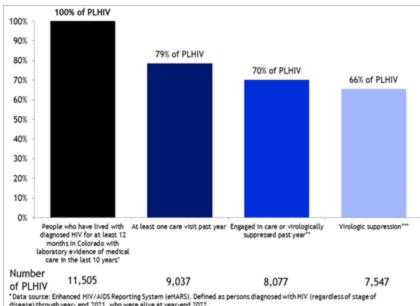


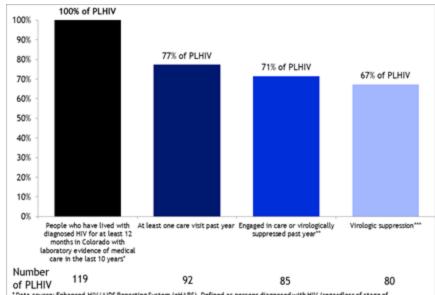
### 2022 Care Continuum: Overall vs Youth GBMC



disease) through year- end 2021, who were alive at year-end 2022.

"Data source: CDPHE's CD4/VL database and eHARS. Calculated as the percentage of persons who had ±2 CD4 or viral load results at least 90 days apart during 2022 among those diagnosed with HIV through year-end 2021 and alive at year-end 2022 or as the percentage of persons who were virologically suppressed at the time of their last lab during 2022, but did not have any additional. lab >90 days away from this during 2022.

\*\*\* Calculated as number of persons who had suppressed VL (<200 copies/mL) at most recent test during 2022, among those



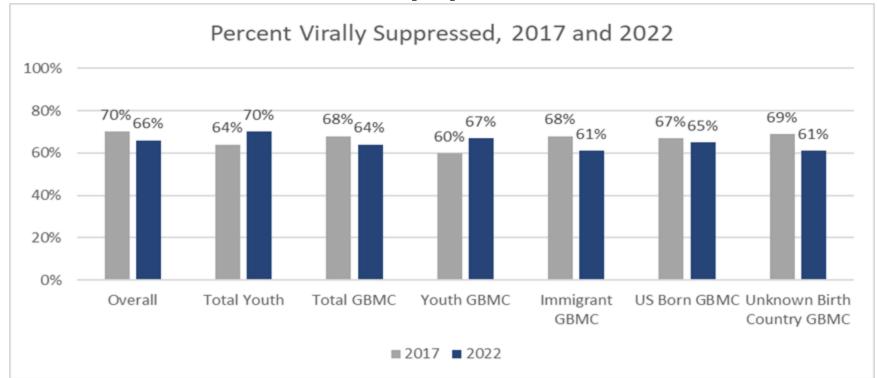
\*Data source: Enhanced HIV/AIDS Reporting System (eHARS). Defined as persons diagnosed with HIV (regardless of stage of disease) through year- end 2021, who were alive at year-end 2022.

"Data source: CDPHE's CD4/VL database and eHARS. Calculated as the percentage of persons who had ≥2 CD4 or viral load results at least 90 days apart during 2022 among those diagnosed with HIV through year-end 2021 and alive at year-end 2022 or as the percentage of persons who were virologically suppressed at the time of their last lab during 2022, but did not have any additional lab >90 days away from this during 2022.

"Calculated as number of persons who had suppressed VL (<200 copies/mL) at most recent test during 2022, among those



# Viral Suppression among disproportionately affected populations?





## Ryan White Part B Program

- The Colorado Ryan White Part B program provides services to persons living with HIV through Client Services, Linkage to Care (LTC) and State Drug Assistance Programs (SDAP).
- The Client Services and LTC provides a variety of support services designed to assist with engaging and retaining clients in medical care and SDAP provides access to treatment.

#### 2022 Engagement numbers:

- Colorado had II, 505 of persons living with HIV
- The RW Part B served 4, I 28 (34% Latin X and 23% Black AA)
- ADAP served 5,994 (33% LatinX and 20% Black|AA)





## Part A and Part B Collaboration

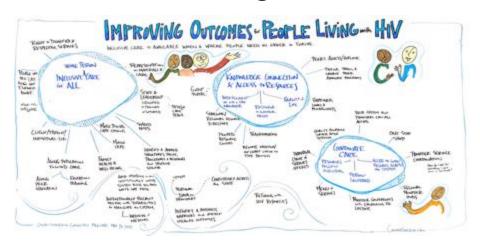


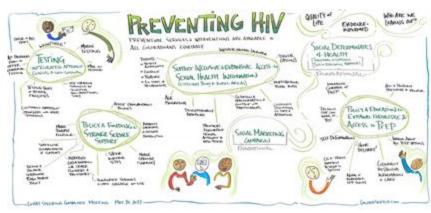


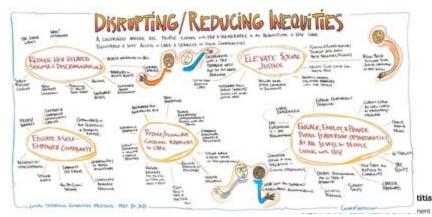
# Community Engagement and Integrated Care and Prevention Plans



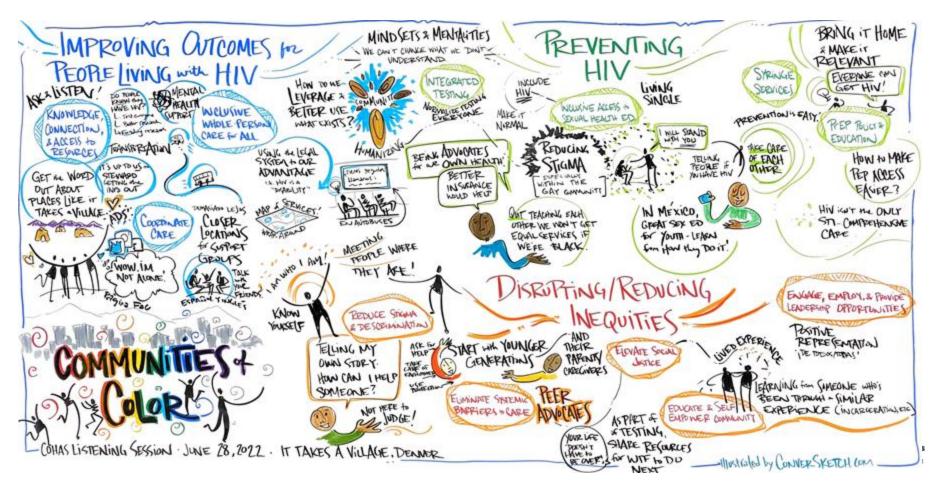
## **COHAS Steering Committee**



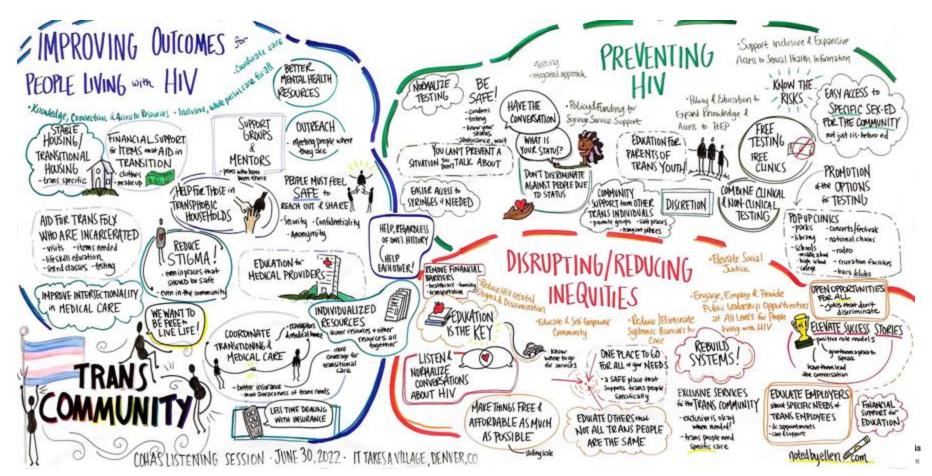




## **Communities of Color**



#### Trans Folx



## Colorado Part A and B Integrated Strategy

#### **Advisory Boards**

Colorado HIV
Alliance for
Prevention Care
& Treatment

Denver HIV Resources Planning Council

#### **Preventing HIV**

Gaps and opportunities for the delivery of PEP

Improve Access to HIV Testing

Destigmatize HIV Testing

#### **COHAS Work Groups**

Improving Health
Outcomes

Rapid ART

Improve Linkage to Care

Increase Psychosocial Support

## Disrupting Inequities

Creation of JEDI toolkit

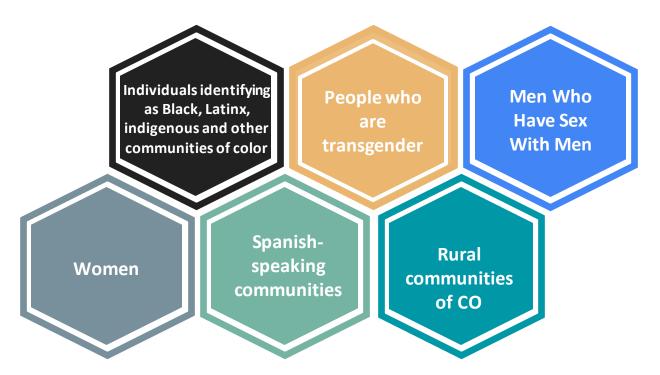
Anti-stigma campaign

Advocacy training



## **Priority Populations**

Addressing the Needs





## **HIV Care Continuum**





## **Linking and Retaining**

Throughout the Care Continuum, we use what works to provide LTC to People Living with HIV (PLWH). This includes clients who are newly diagnosed, at risk for dropping out of care, or lost to care.

Retention to Care: LTC staff assists external partners engaging clients who have dropped out of care. Constant provider engagement is key!

#### Linkage to Care

- Statewide LTC Coordinator monitors all newly diagnosed cases to ensure successful LTC occurs statewide as well as collaborating with external agencies to ensure LTC where needed.
- Disease Intervention Specialist (DIS)/Regional Consultants (RC) assess every newly diagnosed HIV client with a recent STI diagnosis and a CD4/Viral Load lab test gap (>8 month\*) and/or new immigrants.
- Sexual Health Service Providers (SHSP) assess every client assigned to them for LTC needs.
- Our team continues to strengthen our Provider Network to identify clients dropping out of care from Infectious Disease Clinics.

| Providers: Network                             |
|--|
| Vivent Health                                  |
| Western Infectious Disease<br>(ADAP referrals) |
| Veteran's Affairs                              |
| Clinica Tepeyac                                |
| STRIDE Community Health<br>Center              |
|  |

## **Adherence**



The Adherence Specialist identifies clients who have no evidence of labs within the last twelve months.

#### Assists with:

- Getting updated labs
  - works with clients and providers
- Re-engages clients back into care
- Assesses any other barriers to care
- Provides adherence tools
  - o pill boxes, calendars, daily pill reminders
- Refer to case management or other services
- Provides monthly enrollment report to the SDAP advisory





#### **CDPHE Acuity**

CDPHE Acuity in <u>English</u> and <u>Spanish</u>

 In 2022, the Office revised standards of care and the CDPHE Acuity Tool to address barriers to access and equity.

 In addition, translated the CDPHE Acuity Tool into Spanish to increase accessibility for our monolingual Spanish Speaking clients.

#### State Assistance: Emergency Funding

Must follow RW Part B funding guidelines.

- Temporary Motel assistance
- Utility | Rent | Phone Assistance
- Bus Tickets|Gift Cards







## **Exploring New Ways: Access Health Care**

- Rapid ART
- Telehealth Approaches
- Funding assisting CBOs get the proper technology to communicate with young GBMC clients:
  - Cell Phones to Case managers
  - IPads to agencies to help enroll in different programs
- Instagram account to engage Youth 12-22
  - Creating profiles to help frame future content will resonate with the priority populations
- Continue to build a support system for our Youth GBMC clients IS KEY!





# IT TAKES A VILLAGE

Established in 2002, It Takes a Village, Inc. (ITAV) is an Aurora, CO based non-profit, geared towards reducing health and social disparities among people of color in the Denver metropolitan area. ITAV was founded to address the lack of services primarily for African-Americans, however, our village includes people of all races. While services are provided for all, we recognize that people of color are disproportionately impacted by many social and health-related issues and we aim to reduce, if not eliminate, these disparities.





## Our ITAV Staff

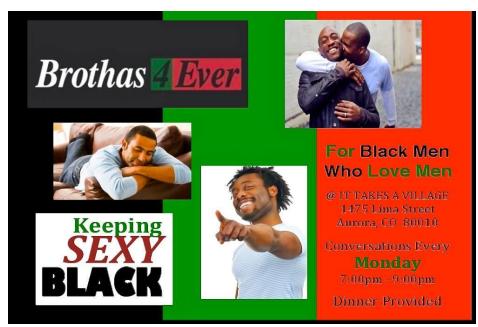
Picture to be added





## Psychosocial/ Brothas 4ever

Since 2000, Brothas4Ever has been building and nourishing community among African-American same gender loving men throughout the Denver Metro area. This ever-growing group, which has reached thousands of Black men over the years, addresses health, relationships, and what it means to be a Black man in America. Men of all ages come together for discussion groups and to support each other in staying healthy and strong.







## **Psychosocial Support Group**



The Community Group (Psychosocial) is comprised of individuals living with HIV who provide support to each other. This group is peer-led, meets twice a month and all are welcome. Interesting, relevant topics of discussion and delicious lunches make this group very popular. Spanish-speaking people living with HIV participate weekly in this group with translation.





# Hermanos- Normalizing HIV by bringing this group together.



It Takes a Village implements an educational, social group for Latinx gay men twice a month in the evenings, providing dinner and support. Social activities such as bowling and barbeques help to reduce isolation, particularly for men who may be immigrants. All groups are conducted in Spanish.





## NO APPOINTMENT, NO ID, IT'S ALL FREE.

It Takes Village programs and services are based upon theory, assessment, and, most importantly, the input and needs of the communities we serve. The effectiveness of each program greatly depends on the level of involvement of participants, and the trust the community has with our staff and organization. There is no charge for any of our programs or services.







## Meet The People we Serve



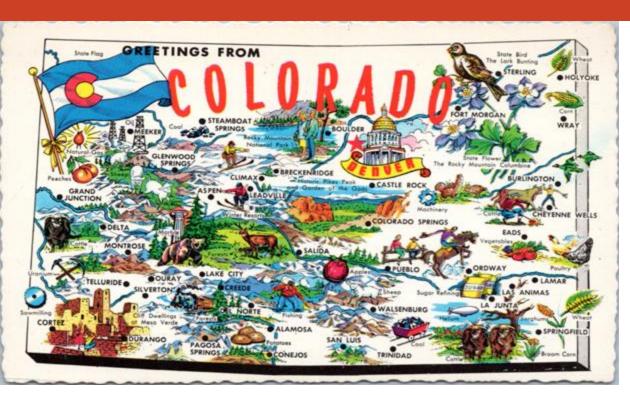




## Tie back to Youth GBMC



# Questions



#### Maria Chaidez

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