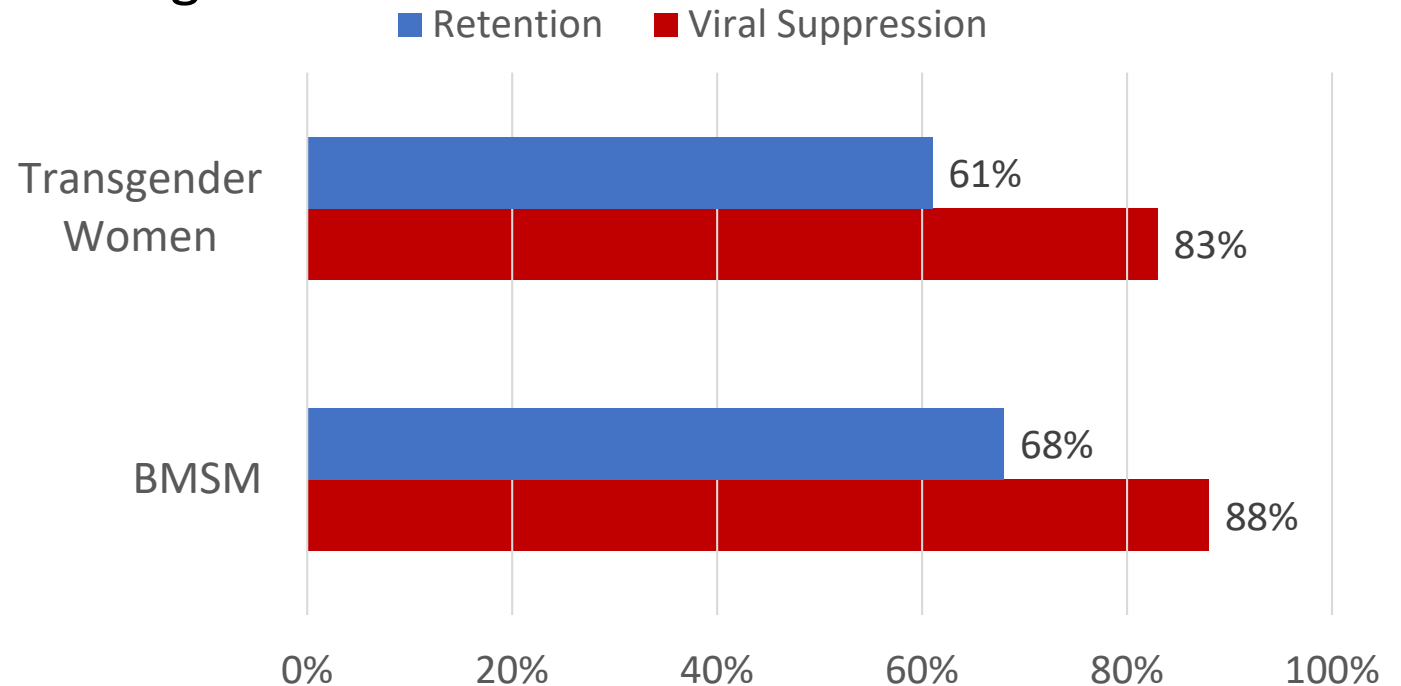
All RW Clients



Populations of interest in New Orleans:

BMSM: 23% of RW clients

Transgender Women: 3% of RW clients



Data from: <https://data.hrsa.gov/topics/hiv-aids/compass-dashboard>

- Community Health Workers and Telehealth
 - Linking clients to care
 - Active QI monitoring
- Ensuring continuity of care during natural disasters
 - Extended medication supplies
 - Access to out-of-area providers and pharmacies

New Orleans Interventions

- 10 agencies participating in initiative
- Jurisdiction level activities
 - Facilitate Learning Collaboratives
 - Coaching/Technical Assistance
 - Data Monitoring
 - Secured EHE funding for community health workers
 - Engaging state officials for policy-level changes (e.g., how to improve access to out-of-area care and medications during natural disasters)

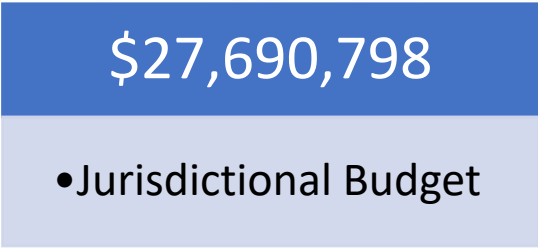
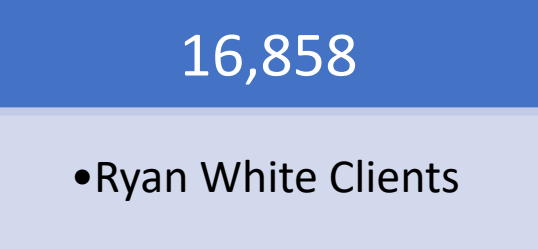
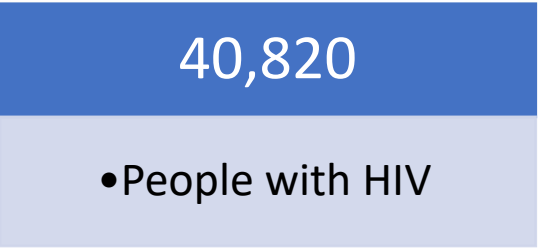
New Orleans Intervention Progress

- At baseline, on a scale from 1 – 10, New Orleans CHW intervention was perceived as highly acceptable (9.4) and feasible (8.8)
- 5 Learning Session conducted between Fall 2020 and Spring 2022
- CHW intervention has been implemented at all participating sites
 - Each site determines the CHW's specific scope of work, within parameters set by jurisdiction
 - Sites are using CHWs to help reach out of care clients or those with high vulnerabilities to falling out of care
- Significant challenges related to Hurricane Ida for agencies
 - Initial prompt for a focus on maintaining access to care during natural disasters

Atlanta

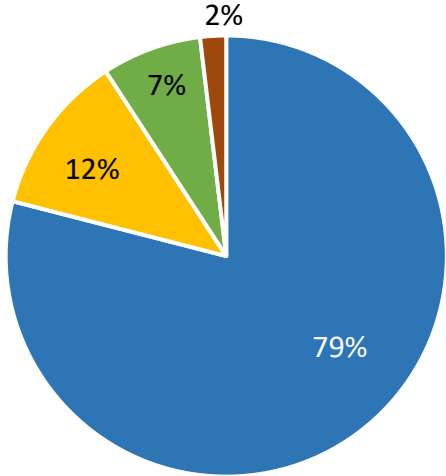


Atlanta Jurisdiction Description



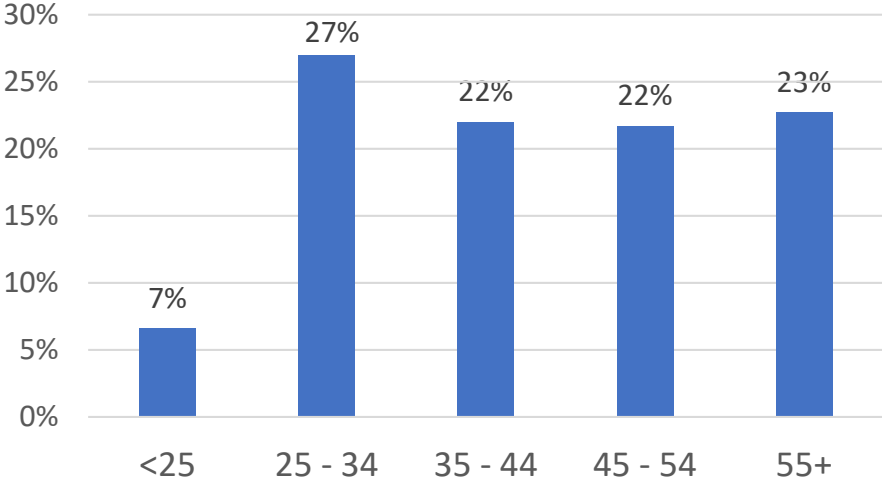
Characteristics of Ryan White HIV/AIDS Program Clients

Race/Ethnicity



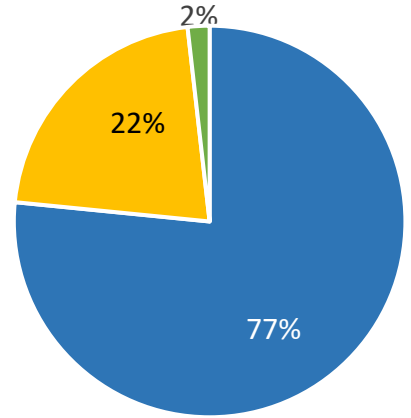
- Black/African American
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- Hispanic/Latino
- Other/Multiracial

Age



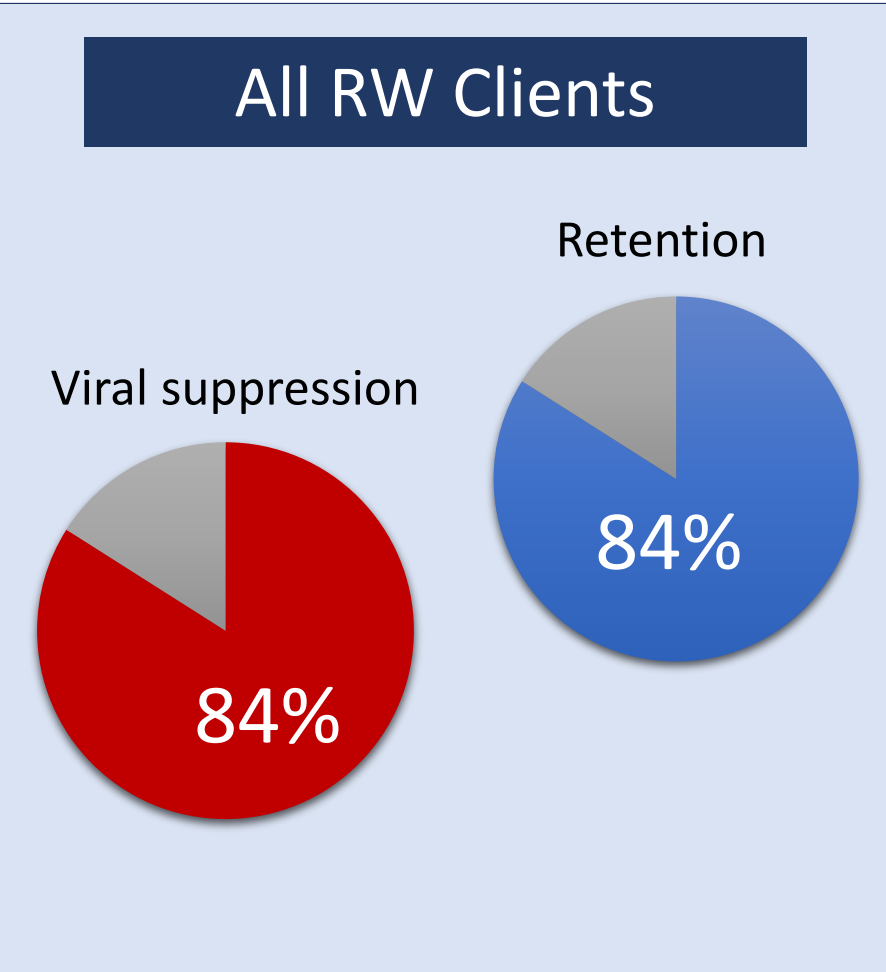
■ Age

Gender



- Male
- Female
- Transgender

Atlanta RSR HIV Outcomes 2019

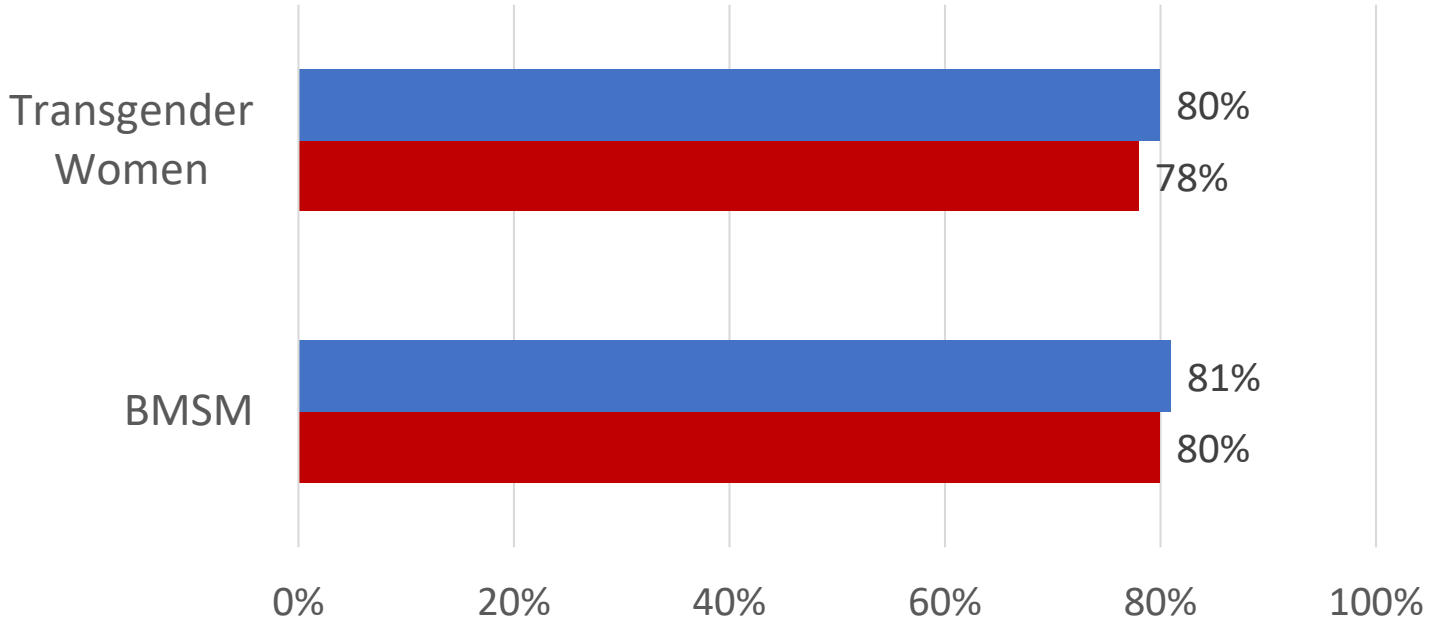


Priority populations for Atlanta CBA Initiative:

Transgender Women: 2% of RW clients

BMSM: 44% of RW clients

■ Retention ■ Viral Suppression



Data from: <https://data.hrsa.gov/topics/hiv-aids/compass-dashboard>

Atlanta CBA Interventions

- Atlanta CBA Initiative interventions:
 - 7 agencies as of March 2022
 - Sites selected interventions based on their needs and priority populations:
 - In It Together
 - Trans Life Care
 - Peer ReEngagement Project
 - Collaborative Care Model
 - Project Connect & Retention through Enhanced Contacts
 - Jurisdiction level activities:
 - Facilitate Learning Collaborative for CBA agencies
 - Coaching for agencies
 - Data monitoring

Atlanta Intervention Progress

- At baseline, on a scale from 1 – 10, Atlanta interventions were perceived as moderately acceptable (7.8) and moderately feasible (7.5)
- 5 Learning Session conducted between Fall 2020 and Spring 2022
- Most participating agencies have started implementing interventions
 - Variable start dates from Spring 2021 – Spring 2022

Mississippi



Mississippi Jurisdiction Description

9,466

• People with HIV

4,660

• Ryan White Clients

\$19,000,000

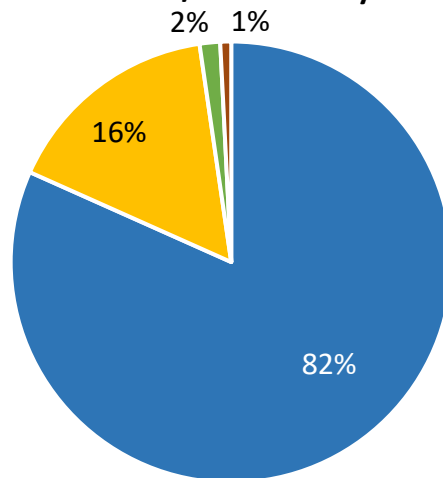
• Jurisdictional Budget

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• Clinics providing HIV services

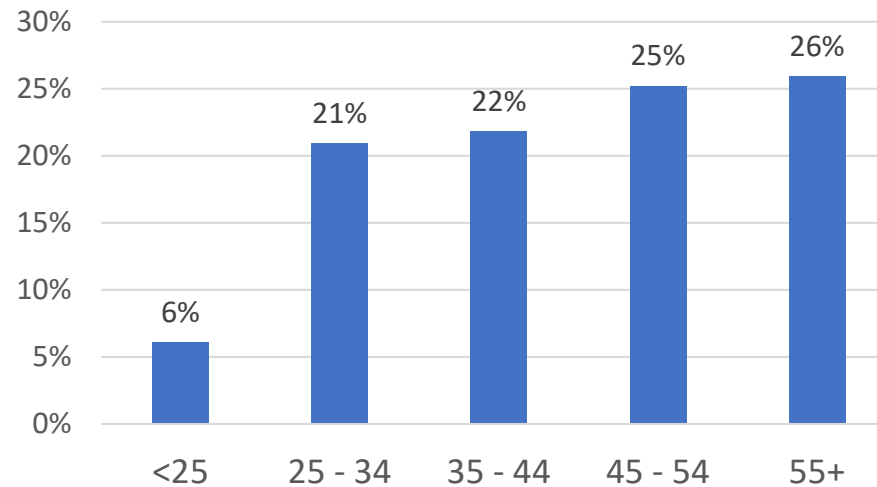
Characteristics of Ryan White HIV/AIDS Program Clients

Race/Ethnicity



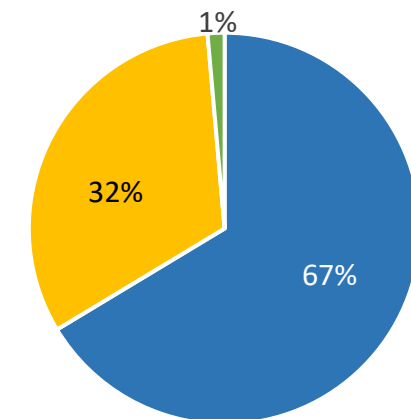
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Age



■ Age

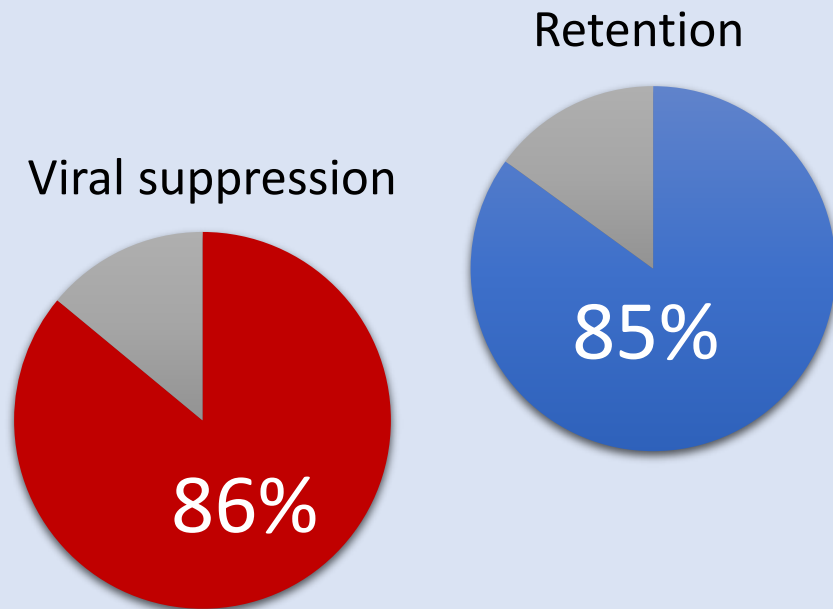
Gender



■ Male ■ Female ■ Transgender

Mississippi RSR HIV Outcomes 2019

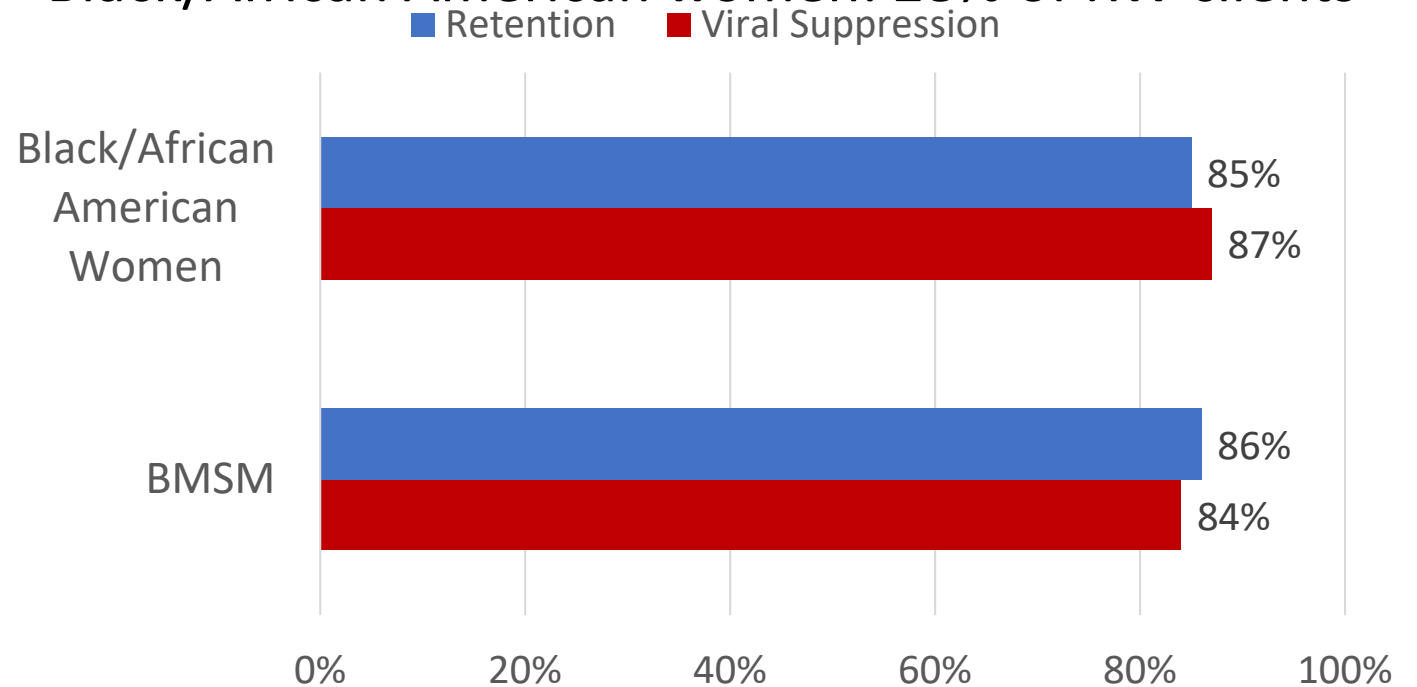
All RW Clients



Populations of interest in Mississippi:

BMSM: 30% of RW clients

Black/African American women: 28% of RW clients



Data from: <https://data.hrsa.gov/topics/hiv-aids/compass-dashboard>

Mississippi Intervention

- Community Health Workers (CHWs)
 - CHWs based in each agency identifying clients and connecting them to care
 - Newly diagnosed, new to care, and out of care clients
- 10 agencies participating in initiative as of March 2022
- Jurisdiction level activities
 - Facilitate Learning Collaboratives
 - Coaching/Technical Assistance
 - Implementation monitoring

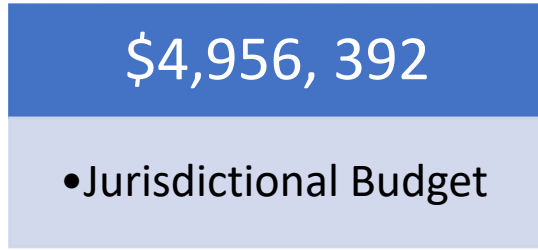
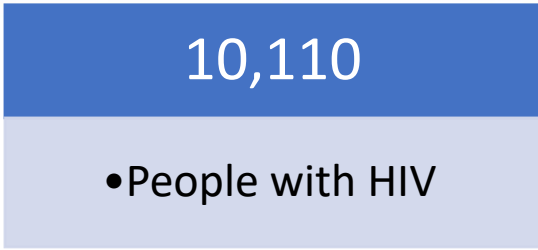
Mississippi Intervention Progress

- At baseline, on a scale from 1 – 10, Mississippi intervention was perceived as moderately acceptable (7.8) and moderately feasible (7.5)
- 5 Learning Session conducted between Fall 2020 and Spring 2022
- CHWs hired for agencies and supported by Learning Collaborative
 - Technical Assistance, coaching, and training provided to CHWs
 - Establishment of a Community Health Workers Association in Mississippi

Las Vegas

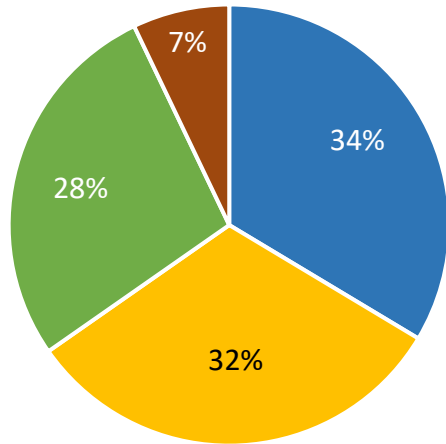


Las Vegas Jurisdiction Description



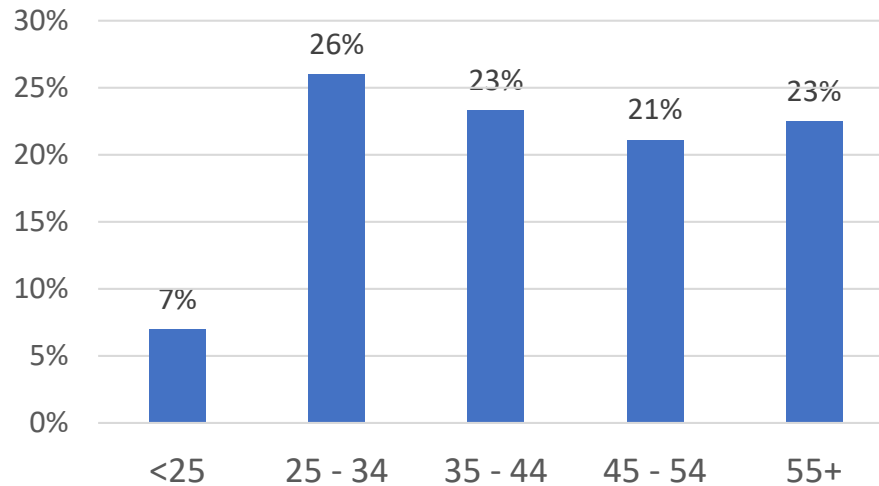
Characteristics of Ryan White HIV/AIDS Program Clients

Race/Ethnicity



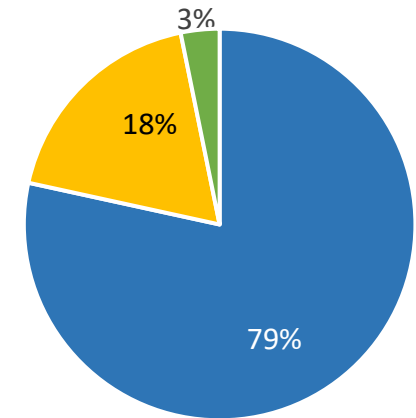
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■ White ■ Other/Multiracial

Age



■ Age

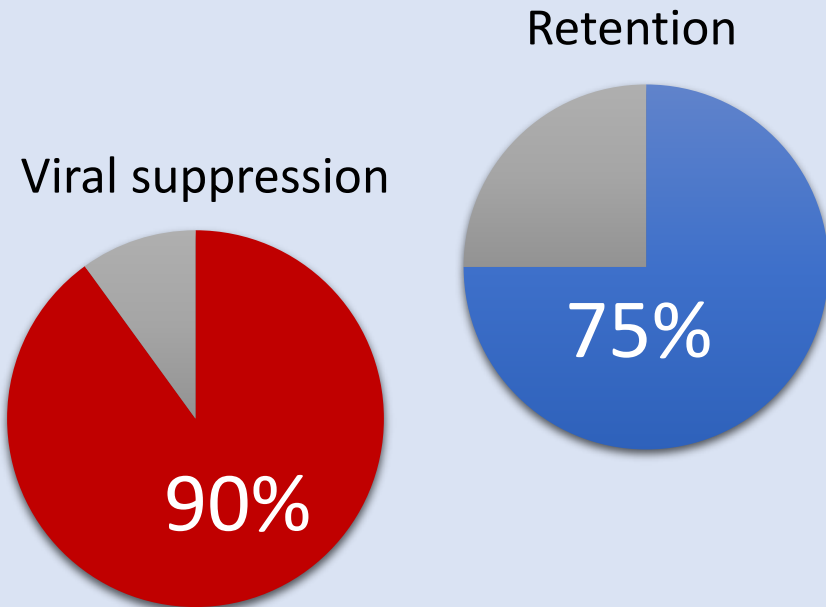
Gender



■ Male ■ Female ■ Transgender

Las Vegas RSR HIV Outcomes 2019

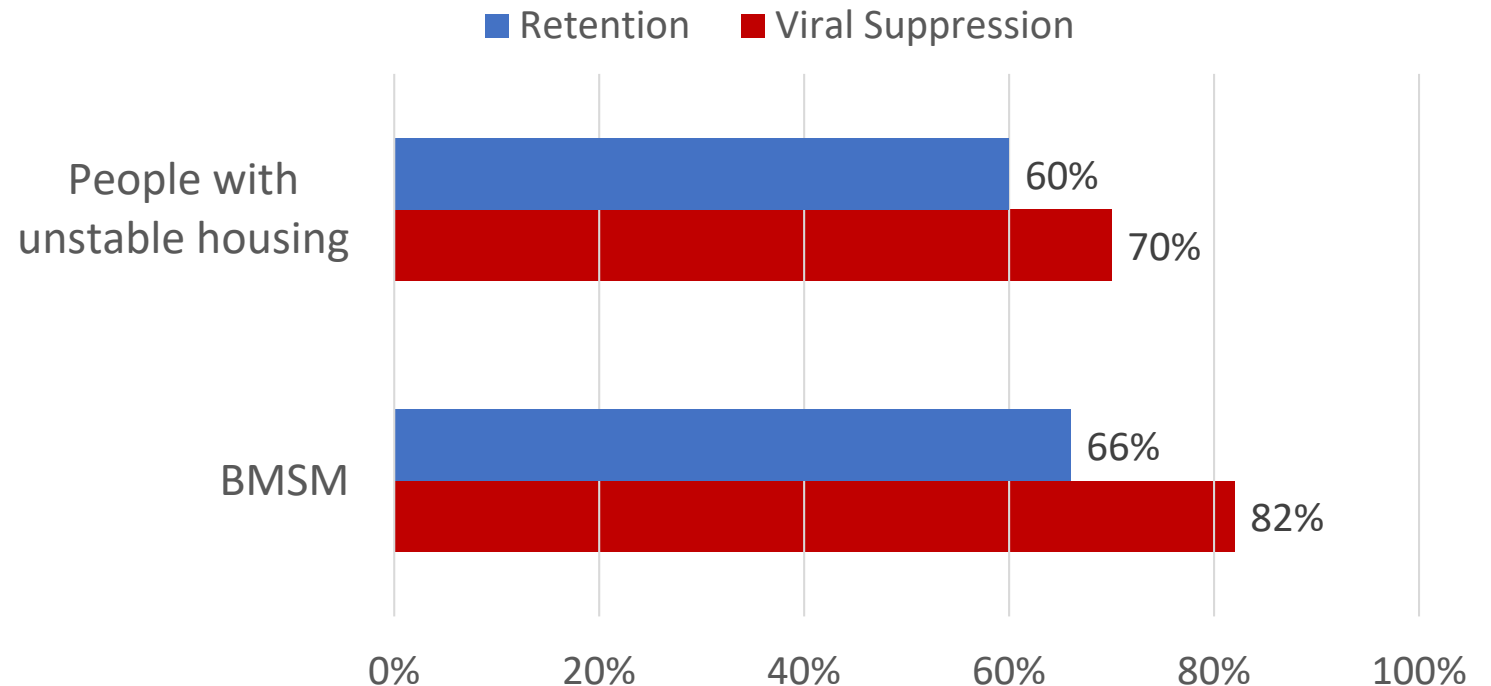
All RW Clients



Populations with gaps in care in Las Vegas:

People w/ unstable housing: 8% of RW clients

BMSM: 16% of RW clients



Data from: <https://data.hrsa.gov/topics/hiv-aids/compass-dashboard>

Las Vegas Intervention

- Rapid StART
 - Initiation/re-initiation of ART within 7 days of identification and linkage to care.
 - Implementing jurisdiction wide
- 9 agencies participating in initiative as of April 2022
- Jurisdiction level activities
 - Facilitate Learning Collaboratives
 - Coaching/Technical Assistance
 - Development of reporting tools in CareWare
 - Data Monitoring

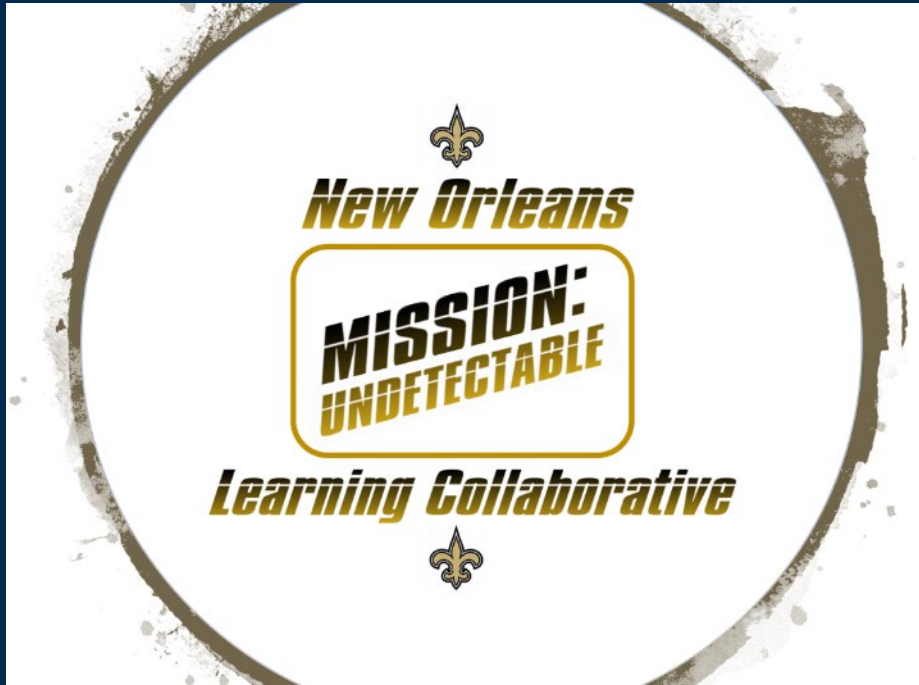
Las Vegas Intervention Progress

- At baseline, on a scale from 1 – 10, Rapid StART in Las Vegas was perceived as moderately acceptable (7.2) and somewhat feasible (6.3)
- 5 Learning Session conducted between Fall 2020 and Spring 2022
- Implementation of Rapid StART for Collaborative began in June 2021.
 - Development and implementation of Rapid StART module in CareWare in
 - PDSA cycles and technical assistance informed by data monitoring reports

Funding Acknowledgement

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Office of Health Policy and AIDS Funding,

A division of the New Orleans Health
Department

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Disclosures

Daniel Murdock has no relevant financial interests to disclose.

Vatsana Chanthala has no relevant financial interests to disclose.

Fran Lawless has no relevant financial interests to disclose.

Disclosure will be made when a product is discussed for an unapproved use.

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There was no commercial support for this activity.

New Orleans EMA

- Design meeting April 2020
- Stakeholders:
 - Part A funded agencies (medical and social services)
 - State
 - Community members
- Aim: Engagement and retention in care for PLWH lost to follow-up and/or those who have fallen out of care in New Orleans during the COVID-19 pandemic



IMPROVING RETENTION IN CARE FOR PLWH IN NOLA DURING THE COVID-19 PANDEMIC

Aim

Engagement and retention in care for PLWH lost to follow-up and/or those who have fallen out of care in New Orleans during the COVID-19 pandemic

Primary Drivers

Communication Relationship

Stigma

Social Determinants of Health

Access

Clinical Factors/Service Delivery



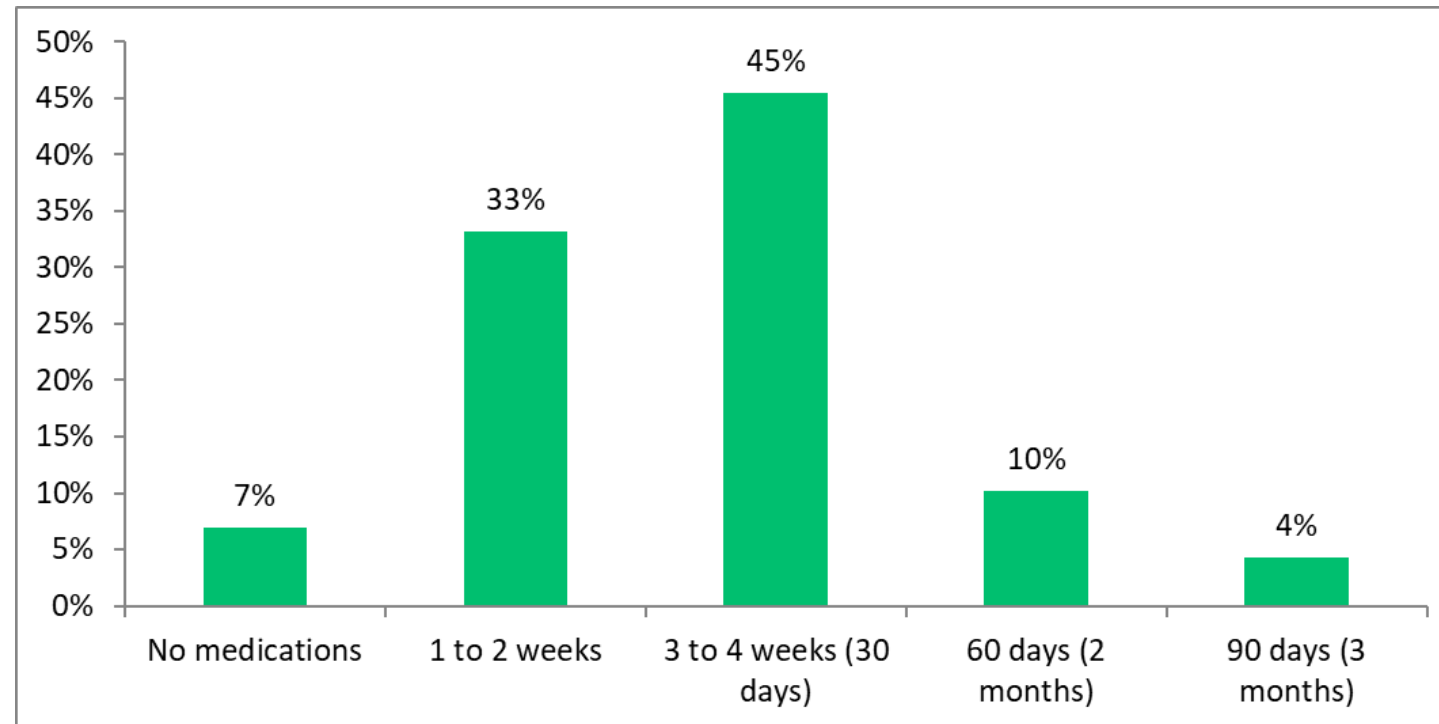
Primary and Secondary Drivers

- Stigma
 - Empowerment
 - Collaborative Decision Making – Goal Setting
 - Welcoming “Friendly” Clinics
 - Medical Mistrust
- Social Determinants of Health
 - Housing
 - Poverty
 - Social Support Network
 - Employment
 - Behavioral Health
 - Food Security
 - Health Literacy & Education
- Access
 - Transportation
 - Health System Literacy
 - Supportive Services
 - Availability/Flexibility of Services
 - Pharmacy Issues/Access to Medications
 - Provide Services at Home (food, PPE, CM)
 - Incentives
 - Insurance
- Clinical Factors/Service Delivery
 - Caseload
 - Scheduling
 - Staff Knowledge and Preparation
 - Handoffs
 - EMR alerts
 - Home Visits/Follow-up OOC Patients
 - Shared Decision-making
 - COVID policies
 - Change Policy (requiring labs for refill)
 - Multi-month Dispensing
 - Tracking System
 - Patient Capacity to Take Meds/Appts

Impact of Learning Collaborative

- Intervention: Community Health Workers
 - Re-engage out of care clients
 - Assist with emergency preparedness survey
- Inter-Agency coordination
- Identified expanding access to 90-day prescriptions as a priority
- Identified need to better coordinate with surrounding states and agencies within Louisiana

Q: How much medication did you have on hand when Hurricane Ida hit? (n=187)



Impact of Learning Collaborative



NOLA-UCSF Learning Session #5

HRSA SPNS Capacity Building Initiative AGENDA

Planning Team: Laura Finnegan, Susanne Dietzel, Lauren Fidalek

June 15, 2022

8:45 AM to 9:00 AM	Check-in and Refreshments	
9:00 AM to 9:10 AM	Welcome and Meeting Overview (10 min)	MC/Timekeeper: Lauren Fidalek Opening: Jennifer Avegno, MD UCSF Updates: Wayne Steward PhD, MPH / Bruce Agins, MD MPH Agenda Review: Vatsana Chanthala
9:10 AM to 9:40 AM	Agency Storyboard Presentations (30 min) <ul style="list-style-type: none"> Crescent Care (10 min) UMC (10 min) Priority Health Care (10 min) 	
9:40 AM to 9:50 AM	Discussion (10 min)	Discussant: Susanne Dietzel, PhD
9:50 AM to 10:20 AM	Agency Storyboard Presentations (30 min) <ul style="list-style-type: none"> Concerned Citizens (10 min) Project Lazarus (10 min) Frontline Legal Services (10 min) 	
10:20 AM to 10:30 AM	Discussion (10 min)	Discussant: Laura Finnegan
10:30 AM to 10:40 AM	Break (10 min)	
10:40 AM to 11:10 AM	<ul style="list-style-type: none"> Performance Data and Patience Experience CHW presentation LDH SHHP linkage to care updates Part A Clients Care Continuum 	Wayne Steward, PhD, MPH Daniel Murdock, PhD Cortney Bruno St. Julien, MBA Vatsana Chanthala, MPH
11:10 AM to 12:10 AM	Access to Services/Systems of Care Panel Participants: <ul style="list-style-type: none"> Pharmacy (Avita, Walgreens) Policy Representatives (LAHAP, Medicaid) Clinician (s) Community Members 	Moderator: Lauren Fidalek
12:10 AM to 1:10 PM	Working Lunch <ul style="list-style-type: none"> Lunch (20)/Group Breakout (30) 	
1:10 PM to 1:50 PM	Agency Storyboard Presentations (40 min) <ul style="list-style-type: none"> Access Health Louisiana (10 min) Tulane (10 min) AHEC (10 min) St. Thomas (10 min) 	
1:50 PM to 2:00 PM	Discussion (10 min)	Discussant: Kevin Bastian, PhD
2:00 PM to 3:35 PM	QI Tool: Process Mapping and Group Breakout	Facilitator: Adam Thompson
3:35 PM to 3:50 PM	Agency Report Back (15 min)	Discussant: Daniel Murdock, PhD
3:50 PM to 4:00 PM	Announcements Closing Remarks Close of Learning Session	Vatsana Chanthala, MPH Bruce Agins, MD MPH

- Expanded: Clinician engagement, State participation
- Transition from an externally to an internally driven process
 - Learning Sessions Planning
 - Diverse stakeholders participation
 - Community panel
 - Clinician panel
 - Pharmacist
 - Discussants
 - Topics
- QI Coaches
- Number of Learning Sessions: 5

Successful Learning Collaborative Components

- Leveraged Resources (UCSF, EHE, QIC, Part A)
- Engagement, Coordination and Collaboration
- Motivation
- The Leadership
- Group planning involvement
- Contract expectations
- Flexibility
- Commitment
- Sustainability Planning

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Jamie Shank, MPH THRIVE SS

Learning Collaborative Team

Planning Group Members

Justin Smith (participating agency)
Jamie Shank (participating agency/ Coordinator)
Pamela Phillips (Office of HIV Elimination, Recipient)
Darby Ford (Office of HIV Elimination, Recipient)
UCSF Staff

Participating Organizations

DeKalb County Board of Health
AID Atlanta
AIDS Healthcare Foundation
NAESM
Cherokee County Board of Health

- **AIM 1:** Provide patient-centered care through a cultural humility lens to ensure services are accessible and responsive.
- **AIM 2:** Explore telehealth modalities to implement evidence informed interventions across a range of clinical and non-clinical services.
- **AIM 3:** Advance the quality of care for people living with HIV by fostering collaborative partnerships and leveraging resources to maximize HIV service coordination.

- **Improve Retention in HIV Care for two priority populations**
 - Black MSM Living with HIV
 - Persons of Trans Experience Living with HIV

Agency Intervention Selection – ATL UCSF Learning Collaborative

- Peer Re-engagement
 - NAESM
 - THRIVE SS
 - Cherokee County
- Translife Care
 - Positive Impact Health Centers
 - AHF
- In It Together
 - AID Atlanta
- Motivational Interviewing, Collaborative Care Model, Use of Peers
 - Emory
- Project Connect and Retention through Enhanced Contacts
 - Grady IDP
 - DeKalb Board of Health

Successes

- Peer Affinity Work Group
- Successful application for funding source(s)
- Monthly TA
- QI Training and Capacity Building

Challenges

- Agencies have limited bandwidth to participate – COVID-19
- Jurisdictional database change (April 2021)
- First Learning Collaborative for nearly all participants

Mississippi HIV Learning Collaborative

Kizmet Cleveland, MA, CHW, Community Health Center
Association of Mississippi

Chris Roby, PhD, COO, Community Health Center Association
of Mississippi

Melverta Bender, Director of HIV/STD, MS Department of
Health

Sherry Stephens-Gibson, PhD, UMMC and AETC

Janet Myers, PhD, UCSF

Jessica Xavier, MPH, UCSF

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Planning Group Members

- Melverta Bender
- Christopher Roby
- Kizmet Cleveland
- Sherry Stephens-Gibson
- Chaka Johnson
- Rita Momah
- Gillian Goodloe

Participating Organizations

- MS State Department of Health
- Community Health Center Association of Mississippi
- AIDS Education and Training Center (UMMC)
- Aaron E. Henry Community Health Center
- Coastal Family Health Center
- Crossroads Clinic North
- Delta Health Center
- Five Horizons Health Services
- G. A. Carmichael Family Health Center
- Laurel Family Health Center, Inc
- Open Arms Healthcare Center

Mississippi Priority Areas

- Improve HIV workforce capacity by training community health workers (CHWs)
- Improve linkage, retention, and engagement in HIV care
- Expand the HIV workforce by integrating CHWs into care teams
- Improve Data Reporting and Sharing among Ryan White – funded Agencies



Summary of Activities to Date

- Buy-in Meeting June 2020
- 5 Learning Sessions (October 2020; March, July and November 2021; and May 2022)
- Established statewide Community Health Workers Association as a non-profit organization in MS
- Ongoing provision of CBA and TA to participating clinics
- CHW trainings
- Collection of baseline RSR and other data (ongoing)

Successes and Challenges

- Successes

- All participating clinics have or have had CHWs
- Leveraged EHE funding from MS Health Department to hire CHWs
- Received additional funding from Gilead to hire CHWs
- Provided TA support to participating RW clinics via learning sessions, site visits, Zoom, and conference calls.

- Challenges

- COVID-19 pandemic
- Weather (hurricanes and winter storm)
- Maintaining LC engagement while clinics are being stretched to meet other priorities

- Statewide Community Health Workers Association, a non-profit organization in MS, now in it's second year
 - Advocate for CHWs in Mississippi
 - Providing continuing education for CHWs
 - Identify and Apply for future funding opportunities

Next Steps

- We will continuously provide TA to Mississippi HIV Learning Collaborative partners as they work through their PDSA cycles
- Data collection and analysis
- Harvest Meeting for MS Learning Collaborative next year (2023)
- Additional dissemination activities

Las Vegas, NV



- **Alisha Barrett**, Clark County Ryan White Part A
- **Heather Shoop**, MSW, Clark County Ryan White Part A **Kim Koester**, PhD, UCSF
- **Robert Williams**, UCSF
- **Octavio Posada**, UCSF, Clark County Ryan White Part A

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Wilma Herrera

University of California, San Francisco

Robert Williams, Coach

Ben Zovod, Project Coordinator

Kim Koester, Faculty Liaison

Octavio Posada, Rapid stART Coordinator

Lori DeLorenzo, Consultant

Jessica Xavier, Quality Assurance Specialist

Participating Organizations

- Access to Healthcare Network
- Carson City Health and Human Services
- Dignity Health Neighborhood Hospital Wellness Centers
- FirstMed Health & Wellness Center
- Huntridge Family Clinic
- Southern Nevada Health District (SNHD) Sexual Health Clinic/Annex A
- Southern Nevada Health District (SNHD) Community Health Center (CHC)
- Trac-B Exchange
- University Medical Center (UMC)

Background:

- Las Vegas currently has three rapid linkage and ART programs offered to persons newly diagnosed with (HIV Rapid stART).
 - University Medical Center – initiated in 2018
 - Southern Nevada Community Health Clinic – initiated in 2019
 - Huntridge Family Clinic – initiated in 2018

Goal:

- Increase and improve access to Rapid stART initiation for persons newly diagnosed with HIV in Southern Nevada

Summary of Activities to Date

- Six Learning Sessions to date
- Weekly Leadership Meetings
- Bi-weekly Data/Performance Measures Team Meetings
- Monthly Planning Team Meetings
- Monthly Technical Assistance (TA) Webinars
 - **10** Webinars to date
- Agency 1:1 TA Sessions with Coordinator/Coach
- Collaborations among agencies

Successes

- Learning Session 6 – In-person: July 14, 2022
 - Average of 15 agencies, and 60 participants during the one-day event
- Expansion of Rapid stART providers from 3 to 22
 - On-boarding of a non-Ryan White HIV/AIDS Program (RWHAP) Provider
- 144 Technical Assistance Sessions (12/17/21 - 7/30/2022)
- Range of PDSA cycles implemented and ongoing development of process maps
- Structure to document outcomes through development of CAREWare Rapid stART Module (RWISE Viewer)
- Jurisdiction-wide engagement, buy-in and collaboration leading to system level changes

Challenges

- Impact of COVID
- Virtual Meetings Settings: hinders networking
- Helping agencies identify where their services fit in the Rapid stART services continuum
- Agency engagement and retention due to lack of time commitment and competing priorities
- Consistent participation and engagement of non-RWHAP providers
- Agency staff turnover
- Purchasing department barriers

Next Steps – Planning for Sustainability

- Building Infrastructure for the Rapid stART Jurisdiction
- Creating a Community-wide Plan
- Pacific AIDS Education and Training Center – Nevada
- Integrating Rapid stART within Existing efforts
- Senior Leadership Commitment