

The Max Clinic

Rapid Start Site Profile



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The Max Clinic At-A-Glance

The Max Clinic was established in 2015 with support from clinicians and staff from two clinics located within the University of Washington's Harborview Medical Center in Seattle, including Madison Clinic, an HIV specialty treatment care center, and the Public Health Sexual Health Clinic, a walk-in STI clinic with comprehensive sexual health services.

The Max Clinic supports clients reengaging in care, especially people living with HIV who are homeless or diagnosed with substance use or mental health conditions and who have been failed by the traditional health care model and experience numerous barriers to care. The Max Clinic accepts clients on a case-by-case basis and utilizes a unique incentivized approach to keep clients in care.

Key Rapid Start Service Characteristics

Urban-Rural Classification Urban
Care Setting Hospital-based clinic
RHWAP Funding Part B
Population Size 230
Clients Served Re-engaging in care
Priority Population People who are not well-engaged in conventional HIV treatment and have complex medical/social needs



Medicaid Expansion State (Yes/No) Yes
ART Starter Packs Available (Yes/No) No
Onsite Pharmacy (Yes/No) Yes (within Harborview Medical Center)
Onsite Lab Draws (Yes/No) Yes (within Harborview Medical Center)
Onsite HIV Testing (Yes/No) Yes (within Harborview Medical Center)

Unique Features of The Max Clinic's Rapid Start Program

They have a **partnership** with Harborview Medical Center clinics, including Madison Clinic and the Public Health Sexual Health Clinic, allows access to comprehensive **primary care and referral to specialty services**.

The Max Clinic provides Rapid Start services to clients who are **reengaging** in care and have **complex medical and social needs** (e.g., unstable housing, mental health and substance use disorders).

The Max Clinic is a **walk-in** service delivery model.

The Max Clinic works closely with a **partner homeless shelter**, that provides ART medication management.

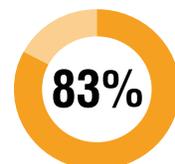
The Max Clinic **provides incentives**, funded through non-RHWAP state dollars, to clients to attend follow-up appointments, including: \$25 every two months for labs and \$50 for viral suppression.

Client Outcomes (through January 2022)



enrolled in The Max Clinic during January 2015 - January 2022

The median number of days for clients to be virally suppressed is



of clients attended at least 2 follow-up appointments within 6 months of enrollment



Cost Estimate per Client

Additional \$11,067 per client during sustained implementation (see page 18 for details)



Intervention Characteristics

This section describes the core components of the Rapid Start service delivery model at The Max Clinic, specifically: staffing structure, Rapid Start workflow, clinical appointment availability, same-day medication, and health education and client communication.



Staff Roles & Structure

The Max Clinic is staffed by a core group of multidisciplinary staff who work together to conduct outreach, link clients to care, provide ART medication, and offer support services to help clients adhere to treatment. Aside from the program manager, two disease research and intervention specialists, and the social workers, who are all exclusively funded for positions within The Max Clinic, the remaining staff members split their time between serving clients at The Max Clinic, Madison Clinic, and other clinic practices within Harborview Medical Center. Key staff roles and responsibilities are described below, along with staff positions that fulfill these responsibilities:

● Linkage Coordination:

- ▶ **Disease research and intervention specialists (DRIS)** are non-medical case managers who lead outreach efforts within hospitals, jails, and emergency departments (EDs) to contact clients and re-link them to care.

After successful client contacts, they explain The Max Clinic's model of care, including the financial and support incentives offered, enroll clients into care, and address urgent needs before linking them to a social worker and clinician for the Rapid Start visit. They prioritize clients who have not been linked to care for a year or longer. The DRIS also support enrolled clients in ongoing care, as described below.

● Clinical Services:

- ▶ **Clinicians**, including five **infectious disease doctors** (one each half-day), prescribe ART and provide primary care, including HIV treatment, which is tailored to each client's individual needs and priorities. A harm reduction approach is a central part of The Max Clinic care philosophy.
- ▶ Three **clinical pharmacists**, located at the nearby Madison Clinic, dispense ART medication to The Max Clinic clients, offer medication counseling, and reinforce treatment adherence.
- ▶ **Nurses** at Madison Clinic provide medical services that are unavailable at The Max Clinic.
- ▶ A **psychiatrist** within Madison Clinic works with a **registered nurse** at The Max Clinic to provide depression and opiate use counseling to clients through a Coordinated Care Management model.

● Patient Care Support Services:

- ▶ Three **social workers**, also known as **medical case managers**, link clients to housing services, complete mental health and substance use assessments, schedule follow-up appointments, coordinate medical care, and assist with medication pick-up and setting up medication delivery services.
- ▶ Four **DRIS (non-medical case managers)**, provide outreach support and manage client incentives, including monetary incentives, snacks, and parking vouchers, and referrals to other clinical services (e.g., nutrition, imaging). The DRIS also provide general psychosocial support to clients and re-engagement assistance as needed.

● Benefits Enrollment:

- ▶ **Social workers** assist clients with obtaining insurance and other payment assistance.

Rapid Start Workflow

The Max Clinic aims for a clinician to offer ART medications to all clients reengaging in care on the first Max Clinic visit. For clients who agree to start medication, the team ensures they leave with at least a one week's worth of medication by the end of their first visit. In addition, staff explain the incentive structure and provide any additional support services the client may need. The general process for the Rapid Start visit includes the following components:

▶ **Identifying Eligible Clients**

The Max Clinic serves clients who are not engaged in conventional HIV care. Clinic social workers first fill out a [referral form](#) to capture all information for clients referred from an external agency, including jails. Staff at Harborview Medical Center send a specific referral form to the DRIS team when they identify a client who may benefit from The Max Clinic's specialized services. A DRIS team member, clinician, and social worker review the referral form and confirm if the client meets The [Max Clinic eligibility criteria](#). The team typically reviews 1-2 referrals per week.

▶ **Linkage to Care**

Once the team has accepted the client, Max Clinic staff add a note within the electronic health record (EHR) system to notify staff members at both the Madison Clinic and The Max Clinic. The DRIS attempt to reach clients by phone or field visit, and if there is an opportunity to do so, engage them during a hospitalization or through care coordination with the jail health team. The DRIS have a phone line and also receive text alerts from Harborview Medical Center if an existing client has been admitted to the ED or as inpatient and should be seen by The Max Clinic staff. The clinic operates on a walk-in basis, so Max Clinic staff will accommodate the client once they arrive at the clinic.

▶ **Intake and Insurance Enrollment**

Once the client arrives at The Max Clinic, social workers will explain The Max Clinic's model of care and determine if the client has existing insurance coverage, such as Medicare, Medicaid, or private insurance (especially if they used to be a client at Madison Clinic, in which case they may already have insurance on file) and assist with insurance enrollment if not. They also help the client complete the Ryan White HIV/AIDS Program (RWHAP) application and Early Intervention Program (EIP), also known as Washington State's ADAP, application.

▶ **Support Services**

After the insurance eligibility processes, social workers also provide referrals to mental health services at Harborview Medical Center. They offer a collaborative care program at The Max Clinic where a nurse provides mental health therapy support under the supervision of a psychiatrist. Social workers also connect clients to additional services, such as housing assistance, dental care, or food stamps, as needed.

▶ **Clinician Exam and ART Rx**

Next, the social workers escort clients to the clinician exam. During the clinician exam, clinicians take as much time as feasible and acceptable to the client to understand the client's background and history with HIV treatment before offering to prescribe ART medication. If the client is unable to stay for a full clinical evaluation clinicians shorten the visit to focus on the client's key priorities and working to engage them in care. All clients who start ART the same-day are prescribed at least a 30-day supply of medication; however, depending on the client's needs and living situation (i.e. if unstably housed and worried about losing medication), they may be provided with a 1 or 2-week supply of medication at a time.

▶ **Medication Dispensing**

The Max Clinic coordinates closely with Madison Clinic’s pharmacy to dispense medications. Typically, the DRIS offer to accompany clients to the pharmacy to pick up the medication or occasionally pick up the medication on the client’s behalf to give it to them in The Max Clinic. Clients may also pick up the medications at the pharmacy on their own if they are comfortable with the process. If needed, a clinical pharmacist is available to speak to the client about the treatment regimen and reinforce adherence to treatment.

▶ **Baseline Labs**

After picking up medication, DRIS will walk clients to the lab, located within the Harborview Medical Center campus, to complete their blood draw. Labs include HIV RNA genotype and a comprehensive metabolic panel. The clients receive a \$25 cash incentive during the first blood draw and are eligible to receive this incentive every 2 months thereafter so clinicians can regularly check their viral load.

▶ **Follow-up Clinical and Support Services Care**

Both the social workers and DRIS track client follow-up care. Social workers schedule clients for follow-up clinical visits, complete all of the paperwork for insurance eligibility, assess medication tolerance, and work with the client to ensure they attend their follow-up visits. DRIS track client visits and eligibility for incentives and provide general psychosocial support to clients. The social workers conduct outreach two weeks after the Rapid Start visit to ask the client to come in for a quick clinical check-in, while the DRIS conducts outreach within a few weeks of the Rapid Start visit.

Clients most frequently meet with social workers and DRIS to follow up on social support needs and monetary incentives. Clinicians prefer to see clients at least once every two months after the Rapid Start visit to order and review labs, which also aligns with the incentive schedule. The Max Clinic also has a list of clients who they are “trying to find.” These clients have either been accepted to The Max Clinic, but have still not been enrolled, or they have been out-of-contact for a year. If there has been a year of no contact, social workers exit people from their case load and DRIS continue outreach efforts.

Incentives

“When Max Clinic was conceived, it was conceived with incentives. The incentives were what made Max Clinic, Max Clinic. It was, ‘Okay, so we have these patients who are out of care, we can’t get them back under traditional care, what do we do now? We create a clinic where we pay them to take their meds.’”

– Max Clinic Social Worker

The Max Clinic offers several incentives to keep clients retained in care. As one social worker said, HIV medications are not always a priority for clients; “their priority is surviving.” Adhering to treatment may be the last of their worries, so the incentive program has created an environment for clients to prioritize receiving medical services and adhering to their medication. Incentives include:

- ▶ \$25 cash during the first lab draw, and then every two months when a client comes in for labs
An additional \$50 if the client is virally suppressed during the lab check-in (only every 2 months)
- ▶ No-cost bus passes
- ▶ Parking vouchers for clients who drive
- ▶ Gift cards for local restaurants and grocery stores (\$20 gift card every 2 weeks)
- ▶ Snacks/beverages onsite for clients receiving treatment

There is a \$500 monetary incentive cap a year for each client.

Clinical Appointment Availability

The Max Clinic is situated within the Public Health Sexual Health Clinic, which operates on a walk-in basis. At its inception, The Max Clinic only had a clinician available in the afternoons. To better accommodate a growing client population, The Max Clinic hired additional clinicians to expand services to Monday afternoons and between 8am-4pm Tuesdays through Fridays.

Same-Day Medication Prescription & Provision

The Max Clinic provides at least a week of medications to clients by the end of the Rapid Start visit. The clinic relies on insurance to cover the cost of medication, instead of starter packs donated by manufacturers. The clinic has a good relationship with the Washington state's Medicaid program and EIP (Washington state's Ryan White HIV/AIDS Program ADAP). Social workers mark insurance eligibility applications as "urgent" and fax them to the insurance agency, guaranteeing clients eligibility the same day to receive ART medications and medical services. The staff provide the clients typically with a one-month supply of medication. However, for clients who are unstably housed or might be susceptible to losing their medication, they provide a week's worth of medications.

For some clients, Max Clinic staff members will offer monthly dispensing, and provide clients with the option of picking up their medication at the clinic, instead of the pharmacy. For clients contacted by the DRIS team who are either in jail or in local hospitals, they are provided with a seven-day supply of ART medication after being released.

"We were pretty much putting everybody on ART right away for years and years at this point. The only exceptions are occasionally they'll have somebody where there's some delay on the pharmacy, unrelated to insurance, but even that our pharmacists are so good that usually that's more about how much medicine they gave you the first day. Not whether we were going to give you the medicine the first day."

– Max Clinic Clinician

Health Education & Client Communication

The DRIS staff, who are usually the first point of contact for clients, take their time during their first meeting to understand client concerns and needs before arranging the clinical appointment. Additionally, the clinicians and pharmacists explain and reinforce the treatment approach and benefits of medication adherence. The social workers and DRIS continue building rapport and reaching out the clients after the Rapid Start visit to communicate with the client and ensure they come back for their follow-up visits.

"In order to build rapport with the patient and to be able to engage them, you have to show them that you're useful. You have to prove to them that you can do something for them, because if you can't help them fulfill needs, then they have no reason to come to you. You're just another random person in the systems that have been hurting them for their entire lives."

– Max Clinic Social Worker



Organizational Culture

This section describes the facilitators that support implementation of the Rapid Start service delivery model at The Max Clinic including: leadership, staff knowledge and beliefs, and communication strategies among the healthcare team.



Leadership

Key leadership at The Max Clinic includes the medical director, infectious disease physicians, social work supervisor, the DRIS supervisor (who is also The Max Clinic program manager), as well as the Public Health Sexual Health Clinic manager. They meet weekly to discuss client cases, redefine roles and responsibilities as needed, and discuss any additional programs for development. Most of the leadership staff at The Max Clinic have worked together for years and emphasize a harm-reduction approach when providing care to clients. They look for experience using this approach when hiring new staff members, and work with the staff collectively to discuss client retention strategies and improving access/quality to care.

Staff Knowledge & Beliefs

The Max Clinic staff collectively emphasize a culture of flexibility to “meet clients where they are” and provide them with the supports necessary to adhere to HIV treatment. All staff believe in starting clients on ART during the Rapid Start visit and use a harm-reduction approach, working with clients to address needs based on client priorities. Staff emphasize strong communication among the team to ensure there is “no opportunity for the patient to slip through the cracks.”

“The fact that all of us have the same type of culture, that idea of flexibility...the idea that yes, we’ll have protocols, but patients might be outside of these protocols and it’s okay that things may not go exactly [the same] for every patient. I think that’s really important.”

– Max Clinic Clinician

Many clients have strong relationships with staff because of the support received. The Max Clinic has stayed consistent for many years, giving clients an aspect of stability in their often chaotic lives. This allows clients to engage in care more effectively, knowing that their care is staying consistent.

Communication Strategies

The Max Clinic has several forms of communication for staff to stay updated about client care. The EHR, Epic, captures detailed clinical information, and Provide Enterprise supports case management activities. When a client is at the clinic, the whole team, including the pharmacist, can communicate either via phone or EHR messaging. The pharmacists also use Epic to run reports on client prescription history and inform The Max Clinic staff if clients are at least 14 days overdue on picking up their prescriptions.

“What we’ve found is that we have to over-communicate amongst the team so that everyone is very clear. And we’ve developed our own workflow to make sure that we’re checking in with the social worker, [determining] if they’ll need to see a doctor, or if they’re due for incentives..., so that we can essentially make a plan of attack for the patient before we even room them.”

– Max Clinic Program Manager

The Seattle and King County Public Health Department also has alerts built into the Epic system to indicate that a client has been admitted to the ED or hospital. The Max Clinic team, specifically DRIS, also have a weekly case conference meeting with the local jail health linkage team for care coordination. have a separate system through Public Health to alert them when a person who is virally unsuppressed or out of care is booked in a local jail. The DRIS team then works quickly to contact the client and link them into care, especially since the team may have been seeking this client for weeks or months.



External Influences

This section describes external factors that informed the design and implementation of the Rapid Start service delivery model at The Max Clinic, including: jurisdiction supports and policy landscape, payment for Rapid Start, collaboration with other providers, and client needs and perceptions.



Jurisdiction Supports & Policy Landscape

Washington state was an early adopter of Medicaid expansion, voluntarily expanding Medicaid in 2014 under the Affordable Care Act. By October 2021, Medicaid enrollment exceeded two million.

In addition, The Max Clinic receives Part B funding from the Washington State Department of Health, and initially received funding from the Seattle and King County Public Health Department and RWHAP Part A program. The Seattle and King County Public Health Department is a recipient of Ending the HIV Epidemic (EHE) funding, which has helped increase provider capacity at The Max Clinic. The Washington State Department of Health has been a very supportive partner in the implementation and sustainment of The Max Clinic, providing flexible state funding for services not covered by RWHAP, such as the cash incentives.

Payment for Rapid Start

The Max Clinic social workers work to leverage all available funding options, as described above, to secure coverage for provision of Rapid Start services. In addition, social workers can secure funding for ART medication and treatment services by rapidly submitting faxes marked “urgent” to Medicaid and the state Ryan White HIV/AIDS Program ADAP to ensure access to same-day medication. They work with the client to complete paperwork for insurance applications as quickly as possible and to prevent any delays in medication dispensing.

Collaboration with Other Providers

Staff at Madison Clinic serve clients from The Max Clinic (e.g., pharmacists, nurses). In addition, Madison Clinic staff can refer clients to The Max Clinic through a formalized process. The Public Health Sexual Health Clinic is also an essential partner as many Max Clinic staff work at both clinics. The DRIS team also works with local jails and the Bailey-Boushay House, a long-term care facility that also serves as a homeless shelter for people with HIV.

The Bailey-Boushay House offers daily dispensing of ART, meaning clients can pick up their medications from the facility instead of the pharmacy. The agencies have regular calls to coordinate client care and access to medications, especially post incarceration.



“Bailey-Boushay over time now has a homeless shelter, which they didn’t have before. So, a lot of patients get med management at Bailey-Boushay. Then we have the collaborative with the Madison Clinic pharmacy who will actually give our patients one or two weeks worth of meds so that if they lose them, or if they get stolen, they don’t have to deal with insurance not covering meds for another 30 days. All of that collaboration is key for these patients, and those are already resources developed in the community.”

– Max Clinic Clinician

Client Needs & Perceptions

The clients who receive services at The Max Clinic have not been well-served by traditional HIV care delivery systems. Most clients are experiencing several barriers to care, including lack of transportation, mental health or substance use disorders, and unstable housing. However, most clients who are living with HIV and receiving services at The Max Clinic want to start ART treatment and respond positively to the incentives offered. While some clients might initially attend follow-up visits simply for the \$25 incentive, they often establish relationships with staff over time and slowly adopt behaviors that help them remain engaged in care. Clients have stated that they value their relationships with staff at The Max Clinic, who spend time with them and actively assist them with overcoming their barriers to care.

“But we were surprised in that we gave out Christmas cards or holiday cards, like socks or hats or denture cream or different stuff. What we heard over and over again was that it was the relationship, in some ways. People would say, “This is the only card I’m going to get this year or nobody gives me a present or you guys hang with us.” That’s, I think, a big thing in relationships.”

– Max Clinic Clinician

“And a lot, when you ask the patients about what are the things that work in Max Clinic, the three things, walk-in care, incentives, and relationships. Those are the things that the patient identifies that matter. And those relationships are with the entire staff of the clinic, not just the doctors.”

– Max Clinic Clinician



Process

This section explores the approach and process of implementing and evaluating Rapid Start services at The Max Clinic, including: planning, champions, and data monitoring and evaluation. The section ends with a discussion about costs associated with planning, implementing, and sustaining Rapid Start services at The Max Clinic.



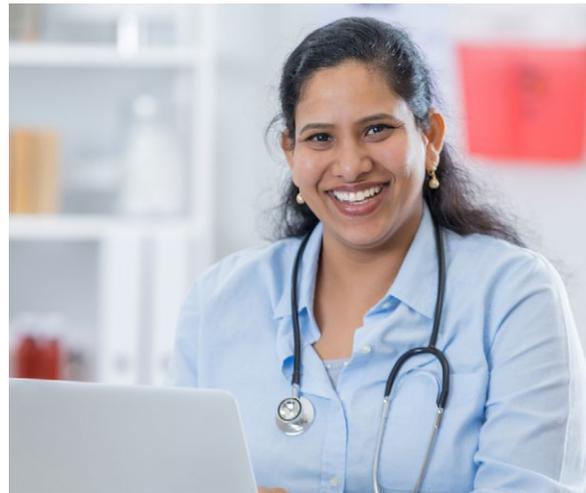
Planning for Rapid Start Implementation

The Max Clinic started in 2015 when a small team, including two infectious disease physicians, decided to try a whole new approach to engage clients who had struggled to engage in conventional treatment. These key staff members had been providing HIV care for years at Madison Clinic. Although Madison Clinic is also based on a very flexible model of care with substantial social support services embedded in the service delivery model, staff repeatedly saw a subset of clients unable to engage in care due to various barriers, including unstable housing, untreated mental health diagnoses, substance use disorder and lack of transportation.

The pioneers of The Max Clinic proposed a model of care that would make it possible for even the hardest-to-engage clients to receive HIV treatment and follow up on their care regularly. Staff decided to base the clinic within the Public Health Sexual Health Clinic at Harborview Medical Center because it operates on a walk-in basis, making it more accessible for clients. However, at the time of providing Rapid Start services, staff were unsure of how best to structure social worker support. Eventually, The Max Clinic received funding to hire three social workers fully dedicated to The Max Clinic's clients, while the clinicians, including nurses and pharmacists, are based at Madison Clinic.

As The Max Clinic began to enroll clients, clinician support quickly expanded from two clinicians providing medical care two half-days a week to three clinicians providing medical care Monday afternoons and all-day Tuesday through Friday. These Max Clinic clinicians also provide care at the Madison clinic. They also expanded the DRIS team to four full-time employees.

In the last several years, The Max Clinic continues to grow and evolve, and leadership emphasizes that decision-making occurs very quickly among staff members, especially to improve care for the clients. For example, when more dedicated social workers were needed at The Max Clinic, staff successfully met with the Washington State Department of Health to request more funding.



“Most of these patients have experienced a lot of barriers to care, some from their own mental health diagnoses that are untreated or substance use or a psychosocial issues, and then some navigating the medical care system. And so, to decrease some of those barriers, that was one thing that we could do for patients, that they don't have to necessarily wait to get the ART, but to start right away if they're interested.”

– Max Clinic Clinician



“And so, they figured instead of potentially trying to link these patients back to care, there's a subset of patients who do make it once they link back and then there's a subset of patients that don't. So, can we create a care model that is flexible enough to meet the patients where they are?”

– Max Clinic Clinician

Staff Champions

The Max Clinic medical director, infectious disease physicians, social work supervisor, the DRIS supervisor (who is also The Max Clinic program manager), as well as the Public Health Sexual Health Clinic manager all champion Rapid Start services. They meet weekly to discuss client cases, redefine roles and responsibilities as needed, and discuss any additional programs for development. When needs are identified they work to re-align existing resources or to identify sources of funding to strengthen their service delivery model.

Data Monitoring & Evaluation

The Max Clinic team uses multiple systems to routinely collect and monitor data, including Epic, Provide Enterprise, CAREWare, a client tracking Excel spreadsheet, and a county-level HIV surveillance system. To better track and report on Rapid Start metrics, specifically viral load suppression rates, The Max Clinic staff asked the Epic team to build a report with viral load values. These data are combined with information on client appointments and other important screenings into an Excel spreadsheet, and reviewed monthly by leadership. Based on data, staff discuss any changes needed in the service provision model to improve care quality, such as more active treatment of hepatitis C.

They stratify metrics by race and ethnicity. However, staff reported they have not observed any direct associations between client demographic characteristics and success with viral load suppression, due to the entire client population being high-risk. The DRIS and social workers access client data through Provide Enterprise and individual chart reviews to confirm if clients are due for incentives, follow-up appointments, referrals to housing or other support services, and assistance with medication pick-up.

The Max Clinic has published outcomes from their Rapid Start service delivery model for the hardest-to-reach client population in multiple journals: [HIV Care for Patients With Complex Needs A Controlled.pdf](#) and [The Max Clinic Medical Care Designed to Engage.pdf](#).

The following table provides an overview of the key Rapid Start measures used to collect data, the anticipated or targeted goals for each measure, and the outcomes that were achieved for each measure for clients enrolled into The Max Clinic from January 2015 through January 2022.

Clients Reengaged in Care – All Max Clinic Clients

MEASURE	OUTCOMES ACHIEVED
Number of Max Clinic clients receiving Rapid Start	 <p>This includes clients enrolled through January 2022.</p>
Percent (number) of Max Clinic clients virally suppressed at least once within 6 months of enrollment into clinic	 <p>This includes clients enrolled through January 2022. All clients were followed up to six months through June 2022. 14 clients enrolled but did not have any visits within 6 months of enrollment.</p>
Percent (number) of Max Clinic clients virally suppressed at least once within 12 months of enrollment into clinic	 <p>This includes clients enrolled through January 2022. All clients were followed up to six months through June 2022. 14 clients enrolled but did not have any visits within 6 months of enrollment.</p>
Median number of days to viral suppression	 <p>Number of days from enrollment date to collection date of first lab that indicates viral suppression.</p>
Percent (number) of Max Clinic clients who attended at least 2 follow-up visits within 6 months of enrollment	 <p>This includes clients enrolled through January 2022. All clients were followed up to six months through June 2022. 14 clients enrolled but did not have any visits within 6 months of enrollment.</p>

Cost for Rapid Start Implementation & Sustainment

The Max Clinic provides comprehensive services for re-engaged people with HIV. The Max Clinic did not provide Rapid Start services prior to Rapid Start. Therefore, we estimated planning costs during the year prior to implementation (pre-implementation), and the costs of planning, implementation, and management of Rapid Start during the first year of implementation (initial implementation) and during the most recent year of implementation (sustained implementation).

- ▶ Planning costs increased from \$22,251 during pre-implementation, to \$61,296 during initial implementation, and to \$87,956 during sustained implementation.
- ▶ The total costs to plan, implement, and manage Rapid Start services were \$21,235 per client in the initial implementation year, and declined substantially to \$11,067 per client during sustained implementation.

The number of staff providing Rapid Start services increased from 4 in the planning year to 15 during sustained implementation, with new staff primarily including medical service providers, health department specialists, and social workers. The number of clients who received Rapid Start services rapidly increased from 50 in the initial year of implementation to 225 during sustained implementation. Efficiencies were gained in clinical costs as well as management, with lower per client costs during sustained implementation.