

# DC | HEALTH

## Status-Neutral Regional Early Intervention Services

NASTAD Technical Assistance

December 3, 2019

# REGIONAL EARLY INTERVENTION SERVICES (EIS)

## CONTENTS

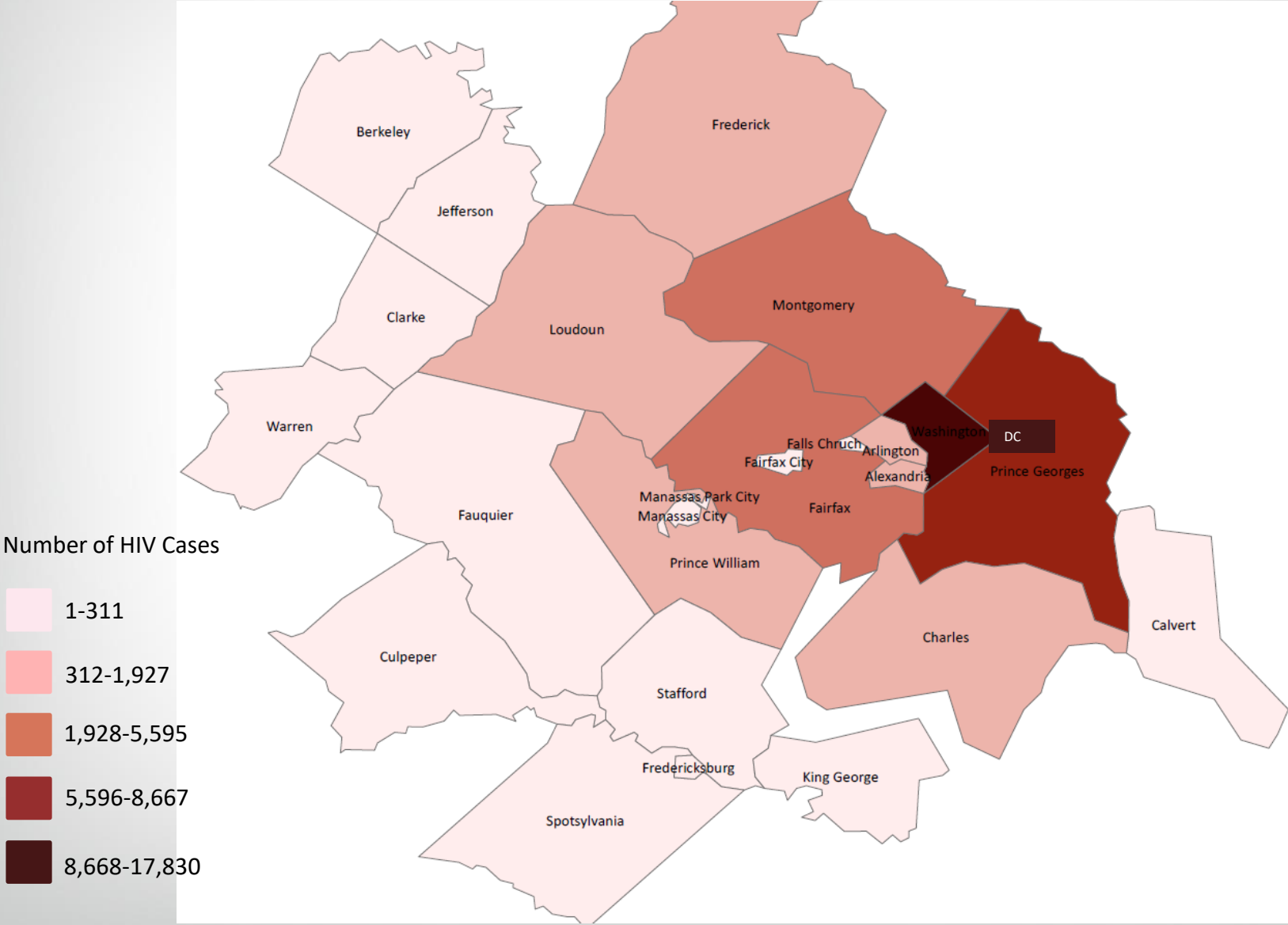
- EMA Overview
- Background
- Hi-V Program Development
- Funding Opportunity & Hi-V Program Implementation
- Capacity Building/Technical Assistance
- Lessons Learned/Next Steps

# REGIONAL EIS

## WASHINGTON, DC EMA OVERVIEW

- 4 Jurisdictions, 1 EMA
- Highest HIV rates in DC & immediate proximity in MD

# Geographic Distribution of the Number of Living in the DC EMA, by County, 2018, N=38,414



# REGIONAL EIS: BACKGROUND

## BIRTH OF STATUS NEUTRAL, REGIONAL EFFORT

- Ongoing Regional/DMV Health Department Collaboration
  - Parts A & B Funding Overlap
  - Maximize Funding/Coordinated Response across EMA
  - DC EMA Recipient to lead status neutral effort
  - RW Part A funding for Infrastructure
  - EIS: combination of services, not a standalone category

# REGIONAL EIS: BACKGROUND

## BIRTH OF STATUS NEUTRAL, REGIONAL EFFORT

- January – April 2019 Regional EIS Task Force
  - Representatives from 3 Health Depts: Ryan White & HIV Prevention Programs. ~11 People
  - Current landscape of funding & unmet needs
  - Program Design & Development Activities
  
- February 2019 Planning Body (COHAH) Presentation
  - Stakeholder Buy-in; Approval for Funding Re-programming

# REGIONAL EIS: PROGRAM DEVELOPMENT

## CORE ELEMENTS:

- No Wrong Door
- Biomedical Component: Rapid ART, PREP/PEP
- Intentional & innovative outreach specific to Focus Population
- Individualized whole person wellness approach
- Trauma informed approach
- Culturally responsive & flexible

# REGIONAL EIS: PROGRAM DEVELOPMENT

## CORE ELEMENTS CONT'D:

- Improve engagement & retention in care & durable viral load suppression (HIV+)
- Comprehensive harm and risk reduction
- Engagement w/non-traditional/RW providers
- Community awareness, U=U, Marketing
- Use of Technology



# HI-V PROGRAM DEVELOPMENT

## Status Neutral Philosophy:

Prioritizes the engagement of both people living with HIV and persons with risk behavior for 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.

# HI-V PROGRAM DEVELOPMENT

## Focus Populations:

- Gay, bisexual, same gender loving, MSM (all races & ethnicities)
- Black/African American women & men
- Latino men and women
- People who use drugs
- Youth aged 13 to 24 years
- Transgender women and men

# HI-V PROGRAM DEVELOPMENT

The “*Hi-V*” (*high-five*) pillars promote equity, eliminate barriers, and improve whole-person health for clients:

- “Find’em”
- “Teach’em”
- “Test’em”
- “Link’em
- “Keep’em”

Shout out to Maryland Department of Health’s Peter DiMartino

# HI-V PROGRAM DEVELOPMENT

## Hi-V (high-five) Pillar 1:

### “Find’em”

- Identify individuals from the focus population unaware of their status

# HI-V PROGRAM DEVELOPMENT

## Hi-V (high-five) Pillar 2:

### “Teach’em”

- Educate individuals from the focus population about HIV, STI, Hepatitis C virus, risk reduction strategies, health literacy, healthcare access, and U=U. All proposed programs must integrate U=U into their clinical and non-clinical services and communication with individuals

# HI-V PROGRAM DEVELOPMENT

## Hi-V (high-five) Pillar 3:

### “Test’em”

- Test individuals from the focus population for HIV, STIs, and hepatitis C, and initiate drug therapy as appropriate

# HI-V PROGRAM DEVELOPMENT

## Rapid Treatment Initiation:

- Start HIV anti-retroviral therapy (ART) on the same day as HIV diagnosis – no later than 7 days.
- Initiate Pre-Exposure Prophylaxis (PrEP) same day or within 7 days, as appropriate, or Post-Exposure Prophylaxis (PEP)

# HI-V PROGRAM DEVELOPMENT

## Hi-V (high-five) Pillar 4:

### “Link’em”

- Link individuals from the focus population to quality culturally competent services as needed



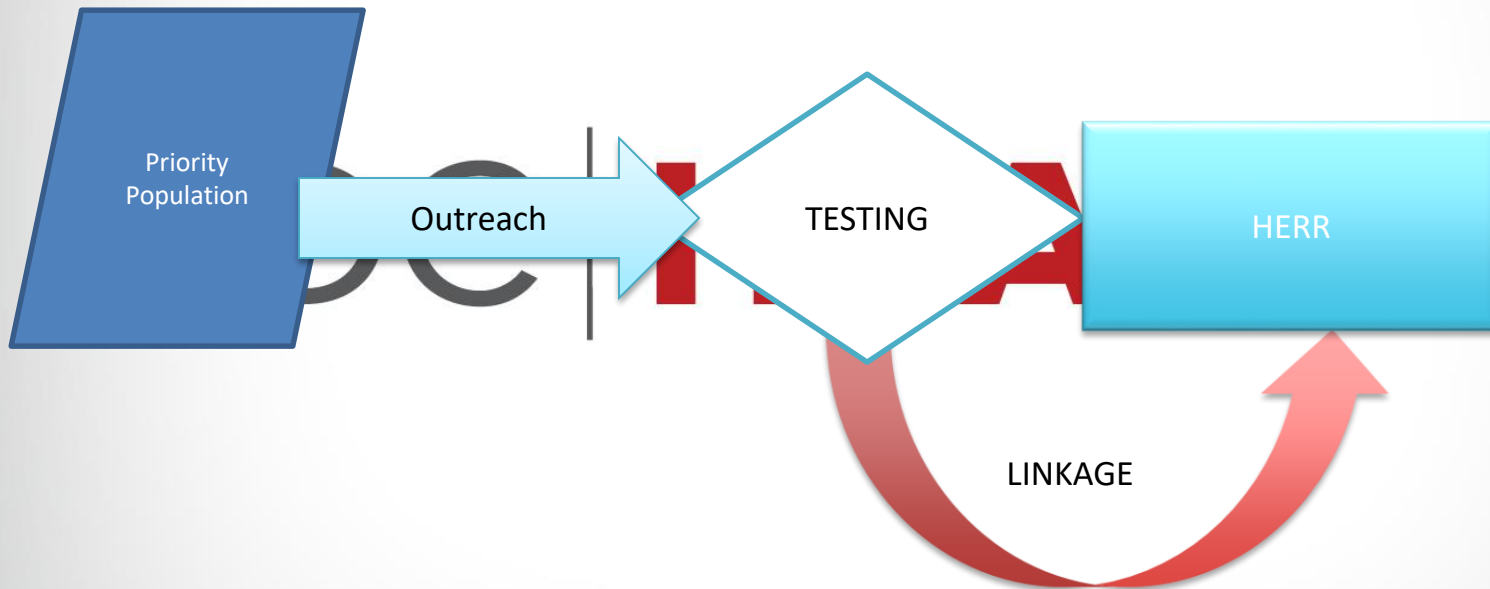
# HI-V PROGRAM DEVELOPMENT

## Hi-V (high-five) Pillar 5:

### “Keep’em”

- Retain individuals from the focus population through active engagement in individualized services designed to eliminate barriers and promote optimal outcomes for overall wellness

# Hi-V Program Development



# HI-V PROG. IMPLEMENTATION

## FUNDING OPPORTUNITY:

- +\$6M investment
- 21 Funded Programs August/September 2019
  - 5 in Virginia
  - 3 in Maryland
  - 13 in Washington, DC (8 DC/MD)
- 6 New Partnerships (3 RW Naïve)
- Sample Focus Populations: LGBTQ Ballroom; AA male/female Returning Citizens; Transgender Youth 18-29

# HI-V PROG. IMPLEMENTATION

## CAPACITY BUILDING/TECHNICAL ASSISTANCE:

- Funding opportunity included provision for applicants in need of technical assistance for full program implementation
- 7 Track 2 Providers (established & new) – given provisional funding 1yr
- HAHSTA engaged a capacity building assistance provider
- Intensive TA to include individualized provider workplans to achieve full implementation of Hi-V by 7/31/2020

# HI-V PROG. IMPLEMENTATION

## LESSONS LEARNED/NEXT STEPS:

- Innovation requires flexibility
- Status Neutral Approach EIS = Paradigm Shift (staff, providers)
- Grant Kick-Off Meeting CRITICAL to clarify program expectations
- Established Providers required significant TA determining focus populations
- Data – how to incorporate Non-traditional Outcomes, qualitative measures & fit into RW framework
- In development: EIS learning community – provider & consumer engagement
- In development: Evaluation – how to measure impact/success

# DC | HEALTH

**Avemaria Smith**

**Ryan White HIV/AIDS Program Manager**

**[avemaria.smith@dc.gov](mailto:avemaria.smith@dc.gov)**