

GY33 Part B Kick Off Meeting

Status Neutral Care Continuum Summary

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Status Neutral Care Continuum

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Philosophy & Core Elements

Status Neutral Care Continuum

Philosophy:

- ❓ Prioritizes the engagement of both people living with HIV and persons behaviorally vulnerable to HIV through a status-neutral approach. Focuses on activities that meet the needs of focus populations overall, rather than dividing services into either HIV prevention or HIV care.

Status Neutral Care Continuum

Core Elements:

- ❑ No Wrong Door
- ❑ Biomedical Component: Rapid ART, PREP/PEP
- ❑ Intentional & innovative outreach specific to Focus Populations
- ❑ Individualized whole person wellness approach
- ❑ Trauma informed approach
- ❑ Culturally responsive & flexible
- ❑ Improve engagement & retention in care & durable viral load suppression (HIV+)
- ❑ Comprehensive harm and risk reduction

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Program Summary

Service Categories

All services offered through this comprehensive, coordinated program must be delivered directly by the applicant

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

A minimum of 60% of the award must be allocated to the three required service categories

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Status Neutral Care Continuum

Program Summary:

Comprehensive, status neutral programs that improve linkage and adherence to evidence-based biomedical interventions (such as, PrEP for HIV-negative individuals and ART for HIV-positive individuals) through the following activities:

- Linkage to care/navigation services
- Rapid initiation of ART/PrEP
- Treatment adherence and retention strategies
- Customer re-engagement and recapture efforts

Program Activity 1:

Case Finding/Navigation/Linkage

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

HAHSTA defines patient navigation as a community-based service delivery intervention designed to promote access to timely diagnosis and treatment of HIV and other chronic diseases by eliminating barriers to care. Navigation services must be individualized and focus on eliminating barriers to accessing healthcare and reducing behaviors that put individuals at risk for negative health outcomes.

***Note:** This funding does not support HIV testing activities. However, applicants must have established, internal HIV testing programs at the time of application.*

Program Activity 2:

Prescribe Biomedical Interventions (PrEP/ART)

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 supports the use of evidence-based, patient-centered initiatives to reduce HIV transmission, improve the lives of people diagnosed with HIV, and reduce health disparities.

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.

HAHSTA supports PrEP Drug Assistance Program (PrEP-DAP).

Program Activity 3:

Treatment Adherence/Retention

HAHSTA defines treatment adherence/retention as 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.

Use of telehealth services is encouraged to foster retention in care. CHW models may be helpful to conduct follow-up with patients enrolled in PrEP/ART.

Program Activity 4:

Customer Re-Engagement/Recapture

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

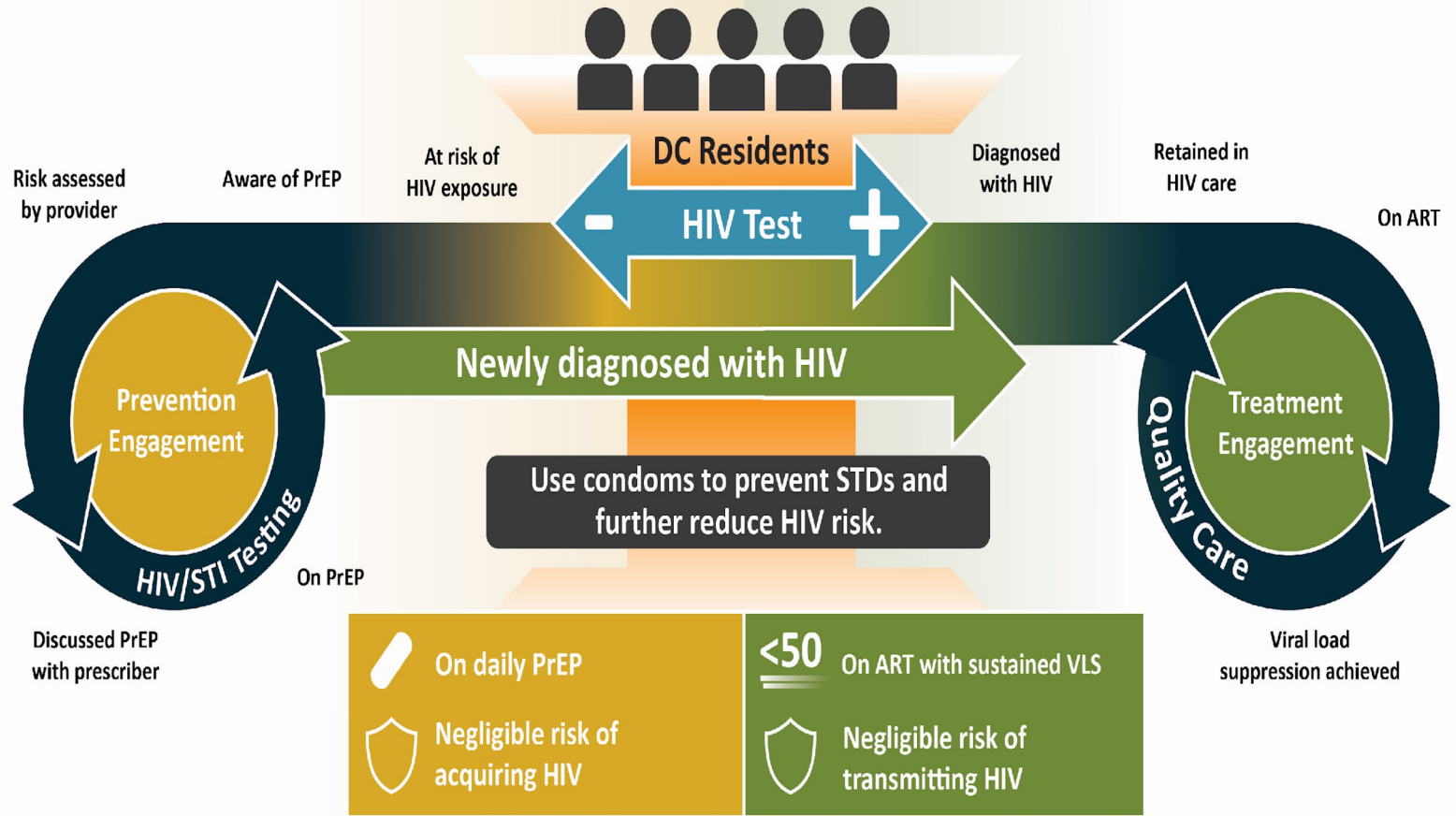
You must invest significant efforts to re-engage or recapture customers that have fallen out of care and document those efforts.

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. This saves you time and resources. Use it!

Status Neutral Care Continuum

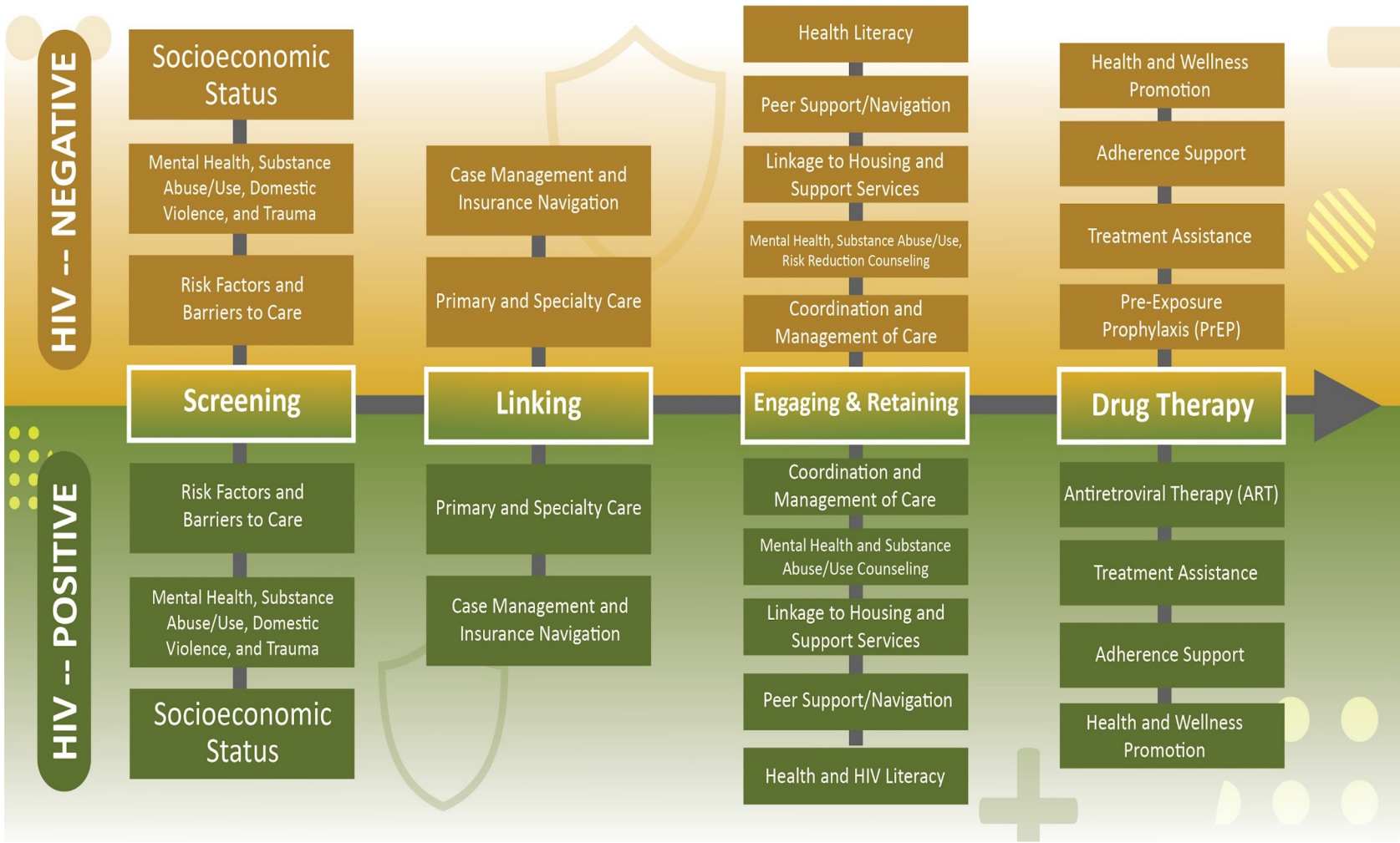
Graphic Depictions

Washington DC's HIV Status Neutral Prevention and Treatment Cycle



People at risk of HIV exposure **taking daily PrEP** and people **with HIV with sustained viral load suppression** do not acquire or transmit HIV.

District of Columbia HIV Prevention and Care Continuum




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GOVERNMENT OF THE DISTRICT OF COLUMBIA

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