High-Intensity Technical Assistance and Problem Solving with State and Local Health Departments

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Disclosure

Presenter has no financial interest to disclose.

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Recognize how integrated programming leads to measurable program change
2. Discuss how strengths-based assessments facilitate achievable goal-setting
3. Identify ways in which the HITAPS model may be applicable for agency-wide program change

Highly Intensive Technical Assistance and Problem Solving (HI-TAPS)

- Historically, NASTAD has provided TA via:
  - Peer-to-Peer
  - Webinars
  - Resource Provision
  - Site visits
  - Population specific fellowships (i.e. the Rango Fellowship, Beth Weinstein Fellowship)
- HI-TAPS is an initiative designed to provide fully integrated, programmatic cross-cutting TA over time

Highly Intensive Technical Assistance and Problem Solving (HI-TAPS)

- Health department (HD) led initiative working with states where NASTAD wanted to increase work and improve relationships
  - AL, AR, GA, MS
- NASTAD and key HD staff identify areas where HDs need increased capacity or TA
  - Structural HD development, reaching at risk populations, staff turnover, building partnerships, etc…

Not Reinventing the Wheel

Highly Intensive Technical Assistance and Problem Solving (HI-TAPS)

- Builds on existing NASTAD relationships
- Tailored to a jurisdiction's context
- Access to all NASTAD teams
- Strength-based
- On-going

Pre-Assessment Jurisdictional Profile

- NASTAD uses existing data and information to create a jurisdictional profile
  - National HIV Prevention Inventory Modules 1-3
  - Based on High-Impact Prevention and PS12-1201
  - Conference calls and staff query

Pre-Assessment NASTAD Staff Meeting

- Cross-team collaboration to review jurisdictional profiles
- All NASTAD teams represented
- Two outcomes:
  - Outcome is a list of guiding questions for SWOT analysis
  - Health department areas of need to supply to AIDS Director for feedback and focus

Identify List of Assessment Needs

- Provide list of assessment needs or questions to AIDS Director for feedback before site visit SWOT analysis
- Gain feedback from AIDS Director (and key staff) on who to invite to SWOT analysis meeting

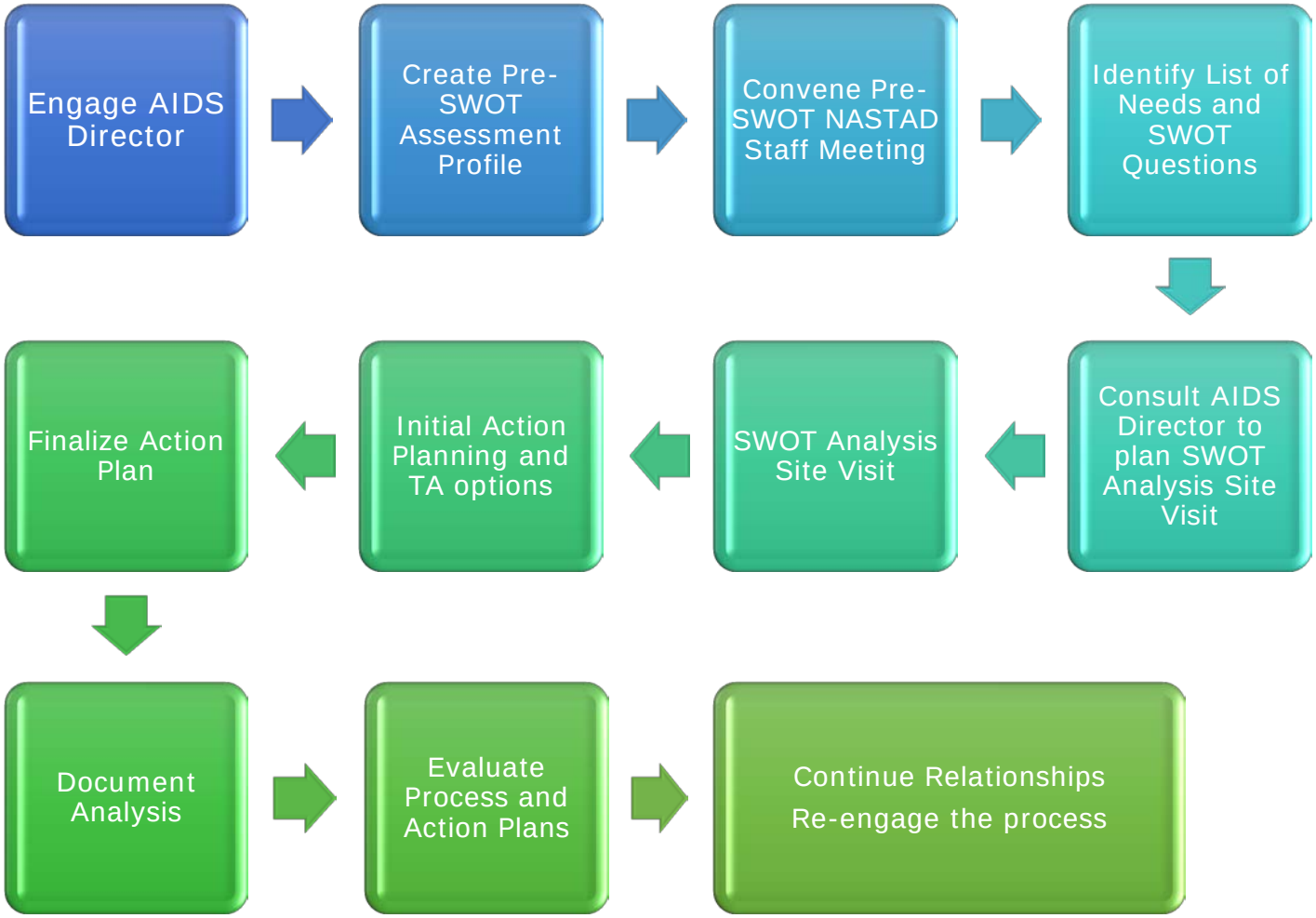
SWOT Analysis

- Engage health department through site visit to conduct a SWOT analysis
- Involve designated HD staff, focus on assets
- SWOT analysis framed by High Impact Prevention needs
- Include initial action planning component
- Discuss TA options
  - Peer-to-peer based model
  - NASTAD staff

Action Planning

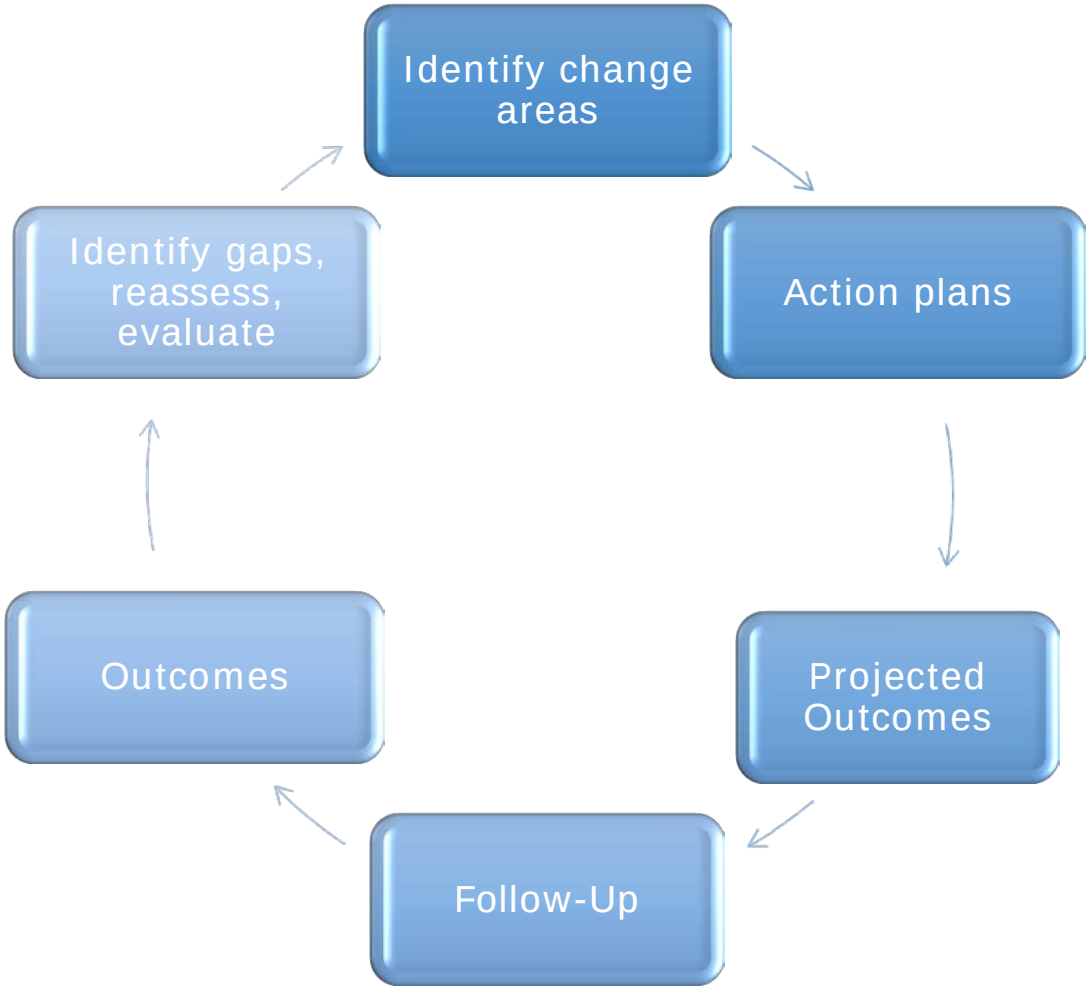
- Based on results of initial action planning, finalize action plan for on-going intensive TA
- Components of Action Plan
  - *What* action or change will occur
  - *Who* will carry it out
  - *When* it will take place, and for how long
  - *What resources* (i.e., money, staff) are needed to carry out the change
  - *Communication* (who should know what)

HITAPS Process



What did we learn?

Evaluation of HITAPS



Year 1 Major Themes

Year 1 Accomplishments

- Introduction of HI-TAPS made to all four target jurisdictions
- All pirotity jurisdictions are open to the process
- Three state action plans have been created
- States have taken action to address challenges implementing High Impact Prevention (HIP) and to modernize their response to HIV

Lessons Learned

- Staff turnover and vacant positions are a primary concern in target jurisdictions
- Transfer of knowledge in target jurisdictions is a challenge
- Communication across program silos is critical to improved implementation of HIP
- Data quality and use of data is critical to service in a HIP environment
- Health departments are working to establish new partnerships and sustain old ones

Lessons Learned

- State technical assistance needs are fluid and challenging to track over time
- There is a need to simplify the HI-TAPS process of engaging with NASTAD to address ongoing TA needs

Year 2 Major Themes

Reverse Site Visit

- Reorient Health Departments to HITAPS
- Six Aims of Prevention
- Action plan development
- Mentor states (Louisiana and Tennessee)
  - Leadership
  - Cultural Humility
  - Programming for MSM
  - Integrated Planning

Six HIV Prevention Aims

- Suppress the viral load of the population of persons living with HIV (PWLH)
- Decrease the incidence of STDs (gonorrhea and syphilis) among PLWH and populations most at-risk for HIV infection
- Increase utilization of PrEP among populations most at-risk for HIV infection

Six HIV Prevention Aims

- Increase utilization of
  - nPEP among populations most at-risk for HIV infection
  - Condoms among populations most at-risk for HIV infection
  - Clean needles and syringes among persons who use injection drugs

Suppress the Viral Load of PLWH

Program responsibility: Identifying infections / Diagnosis / testing / screening

Activity	National Standard
Community-based testing	1% or 2% seropositivity
HIV / STD partner services testing	>1%
Healthcare testing (subsidized by public health)	.1% seropositivity
Healthcare testing (not subsidized by public health)	n/a
Self-testing / home-testing	n/a

Suppress the Viral Load of PLWH

Program responsibility: Linking PLWH to care	
Activity	**National Standard**
Mechanism for linking persons diagnosed through community-based testing	80%
Mechanism for linking persons diagnosed through partner services testing	80%
Mechanism for linking persons diagnosed through healthcare testing (subsidized by public health)	80%
Mechanism for linking persons diagnosed through healthcare testing (not subsidized by public health)	80%
Mechanism for linking persons diagnosed through self-testing / home-testing	80%
Mechanism for verifying / documenting linkage (i.e., attendance at first medical visit)	Electronic health data

Suppress the Viral Load of PLWH

Program Responsibility: Engaging & Retaining PLWH in Care: Community Supportive services

Activity	National Standard
Education / outreach / recruitment / Marketing / media	Evidence-based
Health information / literacy	Evidence-based
HIV testing	1-2% seropositivity rates
Linkage to health insurance, financing	>90%
Linkage to healthcare & treatment	80% of new dx
Patient navigation	On demand/as needed
Care coordination / medical case management	On demand/as needed
Linkage to / provision of behavioral healthcare, housing, employment assistance / training, etc.	On demand/as needed

Suppress the Viral Load of PLWH

Program Responsibility: Engaging & Retaining PLWH in Care: Public Health Monitoring	
Activity	**National Standard**
Data to care	75% linkage/re-engaged rate
Identifying and re-engaging out-of-care	
Identifying likely transmitters	
Monitoring care cascade	n/a

Suppress the Viral Load of PLWH

Program Responsibility: Engaging & Retaining PLWH in Care; Provision of & Payment for Healthcare

Activity	National Standard
Following current care / treatment guidelines	n/a
Subsidy programs (ADAP, PAPs, other wrap-around payment models, etc.)	
Insurance coverage	
Insurance literacy	
Insurance benefits / formularies	
Increasing quality of life / maintaining high quality of life	

Decrease the incidence of STDs (gonorrhea and syphilis) among PLWH and population(s) most at- risk for HIV infection

Program responsibility: Identifying infection through diagnosis, testing, screening	
Activity	**National Standard**
Community-based screening	Promotion of 2015 STD Treatment Guidelines
Public-health-delivered screening (via HIV/STD partner services programs, public health STD clinics)	
Healthcare screening (subsidized by public health)	
Healthcare screening (not subsidized by public health)	
Disease reporting – case reports via all sources to confirm case, laboratory reporting (paper, electronic, mix)	

Decrease the incidence of STDs (gonorrhea and syphilis) among PLWH and population(s) most at- risk for HIV infection

Program responsibility: Treating infection

Activity	National Standard
Mechanism for persons diagnosed through community-based settings	>90%
Mechanism for persons diagnosed through public health	
Mechanism for persons diagnosed through healthcare (subsidized by public health)	
Mechanism for persons diagnosed through healthcare (not subsidized by public health)	
Disease reporting – case reports via all sources to confirm treatment	

Decrease the incidence of STDs (gonorrhea and syphilis) among PLWH and population(s) most at- risk for HIV infection

Program Responsibility: Linkage to treatment or PrEP

Activity	National Standard
Linkage to HIV care for newly diagnosed co-infected cases	80%
Re-engagement in care for co-infected PLWH who are out- of-care	80%
Linkage to PrEP for high-risk HIV-negative persons	TBD

Decrease the incidence of STDs (gonorrhea and syphilis) among PLWH and population(s) most at- risk for HIV infection

Program Responsibility: Identifying Partners	
Activity	**National Standard**
Disease reporting – completeness and accuracy of case reports/lab reports	n/a
Locating original patient (OP)	85-90%
Interviewing OP	85-90%
Eliciting partners from original patient, partner index	85-90%
Prioritizing public health notification of partners (vs. patient notification)	n/a

Decrease the incidence of STDs (gonorrhea and syphilis) among PLWH and population(s) most at- risk for HIV infection

Program Responsibility: Testing Partners	
Activity	**National Standard**
Locating partners	80%
Interviewing partners	80%
Eliciting additional partners from OP partner	80%
Providing testing	>90%
Providing results	>90%

Decrease the incidence of STDs (gonorrhea and syphilis) among PLWH and population(s) most at- risk for HIV infection

Program Responsibility: Treating Partners	
Activity	**National Standard**
Re-locating partners	
Providing treatment – directly via public health (DIS, STD clinic)	
Providing treatment – indirectly through healthcare provider	
Confirming treatment – via case report (as above), via public health follow up	

Decrease the incidence of STDs (gonorrhea and syphilis) among PLWH and population(s) most at- risk for HIV infection

Program Responsibility: Partner-delivered patient treatment / expedited partner therapy	
Activity	**National Standard**
Availability of PDPT / EPT	
Provision of PDPT / EPT	
Monitoring of PDPT / EPT	

Increase utilization of PrEP among populations most-at-risk for HIV infection

Program Responsibility: Community Supportive Services	
Activity	**National Standard**
Education/outreach/recruitment	Evidence-based
Health information/literacy	Evidence-based
Marketing/media	Evidence-based
HIV testing	Every 3-6 months
STD screening	Every 3-6 months
Linkage to health insurance, financing	On demand/as needed
Linkage to healthcare	80%
Patient navigation	On demand/as needed
Care coordination/medical case management	On demand/as needed
Linkage to/provision of behavioral healthcare, housing, employment assistance/training, etc.	On demand/as needed

Increase utilization of PrEP among populations most-at-risk for HIV infection

Program Responsibility: Public Health Promotion Services	
Activity	**National Standard**
Initiate and maintain local PrEP provider inventory	n/a
PrEP provider cultivation and training	n/a
Provide proactive referral for high-risk persons (i.e., gay/bi men dx with syphilis and/or rectal GC)	80%
Follow up on high-risk referrals to verify/document attendance at first medical visit	80%
Provide education/referral for other at-risk persons	On demand/as needed

Increase utilization of PrEP among populations most-at-risk for HIV infection

Program Responsibility: Provision of Healthcare & Payment for Healthcare	
Activity	**National Standard**
Subsidy programs (PrEP DAP/AP, PAPs, other wrap-around payment models, etc.)	n/a
Insurance coverage	n/a
Insurance literacy	n/a
Insurance benefits/formularies	n/a

Increase utilization of nPEP among population(s) most-at-risk for HIV infection

Program Responsibility: Provision of Community Supportive and Public Health Promotion Services	
Activities	**National Standards**
nPEP provider cultivation and training	n/a
Initiate and maintain local nPEP provider inventory	n/a
Provide proactive referral for nPEP candidates	On demand/As needed
Follow up on nPEP candidates	>80%
Provide education/referral for further prevention counseling and link to PrEP	>90%

Increase utilization of free condoms among PLWH and population(s) most-at-risk for HIV

Program Responsibility: Provision of Community Supportive and Public Health Promotion Services	
Activities	**National Standards**
Distribution of condoms to PLWH	AAA*
Distribution of condoms to high-risk HIV negatives	AAA
Distribution of condoms to general population	AAA
Inclusion of lubricant in condom distribution program	AAA

*AAA= Available, Accessible, Acceptable

Increase utilization of clean needles and syringes among persons who use injection drugs

Program Responsibility: Provision of Community Supportive and Public Health Promotion Services	
Activities	**National Standards**
Availability of syringes	
Availability of assorted injecting equipment	
Colocation of services at a determined safe space (that lead to less injecting)	
Provide naloxone / buprenorphine in ADAP formulary	

Case Study::Arkansas

Case Study: Georgia's Goals

- Increase linkage to care – intentionality on priority populations
  - ARTAS Training
  - DIS Caseload Reassessment
  - PrEP linkage

Case Study: Georgia

- Increase collaboration with STD, surveillance, Hepatitis
  - Use data to help inform decision making
  - Funding realignment and prioritization
  - Integration of prevention linkage coordinators
  - TA around integrated FOA and program synergy

Case Study: Georgia

- Increased engagement of MSM outside of the Fulton/DeKalb area
  - Learn from mentor states about the administration of a scalable programs
- Replicate Louisiana's Wellness Centers
  - Site visit to Louisiana WCs to see the services offered and engagement
- Make sure the $$$ follows the epidemic

HI-TAPS Successes

- Health Department buy-in
- Increased collaboration across programs
  - NASTAD integration of Healthcare Access into traditional “Prevention” programming
- Bringing homegrown HD interventions to scale
- Mentorship and information sharing
- Intra-organizational assessment
- Action planning
- Podcasts

Challenges

- Staff turnover at the HD level
- Political infrastructure of states
- Capacity and funding
- Cross departmental communication
- Program silos

Opportunities

- Integration/Collaboration with HIV Care & Surveillance programs
- Align with behavioral health & supportive services (whole person care)
- Influence healthcare transformation
- Health department engaging with nontraditional partners, including insurance programs & education/employment programs

The Future of HI-TAPS/Considerations

- Year 3 carry forward funding
  - How do we fully realize care and prevention for this program?
- How could Care programs use this model to work with the prevention folks?
- In what ways do Care and Prevention overlap?

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