FY 2015 Houston EMA/HSDA Ryan White Part A Service Definition **Service Linkage at Testing Sites** (Revision Date: 03/03/14)	
HRSA Service Category Title: **RWGA Only**	**Non-medical Case Management**
Local Service Category Title:	**A. Service Linkage targeted to Not-In-Care and Newly-Diagnosed PLWH in the Houston EMA/HDSA** **Not-In-Care PLWH** are individuals who know their HIV status but have not been actively engaged in outpatient primary medical care services for more than six (6) months. **Newly-Diagnosed** PLWH are individuals who have learned their HIV status within the previous six months and are not currently receiving outpatient primary medical care or case management services as documented in the CPCDMS data system. **B. *Youth targeted Service Linkage, Care and Prevention:*** Service Linkage Services targeted to Youth (13 – 24 years of age), including a focus on not-in-care and newly-diagnosed Youth in the Houston EMA. *Not-In-Care PLWH are Youth who know their HIV status but have not been actively engaged in outpatient primary medical care services in the previous six (6) months. *Newly-Diagnosed Youth are Youth who have learned their HIV status within the previous six months and are not currently receiving outpatient primary medical care or case management services as documented in the CPCDMS data system.
Budget Type: **RWGA Only**	Fee-for-Service
Budget Requirements or Restrictions: **RWGA Only**	Early intervention services, including HIV testing and Comprehensive Risk Counseling Services (CRCS) must be supported via alternative funding (e.g. TDSHS, CDC) and may not be charged to this contract.
HRSA Service Category Definition: **RWGA Only**	***Case Management (non-Medical)*** includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.
Local Service Category Definition:	**A. *Service Linkage:*** Providing allowable Ryan White Program outreach and service linkage activities to newly-diagnosed and/or ***Not-In-Care*** PLWH who know their status but are not currently enrolled in outpatient primary medical care with information, referrals and assistance with linkage to medical, mental health, substance abuse and psychosocial services as needed; advocating on behalf of clients to decrease service gaps and remove barriers to services helping clients develop and utilize independent living skills

	and strategies. Assist clients in obtaining needed resources, including bus pass vouchers and gas cards per published HCPH/RWGA policies. **B. *Youth targeted Service Linkage, Care and Prevention:*** Providing Ryan White Program appropriate outreach and service linkage activities to newly-diagnosed and/or not-in-care HIV-positive Youth who know their status but are not currently enrolled in outpatient primary medical care with information, referrals and assistance with linkage to medical, mental health, substance abuse and psychosocial services as needed; advocating on their behalf to decrease service gaps and remove barriers to services; helping Youth develop and utilize independent living skills and strategies. Assist clients in obtaining needed resources, including bus pass vouchers and gas cards per published HCPH/RWGA policies. Provide comprehensive medical case management to HIV-positive youth identified through outreach and in-reach activities.
Target Population (age, gender, geographic, race, ethnicity, etc.):	**A. Service Linkage:** Services will be available to eligible persons with HV residing in the Houston EMA/HSDA with priority given to clients most in need. All clients who receive services will be served without regard to age, gender, race, color, religion, national origin, sexual orientation, or handicap. Services will target low income individuals with HIV who demonstrate multiple medical, mental health, substance use/abuse and psychosocial needs including, but not limited to: mental health counseling, substance abuse treatment, primary medical care, specialized care, alternative treatment, medications, placement in a medical facility, emotional support, basic needs for food, clothing, and shelter, transportation, legal services and vocational services. Services will also target clients who cannot function in the community due to barriers which include, but are not limited to, mental illness and psychiatric disorders, drug addiction and substance abuse, extreme lack of knowledge regarding available services, inability to maintain financial independence, inability to complete necessary forms, inability to arrange and complete entitlement and medical appointments, homelessness, deteriorating medical condition, illiteracy, language/cultural barriers and/or the absence of speech, sight, hearing, or mobility. **Service Linkage** is intended to serve eligible clients in the Houston EMA/HSDA, especially those underserved or unserved population groups which include: African American, Hispanic/Latino, Women and Children, Veteran, Deaf/Hard of Hearing, Substance Abusers, Homeless and Gay/Lesbian/Transsexual. **B. *Youth targeted Service Linkage, Care and Prevention:*** Services will be available to eligible HIV-infected Youth (ages 13 – 24) residing in the Houston EMA/HSDA with priority given to clients most in need. All Youth who receive services will be served

	without regard to age (i.e. limited to those who are between 13- 24 years of age), gender, race, color, religion, national origin, sexual orientation, or handicap. Services will target low income Youth living with HIV who demonstrate multiple medical, mental health, substance use/abuse and psychosocial needs including, but not limited to: mental health counseling, substance abuse treatment, primary medical care, specialized care, alternative treatment, medications, placement in a medical facility, emotional support, basic needs for food, clothing, and shelter, transportation, legal services and vocational services. Services will also target Youth who cannot function in the community due to barriers which include, but are not limited to, mental illness and psychiatric disorders, drug addiction and substance abuse, extreme lack of knowledge regarding available services, inability to maintain financial independence, inability to complete necessary forms, inability to arrange and complete entitlement and medical appointments, homelessness, deteriorating medical condition, illiteracy, language/cultural barriers and/or the absence of speech, sight, hearing, or mobility. ***Youth Targeted Service Linkage, Care and Prevention*** is intended to serve eligible youth in the Houston EMA/HSDA, especially those underserved or unserved population groups which include: African American, Hispanic/Latino, Substance Abusers, Homeless and Gay/Lesbian/Transsexual.
Services to be Provided:	**Goal (A): Service Linkage:** The expectation is that a single Service Linkage Worker Full Time Equivalent (FTE) targeting Not-In-Care and/or newly-diagnosed PLWH can serve approximately 80 newly-diagnosed or not-in-care PLWH per year. The purpose of **Service Linkage** is to assist clients with the procurement of needed services so that the problems associated with living with HIV are mitigated. **Service Linkage** is a working agreement between a client and a Service Linkage Worker (SLW) for an indeterminate period, based on client need, during which information, referrals and service linkage are provided on an as-needed basis. The purpose of **Service Linkage** is to assist clients who do not require the intensity of *Clinical or Medical Case Management*, as determined by RWGA Quality Management guidelines. **Service Linkage** is both office- and field-based and **may include the issuance of bus pass vouchers and gas cards per published guidelines.** Service Linkage targeted to Not-In-Care and/or Newly-Diagnosed PLWH extends the capability of existing programs with a documented track record of identifying Not-In-Care and/or newly-diagnosed PLWH by providing "hands-on" outreach and linkage to care services to those PLWH who are not currently accessing primary medical care services.

	In order to ensure linkage to an ongoing support system, eligible clients identified funded under this contract, including clients who may obtain their medical services through non-Ryan White-funded programs, must be transferred to a Ryan White-funded Primary Medical Care, Clinical Case Management or Service Linkage program within 90 days of initiation of services as documented in both ECLIPS and CPCDMS data systems. Those clients who choose to access primary medical care from a non-Ryan White source, including private physicians, may receive ongoing service linkage services from provider or must be transferred to a Clinical (CCM) or Primary Care/Medical Case Management site per client need and the preference of the client**.** **GOAL (B):** This effort will continue a program of ***Service Linkage, Care and Prevention to Engage HIV Seropositive Youth*** targeting youth (ages 13-24) with a focus on Youth of color. This service is designed to reach HIV seropositive youth of color not engaged in clinical care and to link them to appropriate clinical, supportive, and preventive services. The specific objectives are to: (1) conduct outreach (service linkage) to assist seropositive Youth learn their HIV status, (2) link HIV-infected Youth with primary care services, and (3) prevent transmission of HIV from targeted clients.
Service Unit Definition(s): **RWGA Only**	One unit of service is defined as 15 minutes of direct client services and allowable charges.
Financial Eligibility:	Refer to the RWPC's approved *current fiscal year (FY) Financial Eligibility for Houston EMA Services*.
Client Eligibility:	Not-In-Care and/or newly-diagnosed HIV-infected individuals residing in the Houston EMA.
Agency Requirements:	**Service Linkage** services will comply with the HCPH/RWGA published **Service Linkage** Standards of Care and policies and procedures as published and/or revised, including linkage to the CPCDMS data system. Agency must comply with all applicable City of Houston DHHS *ECLIPS* and RWGA/HCPH *CPCDMS* business rules and policies & procedures. **Service Linkage** targeted to Not-In-Care and/or newly diagnosed PLWH must be planned and delivered in coordination with local HIV prevention/outreach programs to avoid duplication of services and be designed with quantified program reporting that will accommodate local effectiveness evaluation. Contractor must document established linkages with agencies that serve HIV-infected clients or serve individuals who are members of high-risk population groups (e.g., men who have sex with men, injection drug users, sex-industry workers, youth who are sentenced under the juvenile justice system, inmates of state and local jails and prisons). Contractor must have

	formal collaborative, referral or Point of Entry (POE) agreements with Ryan White funded HIV primary care providers.
Staff Requirements:	Service Linkage Workers must spend at least 42% (867 hours per FTE) of their time providing direct client services. Direct service linkage and case management services include any activities with a client (face-to-face or by telephone), communication with other service providers or significant others to access client services, monitoring client care, and accompanying clients to services. Indirect activities include travel to and from a client's residence or agency, staff meetings, supervision, community education, documentation, and computer input. Direct case management activities must be documented in the CPCDMS according to system business rules. *Must comply with applicable HCPH/RWGA published Ryan White Part A/B Standards of Care:* <u>Minimum Qualifications:</u> **Service Linkage Workers** must have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing client services to PLWH/A may be substituted for the Bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). All Service Linkage Workers must have a minimum of one (1) year paid work experience with PLWH. <u>Supervision:</u> The Service Linkage Worker must function within the clinical infrastructure of the applicant agency and receive ongoing supervision that meets or exceeds HCPH/RWGA published Ryan White Part A/B Standards of Care for Service Linkage.
Special Requirements: **RWGA Only**	Contractor must be have the capability to provide Public Health Follow-Up by qualified Disease Intervention Specialists (DIS) to locate, identify, inform and refer newly-diagnosed and not-in-care PLWH to outpatient primary medical care services. Contractor must perform CPCDMS new client registrations and, for those newly-diagnosed or out-of-care clients referred to non-Ryan White primary care providers, registration updates per RWGA business rules for those needing ongoing service linkage services as well as those clients who may only need to establish system of care eligibility. This service category does not routinely distribute Bus Passes. However, if so directed by RWGA, Contractor must issue bus pass vouchers in accordance with HCPH/RWGA policies and procedures.

FY 2024 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/08/2023**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Steering Committee**		Date: **06/01/2023**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Quality Improvement Committee**		Date: **05/2023**
Recommendations:	Approved: Y:_ ___ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **HTBMTN Workgroup #1**	Date: **04/19/2023**
Recommendations:	Financial Eligibility:
1.	
2.	
3.	

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FY 2020 PERFORMANCE MEASURES HIGHLIGHTS

RYAN WHITE GRANT ADMINISTRATION

HARRIS COUNTY PUBLIC HEALTH (HCPH)

TABLE OF CONTENTS

HCPH is the local public health agency for the Harris County, Texas jurisdiction. It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.

Highlights from FY 2020 Performance Measures

Measures in this report are based on the *2021-2022 Houston Ryan White Quality Management Plan*, *Appendix B. HIV Performance Measures*. The document can be referenced here: https://publichealth.harriscountytx.gov/Services-Programs/Programs/RyanWhite/Quality

Service Linkage (Non-Medical Case Management)

- During FY 2020, 8,331 clients utilized Part A non-medical case management / service linkage. According to CPCDMS, 4,048 (49%) of these clients accessed primary care two or more times at least three months apart during this time period after utilizing non-medical case management.
- Among these clients, 50% of clients utilized primary medical care for the first time after accessing service linkage for the first time.
- The median number of days between the first service linkage visit and the first primary medical care visit was 9 days during this time period.

Ryan White Part A
HIV Performance Measures
FY 2020 Report

Service Linkage / Non-Medical Case Management
All Providers

For FY 2020 (3/1/2020 to 2/28/2021), 8,331 clients utilized Part A non-medical case management.

HIV Performance Measures	**FY 2019**	**FY 2020**	**Change**
A minimum of 70% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing non-medical case management (service linkage)	4,174 (47.9%)	4,048 (48.6%)	**0.7%**
60% of clients will access RW primary medical care for the first time after accessing service linkage for the first time	462 (49.1%)	344 (49.5%)	**0.4%**
Mean of less than 30 days between first ever service linkage visit and first ever primary medical care visit:			
Mean	31	33	**6.5%**
Median	14	9	**-35.7%**
Mode	1	1	**0.0%**
60% of newly enrolled clients will have a medical visit in each of the four-month periods of the measurement year	128 (45.2%)	68 (33.8%)	**-11.4%**

Providing Innovative Interventions to Support Linkage, Re-engagement, and Retention in Care to Help End the HIV Epidemic

May 12, 2021

Shanice Bailey (/member/shanicebailey), National Alliance of State and Territorial AIDS Directors

National Alliance of State & Territorial AIDS Directors' (NASTAD) Center for Innovation and Engagement (CIE)

As public health professionals, educators, and HIV care providers, it is imperative that we develop truly innovative approaches to address the health and social needs of communities and advance health equity. NASTAD, a leading non-partisan non-profit association that represents public health officials who administer HIV and hepatitis programs in the U.S, is committed to dismantling systemic barriers to care, recognizing social justice as a vital tool in our mission to end the intersecting epidemics of HIV, hepatitis, and other related conditions.

To achieve this goal, linkage, re-engagement, and retention in care are essential. There's no need to reinvent the wheel: as the COVID-19 pandemic has shown us in myriad ways, historical knowledge is an invaluable asset for public health – and when it comes to HIV care, there is a wealth of knowledge and years of interventions to revisit. Ryan White HIV/AIDS Program providers are uniquely positioned to consider the replication of these interventions to enhance care outcomes of people with HIV.

Over the last three years, NASTAD has worked with Northwestern University's Center for Prevention Implementation Methodology and Howard Brown Health to tap into this collective knowledge. The Center for Innovation and Engagement (https://ciehealth.org/about/) (CIE) is a HRSA Special Projects of National Significance (SPNS)-funded collaboration that identifies and catalogs evidence-based (EB) and evidence-informed (EI) interventions, and transforms them into actionable tools, innovative frameworks, and adaptable resources for engaging and retaining people in HIV care.

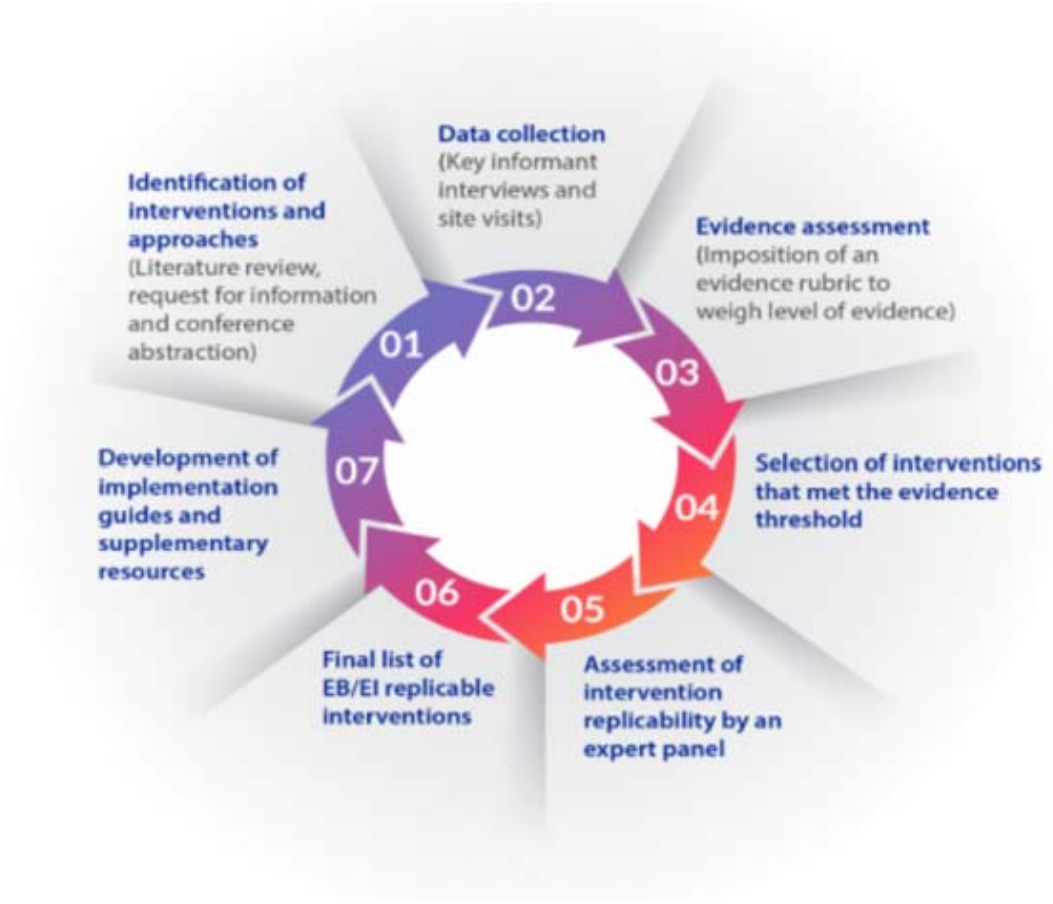
The recently launched CIE website (https://ciehealth.org/) details the process of identifying and cataloging these interventions and serves as a resource inventory that supports real-world replication. The Interventions (https://ciehealth.org/interventions/) section houses implementation guides and background summaries based on EB/EI interventions that were vetted by researchers and public health professionals. This section provides 14 "ready to replicate" interventions for clinicians looking to integrate new approaches to support people with HIV. The CIE website also features the Innovations Lab (https://ciehealth.org/innovations-lab/), which highlights tools to help providers innovate while they replicate, such as tip sheets, blogs, and a cost calculator. Resources are also available on https://targethiv.org/CIE (https://targethiv.org/CIE).

The development of CIE is a result of a rigorous three-year process. Throughout this time, NASTAD collaborated with external partners to:

- identify EB/EI interventions; gather information from intervention developers and program staff through in-depth key informant interviews;
- weigh the level of evidence through an evidence rubric;
- assess replication feasibility; and
- package the data gathered into replicable tools.

The diagram below depicts this journey.

Development of the Center for Innovation and Engagement (CIE) Resources



For example, the Bilingual/Bicultural Care Team intervention (https://ciehealth.org/intervention/bilingual-bicultural-care-team/) is a service delivery model based out of Kansas City, MO aimed at increasing retention in care and viral suppression for people with HIV who identify as Hispanic/

Latinx and speak Spanish as their primary language. The intervention featured Latinx providers who provided comprehensive culturally and linguistically responsive HIV primary care and services to the client population, highlighting the efficacy of engaging with most impacted communities in ways that suit their needs.

We invite you to explore the other interventions currently detailed on the CIE website and join our listserv (https://ciehealth.org/contact/) to be the first to know about the additional interventions, implementation guides, and supplementary resources. Check out our CIE welcome video (https://www.youtube.com/watch?v=kIN2GHYLAyo&t=15s) to get started exploring.

CIE is a HRSA Special Projects of National Significance (SPNS)-funded project that identifies, catalogs, disseminates and supports the replication of evidence-informed approaches and interventions to engage people with HIV who are not receiving care, or who are at risk of not continuing to receive care.

About Shanice Bailey (/member/shanicebailey)

National Alliance of State and Territorial AIDS Directors
Senior Associate, Health Equity

View all posts by Shanice Bailey (/user/4756?qt-user_profile=sharespot-posts)

nam aidsmap
HIV & AIDS – sharing knowledge, changing lives

Improving HIV care

Medical mistrust is linked to discrimination, poor care engagement, and low adherence among Black adults in the US

Oğuzhan Nuh | 21 March 2022

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Perceived discrimination due to race, HIV status and sexual orientation combined with mistrust of healthcare organisations, physicians and HIV information were found to be negatively associated with adherence to HIV treatment and engagement in care among Black adults in the US. According to the study by Dr Lu Dong of the RAND Corporation and colleagues, recently published in the *Journal of Behavioral Medicine*, healthcare providers and organisations need to address medical mistrust to improve the health and well-being of Black Americans living with HIV.

According to the Centers for Disease Control and Prevention (CDC), 42% of new HIV infections in 2019 in the US were among Black Americans. However, compared to other races and ethnicities, Black Americans are less like to receive and stay in HIV care, adhere

to antiretrovirals, and be virally suppressed. Studies show that one of the reasons for these HIV-specific inequities is the intersectional stigma associated with structural discrimination based on race, gender, sexual orientation, and HIV status.

The researchers collected data from 304 Black Americans living with HIV from Los Angeles County, who were also participants of an ongoing randomised control trial. The data collected between 2018 and 2020 was analysed to examine the mediating role of medical mistrust between discrimination and HIV care engagement, and between discrimination and treatment adherence.

Glossary

stigma

randomised controlled trial (RCT)

virological suppression

Participants were asked to fill out a questionnaire measuring medical mistrust and experiences of discrimination. Medical mistrust was measured in three categories. Mistrust towards health organisations was measured by their level of agreement with seven statements such as “patients have sometimes been deceived or misled by health care organizations” and "mistakes are common in health care organizations”. Mistrust towards one’s physician was measured with eleven items such as “I trust my doctor so much I always try to follow his/her advice" and “I sometimes distrust my doctor’s opinions and would like a second one”. Mistrust in HIV-specific information was measured with the HIV conspiracy beliefs subscale consisting of statements like "HIV is a man-made virus" and "The medication used to treat HIV causes people to get AIDS."

Perceived discrimination was measured based on experiencing ten different events due to three types of stigma: being Black, living with HIV and being gay. Treatment adherence was measured using a Medications Event Monitoring System (MEMS), which collects the time and date of the medication bottle being opened for a month. Lastly, being engaged in HIV care was defined as having one or more visits and no more than one missed appointment in the past six months.

The majority of the participants (81%) were men; 89% were single; 56% identified as gay, 26% as heterosexual, and 13% as bisexual. Average time since HIV diagnosis was 16 years. Only 16% of participants reported working full-time or part-time, and 52% said they had had unstable housing in the last 12 months.

Participants reported experiencing the most discrimination due to being Black, followed by sexual orientation and HIV status. Mistrust towards health organisations was rated higher among participants than mistrust towards HIV-specific information and one's physician.

In their first analysis, the researchers found that each type of discrimination was significantly associated with each type of medical mistrust.

Then they examined the relationships between discrimination, mistrust and engagement in care. Each type of discrimination was found to be associated with poor engagement in care, and in each case this was mediated through medical mistrust (a combined measure of the three types). Therefore, the researchers suggest that interventions targeting all three types of medical mistrust may increase engagement in care.

Each type of discrimination was also associated with poor engagement in care, mediated through mistrust towards one's

physician. This indicates that mistrust towards a physician may influence and determine the effects of perceived discrimination on engagement in care. In addition, discrimination due to HIV status was associated with poor engagement in care, mediated through mistrust towards HIV information. This suggests that experiences of discrimination due to HIV status may increase mistrust towards HIV information and reduce care engagement in turn.

Similar analyses were done for adherence. Each type of discrimination was associated with poor adherence, again mediated through the three types of medical mistrust. In addition, perceived discrimination due to sexual orientation was also directly associated with poor adherence.

Although there has been a number of interventions aiming to increase the trust in physicians by increasing providers' cultural competency and empathy, researchers note that "these interventions have not specifically addressed medical mistrust and have generally not shown effects on increasing trust, nor are they specifically tailored for HIV care."

They conclude: "Interventions at the provider level as well as healthcare organisation level are needed to reduce patients' experience of discrimination within healthcare settings and increase providers' ability to acknowledge and address medical mistrust in a sensitive manner, thereby improving patients' health-related outcomes such as medication adherence, care engagement, and clinical outcomes."

References

Dong L et al. *Discrimination, adherence to antiretroviral therapy, and HIV care engagement among HIV-positive black adults: the mediating role of medical mistrust.* Journal of Behavioral Medicine, online ahead of print, 13 January 2022.

https://doi.org/10.1007/s10865-021-00277-z