

## **RW GY32 Part B Sub-Recipient Kickoff Meeting April 6, 2022**

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# **Status Neutral Care Continuum**

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# RYAN WHITE PART B

## TODAY'S OBJECTIVES

- Provide a clear understanding of the Status Neutral Care Continuum Program requirements and expectations for service delivery.

# RYAN WHITE PART B

## Purpose:

The purpose of this program is to support innovative status neutral programs that contribute to ending the HIV epidemic using the following key pillars:

- ❑ Diagnose people who are unaware of their HIV status
- ❑ Treat people with HIV who are newly diagnosed or not-in-care
- ❑ Prevent the spread of HIV through service expansion
- ❑ Respond with transmission ending strategies

# RYAN WHITE PART B

## WHAT?

### Status Neutral Care Continuum

- ❑ A whole person approach toward service delivery. Customer services are not stratified by HIV status
- ❑ Comprehensive, status neutral program **designed to move customers from linkage through to adherence/retention, using evidence-based biomedical interventions** (such as, PrEP for HIV-negative individuals and ART for HIV-positive individuals)
- ❑ All programs must include the 4 required program elements, which will be delivered directly by the sub-awardee
- ❑ All customers served through this program must have a known HIV status and be deemed appropriate for PrEP or ART!



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## ***What it's NOT?***

- ❑ A vehicle for HIV testing program linkage to care
- ❑ An extension of your Regional Early Intervention Services program
- ❑ Supplemental or replacement funding for existing positions/programming

# PROGRAM EXPECTATIONS

## STATUS NEUTRAL CARE CONTINUUM

- Specific program activities will focus on:
- 1) linkage to care/navigation services;
- 2) rapid initiation of ART/PrEP;
- 3) treatment adherence and retention strategies; and
- 4) customer re-engagement and recapture efforts.

# PROGRAM EXPECTATIONS

How the program activities translate into reported data

Service Area	Status: Required/Optional
Outpatient Ambulatory Health Services	Required
Medical Case Management Services	Required
Mental Health Services	Optional
Non-Medical Case Management Services	Required
Health Education/Risk Reduction Services	Optional
Psychosocial Support Services	Optional
Medical Transportation Services	Optional

# PROGRAM EXPECTATIONS

## Status Neutral Care Continuum

### ☐ Case Finding/Navigation/Linkage

Possible Service Categories include: NMCM, HE/RR, MCM

These activities are individualized and focus on eliminating barriers to accessing healthcare and reducing behaviors that put individuals at risk for negative health outcomes.

***Reminder:*** This funding does not support HIV testing activities. However, testing programs are an excellent referral source for this effort.

# PROGRAM EXPECTATIONS

## Status Neutral Care Continuum

### ☐ **Prescribe Biomedical Interventions (PrEP/ART)**

Service Category: OAHS

Prescribed biomedical intervention will include the provision of diagnostic and therapeutic-related activities directly to a customer by a licensed healthcare provider in an outpatient medical setting.

DC Health recommends **rapid, same-day ART initiation, or as soon as possible following HIV diagnosis**. Similarly, DC Health recommends **rapid initiation of PrEP** upon assessment.

# PROGRAM EXPECTATIONS

## Status Neutral Care Continuum

### ☐ **Treatment Adherence/Retention:**

Possible Service Categories include: OAHS, MCM, PSS, MHS, NMCM

Treatment adherence/retention are efforts to ensure customers' compliance to medication regimens and medical visit follow up schedules, as prescribed. Acceptable strategies under this activity include: PrEP/ART adherence support groups; counseling on medication adherence, harm reduction strategies, decreasing risk factors for poor health outcomes, and strategies to cope with chronic disease.

Community health workers (CHW) may conduct follow-up with patients enrolled in PrEP/ART.

# PROGRAM EXPECTATIONS

## Status Neutral Care Continuum

### **Customer Re-Engagement/Recapture:**

Possible Service Categories include: NMCM, MCM, PSS

Patient re-engagement and recapture activities involve intensive outreach to customers that have stopped participating in medical care or have “been out of care,” to re-establish care.

Additionally, sub-awardees are required to collaborate with HAHSTA’s “Data to Care” (D2C) program. The purpose of D2C is to use HIV surveillance data to identify PLWH who are not in care, link them to care, and support the HIV Care Continuum.

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## ***WHO?***

### ❖ All program participants **MUST BE EITHER:**

HIV positive – newly diagnosed and in need of ART, previously diagnosed with identified need for Treatment Adherence Support

Behaviorally vulnerable to HIV – PrEP appropriate!

Customers that don't fit the above, don't fit this program!



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## ❖ Focus Populations

The three focus populations for the Status Neutral Care Continuum as stated in the RFA:

- ❖ African American and Latino MSM
- ❖ African American women
- ❖ African American heterosexual men

- ❖ Sub-awardees may refine programmatic focus to include relevant sub-populations (ex. Youth, PWIDs, Returning Citizens)

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## RECRUITMENT IS KEY:

- ❖ Have a defined internal process for referring customers into this program.
- ❖ Know the population you're trying to reach and STICK WITH IT!
- ❖ Screen, ScReEn, SCREEN! You're already conducting intake assessments

# RYAN WHITE PART B

## ***WHY?***

### **• Planned Outcomes**

Increase linkage/engagement of ELIGIBLE customers to medical care.

Increase the number of individuals re-engaging in medical care after having lapsed or fallen out of care.

Reduce HIV transmission through the rapid initiation of ART/PrEP

Use treatment adherence to increase viral suppression for persons with HIV and decrease new HIV cases among people who are behaviorally vulnerable to HIV

# QUESTIONS?

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