Ryan White HIV/AIDS Program

HRSA's Ryan White HIV/AIDS Program

Engaging People With HIV Through Innovative Models of Care

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ENGAGING WITH HARD-TO-REACH POPULATIONS

In 2019, the Administration announced the *Ending the HIV Epidemic: A Plan for America* (EHE), a 10-year initiative that aims to reduce new HIV infections in the United States by 90 percent by 2030. To accomplish this goal, engaging with and providing care to hard-to-reach populations disproportionately affected by HIV is critical. These populations include people with HIV or at risk for HIV who may inject drugs, face homelessness, are currently or were formerly justice involved, or live in rural areas. As leaders in providing HIV care, Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) recipients play an important role in implementing and disseminating innovative models to engage the most vulnerable people with HIV in the effort to end the HIV epidemic.

Director's Note

Providing HIV care to the people we have struggled to reach to date—including people challenged by drug addiction, incarceration, and homelessness and those living in remote areas—is difficult, but it also is essential to ending the HIV epidemic in the United States. The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) recipients have risen to the challenge by developing and implementing many innovative practices and models of care that reach people who are disproportionately affected by HIV.

HRSA's RWHAP began 30 years ago with the goal of improving the health—and therefore the lives—of the most vulnerable people with HIV. This issue of *CAREAction* focuses on recipients' efforts to engage with disproportionately affected populations with HIV and linking them to RWHAP services and care. In addition, "Stories from the Field" highlight two HRSA's RWHAP recipients and their innovative programs that serve hard-to-reach populations.

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People with HIV Who Inject Drugs

People with HIV or at risk for HIV, including people who inject drugs, disproportionately face social and economic barriers to health care. These barriers may include poverty, homelessness, incarceration, and lack of insurance. People who inject drugs also may experience stigma around drug use and mistrust of the health care system. As a result, people with HIV who inject drugs often experience delays in HIV diagnosis and initiation of treatment with antiretroviral therapy (ART), as well as lower levels of care retention.

Proven interventions, such as Syringe Services Programs (SSPs), have an integral role in HIV prevention efforts to help end the HIV epidemic. SSPs range from those that offer safe injection equipment to those that directly provide one or more medical and support services. Research suggests that SSPs are most effective in addressing the HIV epidemic when they provide four key services: medication-assisted treatment of substance use disorders, HIV screening and treatment, HIV pre-exposure prophylaxis (PrEP), and behavioral health services. Although RWHAP recipients cannot provide injection supplies, such as needles and syringes, they can support and provide health care services in the context of SSPs.

People with HIV Who Face Homelessness

Reaching and engaging people with HIV who are unstably housed, especially those who also may have multiple co-occurring behavioral health conditions, is particularly challenging. HRSA's RWHAP Part F Special Projects of National Significance (SPNS) Program developed innovative models of care that build and maintain sustainable linkages to mental health, substance use treatment, and HIV primary care services, as well as community housing support services. One such program is the HIV Homeless Outreach Mobile Engagement (HHOME) program in San Francisco, California. The HHOME program identifies clients through referral partners, including hospitals, clinics, jails, law enforcement, and community programs. The program secures temporary housing for clients, which may be at shelters, hotels, or

medical or psychiatric respite facilities. HHOME's interdisciplinary team—consisting of a medical provider, registered nurse, medical social worker, housing case manager, peer navigator, and program manager—works in mobile pairs and provides services on the streets and at shelters, encampments, hospitals, and treatment programs. The ultimate goal of the project, however, is to secure permanent housing for clients and transition to a four-walls clinic and lower level of care.

Justice-Involved Individuals

Although incarceration can prevent or interrupt HIV care, correctional facilities offer an opportunity to identify, engage, and reengage people with HIV in care through HIV testing, diagnosis, and initiation of treatment with ART. At the time of release, justice-involved people with HIV commonly are provided a referral to a community health care provider and a short supply of ART. However, this level of support is often not enough to bridge care from the prison setting to the community. To address issues of continuity of care upon release from prison, HRSA's RWHAP recipients may provide core medical services and support services to people with HIV who are incarcerated in federal and state prison systems on a transitional basis only, to ensure linkage to and continuity of care. RWHAP recipients also may provide core medical services and support services to people with HIV who are incarcerated in other correctional systems, including those under community supervision on a short-term or transitional basis. RWHAP funds, however, are intended to support only the HIV-related needs of eligible individuals.

USING MOBILE HEALTH CLINICS AND TELEMEDICINE TO ENGAGE PEOPLE WITH HIV IN CARE

Mobile health clinics (MHCs) and telemedicine are successful and cost-effective models of health care delivery uniquely positioned to meet the needs of underserved populations. MHCs and telemedicine deliver health care services directly to individuals and communities, particularly in rural areas where residents with HIV often face such challenges as social isolation, long distances to care, limited transportation, and lack of access to providers with HIV expertise. In addition, MHCs and telemedicine can reach people with HIV who encounter other barriers to care, such as homelessness, stigma, and concerns about confidentiality, which may prevent them from seeking care in a traditional clinic.

RWHAP recipients like My Brother's Keeper/Open Arms Healthcare Center and Lifelong AIDS Alliance have deployed MHCs and telemedicine to the communities they serve to provide health screenings and to connect residents with HIV to care (see Stories from the Field).

Stories From the Field: My Brother's Keeper and Open Arms Healthcare Center

My Brother's Keeper (MBK), a community-based organization headquartered in Ridgeland, Mississippi, and its Open Arms Healthcare Center (Open Arms) work together to provide innovative and comprehensive HIV preventive and treatment services for minority and marginalized populations in Mississippi. MBK focuses on services to prevent HIV, sexually transmitted diseases (STDs), teen pregnancy, and tobacco use in several locations in Mississippi, including Gulfport, Hattiesburg, Jackson, and Ridgeland. According to Dr. June Gipson, President and CEO of MBK, "We focus on prevention services, outreach, training, education, and evaluation."

MBK currently has two HIV prevention programs: I Combat AIDS Now! (iCAN) for HIV-positive African-American men who have sex with men (MSM), and high-risk negative African-American MSM and heterosexual women, aged 18 to 60; and the Supportive Healthy Youth (SHY) program for young, African-American MSM, aged 13 to 29; and their partners regardless of age, gender, and ethnicity. Prevention services include rapid HIV testing, free condom distribution, referrals and linkages to care, counseling, and other services.

Open Arms, a HRSA's RWHAP Part B subrecipient since 2014, delivers HIV care and support services to underinsured, underserved, and underrepresented populations in central and coastal Mississippi. According to Dr. Sandra Melvin, Director of Open Arms, "We work with about 200 RWHAP patients, offering them comprehensive care, including affordable medications. From the minute a patient is identified as HIV positive, we start them with treatment, and we also have a really aggressive case management protocol and navigators that make sure we stay in touch with our patients. We understand that people with HIV are not going to stay in care if there are other things in their lives that need to be attended to. So, we have mental health services, transportation, an onsite pharmacy, and emergency food assistance. We have tried to remove some of the barriers that prevent people from staying in care, including the ability to pay for services. The Ryan White Program allows us to offset a lot of the costs that patients may have to encounter in order to stay in care. Among Ryan White Program patients, we are aiming to boast at least a 95 percent medication adherence rate and about an 83 percent success rate in maintaining viral loads."

Open Arms also has a program, Becoming a Healthier You (BHU), that is designed to reduce stigma related to HIV and other STDs by offering a comfortable place for patients to get the health care services they need without feeling that they are going to be treated improperly. Through the BHU program, patients are screened for HIV, other STDs, diabetes, and cardiovascular disease, and they receive case management and navigation services to help them get the treatment they need. "We're very intentional about what the environment looks like and how we respond to our patients. We hire from the community, so when patients come into the clinic, they are seeing people that look like them. Our employees help us understand how to relate to the community," explains Dr. Gipson. Open Arms also has an extensive referral network. Dr. Melvin notes, "Our infectious disease doctors have [privileges] at the University of Mississippi Medical Center, so we can refer them there as needed. Case managers also make housing referrals."

Because Mississippi is a rural state, Open Arms started a mobile health unit to reach communities that are far from clinic locations.

Dr. Gipson explains, “We bring services such as BHU health screenings to them and if they need care, we link them to one of the other locations where they’re able to see a clinician. We also offer transportation services for people who can’t get to the clinic location. In Hattiesburg and Gulfport, we have a telemedicine program for HIV prevention where patients at risk for HIV are linked directly to providers who are located in Jackson, for consultation and PrEP treatment.”

One of the newest programs at MBK/Open Arms is a lifestyle and wellness program that is primarily for people with HIV who are aged 50 and older, but it will be open to other patients as well. According to Dr. Gipson, “We’ve gone from 50 people to 600 people who are older than 50. So, we created the lifestyle program to improve health outcomes.”

Stories From the Field: Lifelong

Lifelong, a community-based organization located in the Seattle, Washington, area provides care to people who are medically vulnerable and disenfranchised, including people with HIV. Lifelong, which serves Island, King, and Snohomish counties, receives HRSA’s RWHAP Part A funding as a subrecipient to provide housing, food and meals, medical transportation, nonmedical case management, and oral health care to clients with HIV. The organization also receives RWHAP Part B funding for medical case management and the AIDS Drug Assistance Program funding through the city of Seattle for HIV prevention services.

Recently, as a result of the coronavirus disease 2019 (COVID-19) pandemic, Lifelong has had to change the way its program operates on several levels. To address the impact of the pandemic among Seattle’s homeless population, including people with HIV and those at risk for HIV, Claire Neal, Chief Executive Officer for Lifelong explains, “Seattle faces an ongoing homeless crisis and, coupled with the recent pandemic, the need for safe and stable housing is even more urgent. Our Housing team has leveraged local partnerships with multiple shelters so people can get off the streets and find refuge during this unprecedented time.”

Providing HIV treatment and services to clients during the pandemic has been challenging. According to Ms. Neal, “Our services have always been administered in person. With the help of CARES (Coronavirus Aid, Relief, and Economic Security) Act funding, our staff were able to quickly begin working from home and pivot to a telehealth model of care. Clients have experienced increased mental health issues due to the fear and isolation associated with the pandemic. Thankfully, our team has maintained a vital connection with clients that has resulted in more frequent and meaningful engagement.” Dentists across Lifelong’s oral health programs also are using telehealth to engage with clients, in addition to seeing individuals on an emergency basis.

Ms. Neal says that Lifelong’s food and nutrition program has had to move to home deliveries only. “For safety reasons, we’ve transitioned all clients who received medically tailored meals and groceries at our pick-up center to our delivery service. With the help of new routing software, our staff delivery drivers and volunteers can meet the increased need for nutritious food in the community while keeping clients safely at home. We’ve also made changes to our medical transportation program so that clients receive taxi vouchers instead of accessing less socially distanced public transportation.” In addition, Lifelong is providing personal protective equipment to more than 500 clients, including face masks, gloves, hand sanitizer, thermometers, and other items to help stop the spread of the disease. “Our goal,” says Ms. Neal, “is to use all additional funds to make sure that our clients are provided every opportunity to be safe and healthy while navigating COVID-19.”

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