Ryan White HIV/AIDS Program Parts C and D Stakeholders Call

Health Resources and Services Administration | HIV/AIDS Bureau |
Division of Community HIV/AIDS Programs

October 21, 2021

HRSA
Ryan White HIV/AIDS Program

HRSA
Health Resources & Services Administration

Ryan White HIV/AIDS Program
Parts C and D Stakeholders Call

October 21, 2021

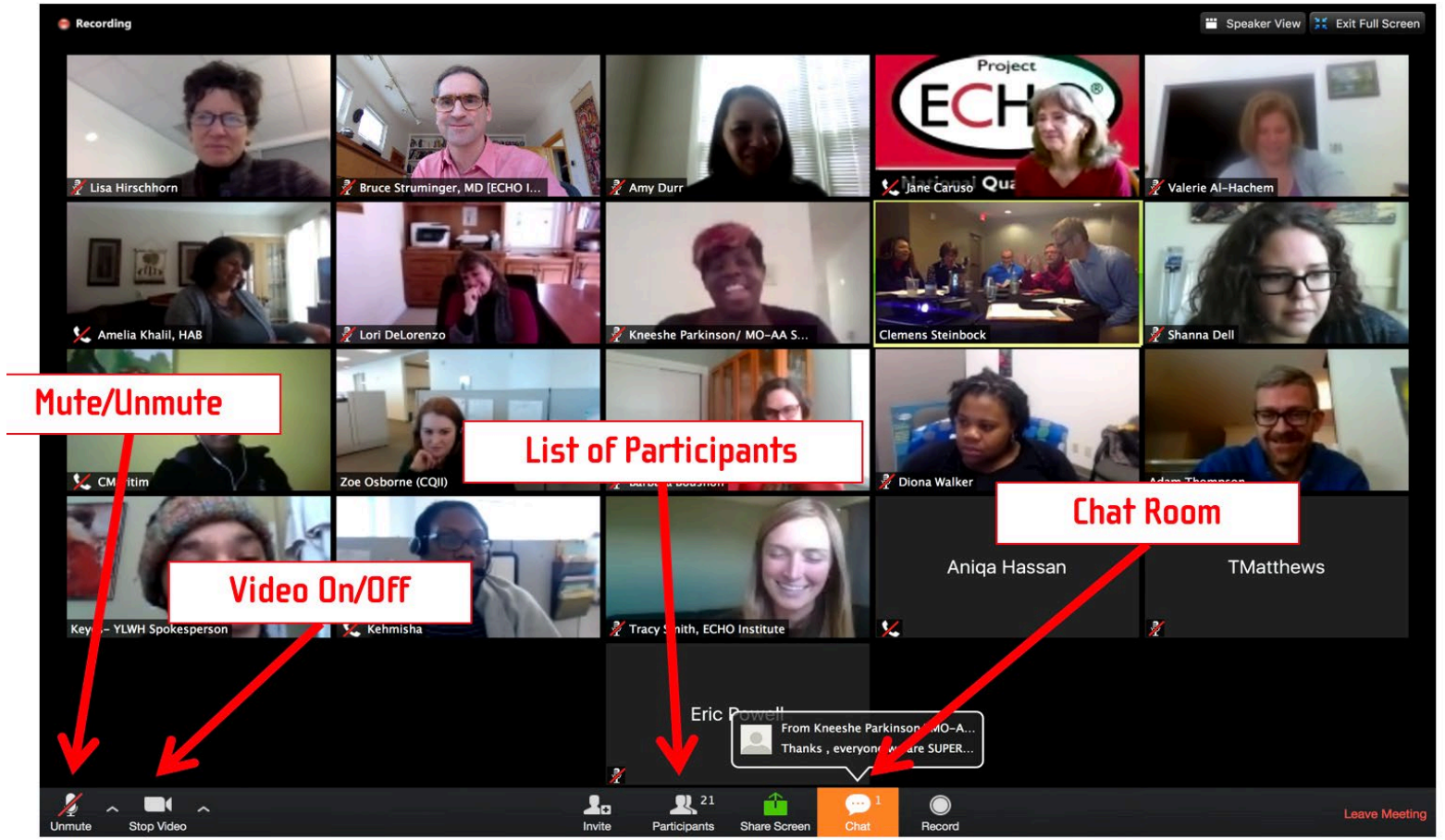
Mahyar Mofidi, DMD, PhD
Captain, United States Public Health Service
Director, Division of Community HIV/AIDS Programs (DCHAP)
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People

Zoom Platform

Virtual Etiquette

- Mute your line and stop your video during the presentations
- Chat to ask questions and make comments during the presentations and discussion
- Start your video when we will call on you
- Pair your phone with your computer – to reduce bandwidth



Meeting Agenda

- DCHAP Program Updates
- Trauma-Informed Care: Using Trauma Informed Approaches to Enhance HIV Care

HRSA's HIV/AIDS Bureau (HRSA HAB) Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.

DCHAP Mission and Core Values

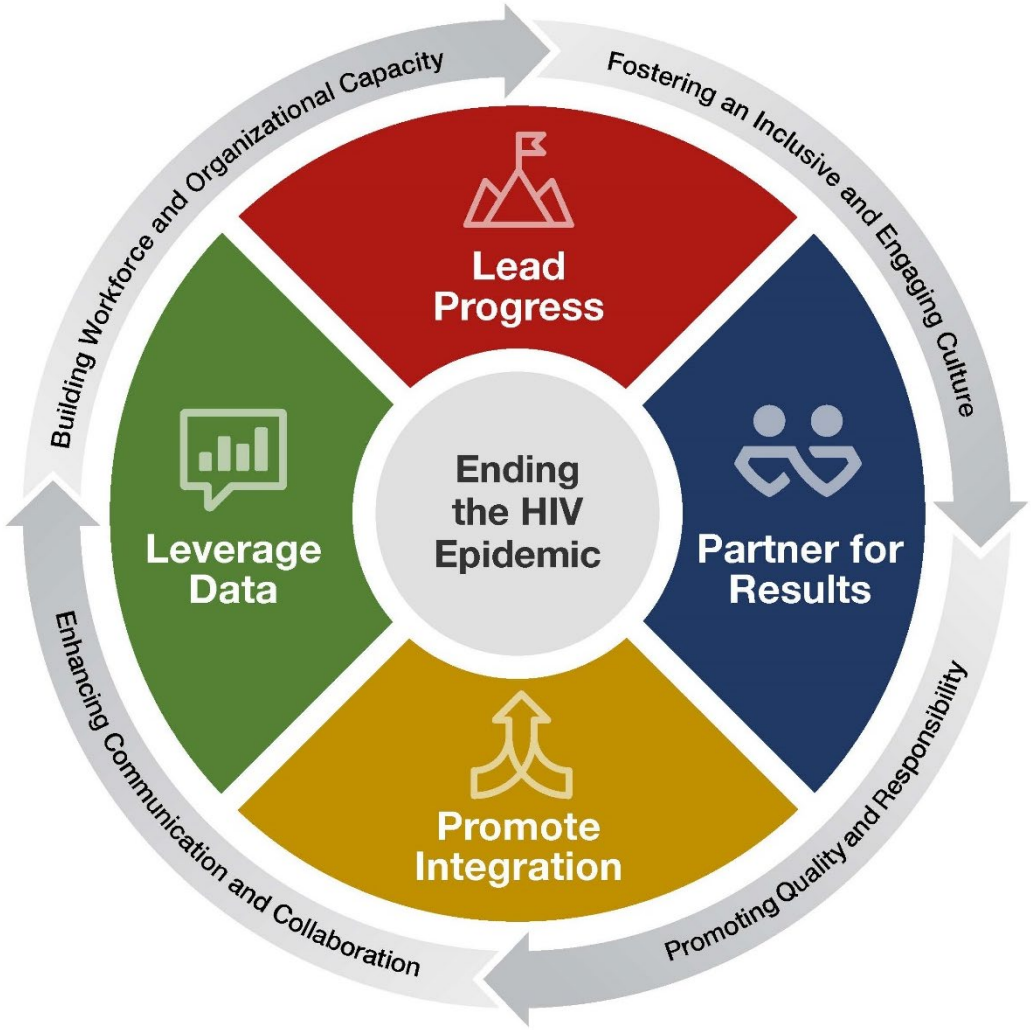
Mission

Provide Leadership and resources to assure access to and retention in high quality, comprehensive HIV care and treatment services for vulnerable people with HIV/AIDS, their families, and providers within our nation's communities.

Core Values

Communication · Integrity · Professionalism · Accountability · Consistency · Respect

HAB Strategic Priorities



New HAB Strategic Priorities

Lead Progress: Foster Innovative Solutions to Drive Improvements

Lead and enhance national HIV care and treatment through evidence-informed interventions, dissemination of best practices, data-driven decision making, quality management activities, policy development, health workforce development, and program implementation. Foster and promote bold, culturally responsive, innovative community-led HIV care and treatment in collaboration with recipients.

Partner for Results: Engage Strategically with Stakeholders to Enhance Outcomes and Achieve Results

Develop and strengthen strategic domestic partnerships internally and externally. This includes promoting collaboration across HAB Divisions/Offices and HRSA Bureaus/Offices and with HHS Operating Divisions, cross sector partners, other local, state, and federal agencies, policy makers, and recipients. Key topical areas for strong partnerships include: program design, implementation, enhancement, and evaluation; data utilization and sharing; communications; policy development; community engagement; and service integration.

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New HAB Strategic Priorities (cont.)

Promote Integration: Integrate HIV Services to Improve Overall Outcomes

Implement an integrated approach to HIV care and treatment in an evolving healthcare environment. Focus on syndemics and the social determinants of health to decrease HIV risk and increase access to equitable care and health outcomes. Maximize opportunities afforded by the healthcare system for preventing infections by increasing access to quality HIV care and by integrating preventative care, mental health services, and substance use treatment into HIV primary care.

Leverage Data: Use and Disseminate Data to Inform Decision Making and Measure and Evaluate Progress

Use data from the Ryan White HIV/AIDS Program (RWHAP), Centers for Disease Control (CDC) HIV surveillance data and other data, RWHAP program reporting, and modeling programs, along with results from evaluation and special projects to improve policies, decision-making, and service delivery. Improve data linkages and systems-wide data access to maximize resources and improve health outcomes. Create mechanisms for program and outcome data dissemination, including dashboards and data visualizations.

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DCHAP Program Updates

Important Dates: Upcoming Federal Financial Report (FFR) Deadlines

RWHAP Part D	Budget period ends…	FY 2021 FFR Due Date
August Start	7/31/2021	10/30/2021

RWHAP Part F CBDPP	Budget period ends…	FY 2021 FFR Due date
July Start	6/30/2021	10/30/2021

Notices of Award (NoA)

- **RWHAP Part C Capacity Development (HRSA-21-058)**
  - HRSA HAB released funding for FY 2021 RWHAP Part C Capacity Development awards at the end of August.
- **RWHAP Part D Supplemental (HRSA-21-059)**
  - HRSA HAB released funding for the FY 2021 RWHAP Part D Supplemental awards in August.
- **RWHAP Part C Early Intervention Services: Existing Geographic Service Areas (HRSA-22-011, HRSA-22-014, HRSA-22-015)**
  - HRSA is reviewing applications for these announcements.
  - Awards for HRSA-22-011 are expected to be released prior to the start date of January 1, 2022.

RWHAP Part D Allocation and Expenditure Reports

- **Allocation**
  - FY 2021 RWHAP Part D Allocation Reports were due on **September 30, 2021.**
- **Expenditure**
  - FY 2020 RWHAP Part D Expenditure Reports are due on **October 30, 2021.**

Please work with your project officer (PO) if you need additional time to submit these reports, or if you require the assistance of Ryan White Data Support with the submission of these reports in the Program Terms Reporting (PTR) system.

Funding Announcement: RWHAP Part C HIV Early Intervention Services Program

New and Limited Existing Geographical Service Areas (HRSA-22-016 and HRSA-22-017)

- Release Date: **September 30, 2021**
- Deadline for all applications is **December 10, 2021** in Grants.gov.
- The period of performance is three years.
- There are two funding announcement numbers included in this document.
  - HRSA-22-016 is limited to new geographic service areas, as proposed by the applicant.
  - HRSA-22-017 is limited to five (5) existing geographic service areas. These five geographic service areas remain uncovered and are listed in Appendix B of the NOFO.
- You must apply under the correct NOFO opportunity number based on this criteria. The periods of performance for these two announcements are listed below.

Funding Opportunity Number	Project Start Date	Period of Performance
HRSA 22-016 New service areas only	May 1	May 1, 2022 through April 30, 2025
HRSA 22-017 Limited existing geographic services areas only	April 1 or May 1	April 1, 2022 through March 31, 2025 or May 1, 2022 through April 30, 2025 **According to Appendix B**

HRSA Ryan White HIV/AIDS Program

For More Information: (HRSA-22-016 and HRSA-22-017)

- A TA Pre-application Webinar will be held on **Thursday, October 28, 2021 from 2-4 p.m.** See Pages iii and 46-47 of the NOFO.
- Applicants who need additional information on HRSA-22-016 and HRSA-22-017, see the HRSA contacts listed on the NOFO:

Program Contact **Overall program issues and/or technical assistance**	**Grants Contact** **Business, administrative, or fiscal issues**
Hanna Endale HEndale@hrsa.gov (301) 443-1326	Adejumoke Oladele aoladele@hrsa.gov (301) 443-2441

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Virtual Site Visits Update

- As you know, given the importance of RWHAP recipients in the local, state and national COVID-19 response effort, as well as CDC guidance, HRSA HAB has postponed on-site visits since the beginning of the pandemic.
- As an alternative to in-person site visits, HRSA HAB is continuing to conduct virtual site visits and will move to in person when it is safe to do so.
- HRSA HAB is evaluating site visit plans for FY 2022, and we will update recipients over the coming months.

Leveraging RWHAP Part D to Maximize National Impact: FY 2022 Notice of Funding Opportunity

Leveraging RWHAP Part D to Maximize National Impact

Goal	Outcome
Understand how to strategically target RWHAP Part D resources to maximize national impact.	Obtain feedback and input regarding potential new actions or directions for the RWHAP Part D WICY to improve linkage, retention, and health outcomes of WICY population.

Activities:

- Analyze data
- Compile and review evidence informed interventions for WICY population
- Engage stakeholders for feedback

Project period:
September 2018-June 2020

Leveraging RWHAP Part D

Key Activities

Timeframe	Activities
Nov. 2018	Presentation to and consultation with CDC/HRSA Advisory Committee on HIV, Viral Hepatitis, and STD Prevention and Treatment (CHAC)
Dec. 2018	Listening session with RWHAP Part D stakeholders
Feb. 2019	Literature review completed
July 2019	Analysis of RWHAP RSR Data for RWHAP Part D recipients, CDC HIV Surveillance Data, RWHAP Part C and D Allocation report, and Geo-mapping completed
FY 2019	Obtained RWHAP Part D stakeholder input during site visits
Oct. 2019	Second listening session with RWHAP Part D stakeholders
Apr. 2020	Conducted all RWHAP Parts HRSA Technical Expert Panel

Leveraging RWHAP Part D

Focus Areas for HRSA for FY 2022

- Provide training and technical assistance around RWHAP Part D legislative and program requirements
- Capacity building in high impact areas including:
  - Youth transitioning from youth services to adult care
  - Trauma informed care
  - Pre-conception counseling
- Implement a funding allocation methodology to determine FY 2022 RWHAP Part D award funding levels

If you have any questions, please send an email to the AskDCHAP@hrsa.gov mailbox with the subject line:
FY 2022 Part D Re-competition

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RWHAP Best Practices Compilation

How is your organization innovating to reduce health disparities along the HIV Care Continuum?

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) is looking for innovative and promising strategies for its new compilation of best practices.

The compilation is part of HRSA HAB effort to catalogue and display best practices implemented successfully in Ryan White HIV/AIDS Program health care and treatment settings.

Do you have a novel approach or promising innovation to share?
Please submit it online:
TargetHIV.org/bestpractices

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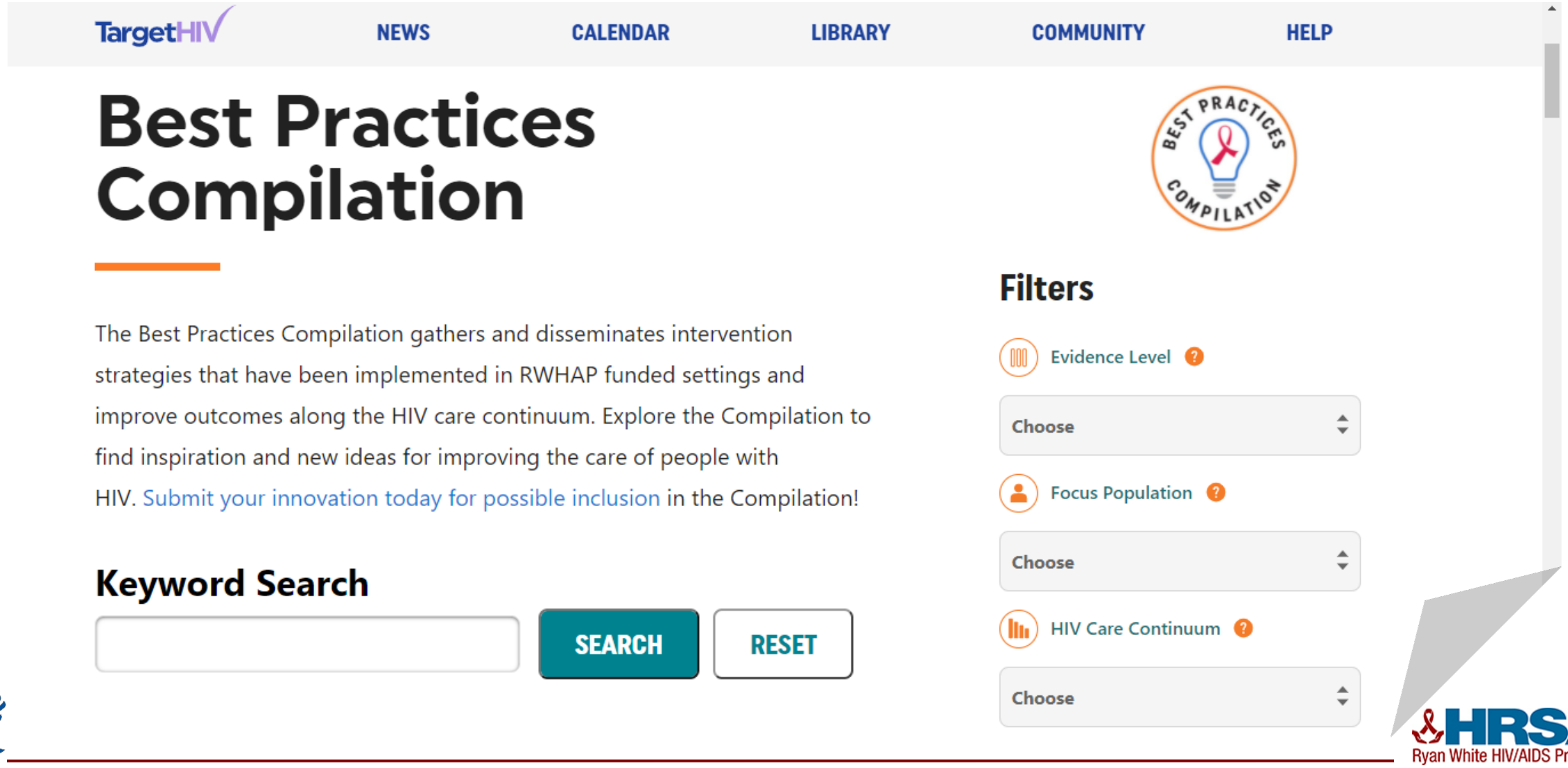
RWHAP Best Practices Compilation (cont.)



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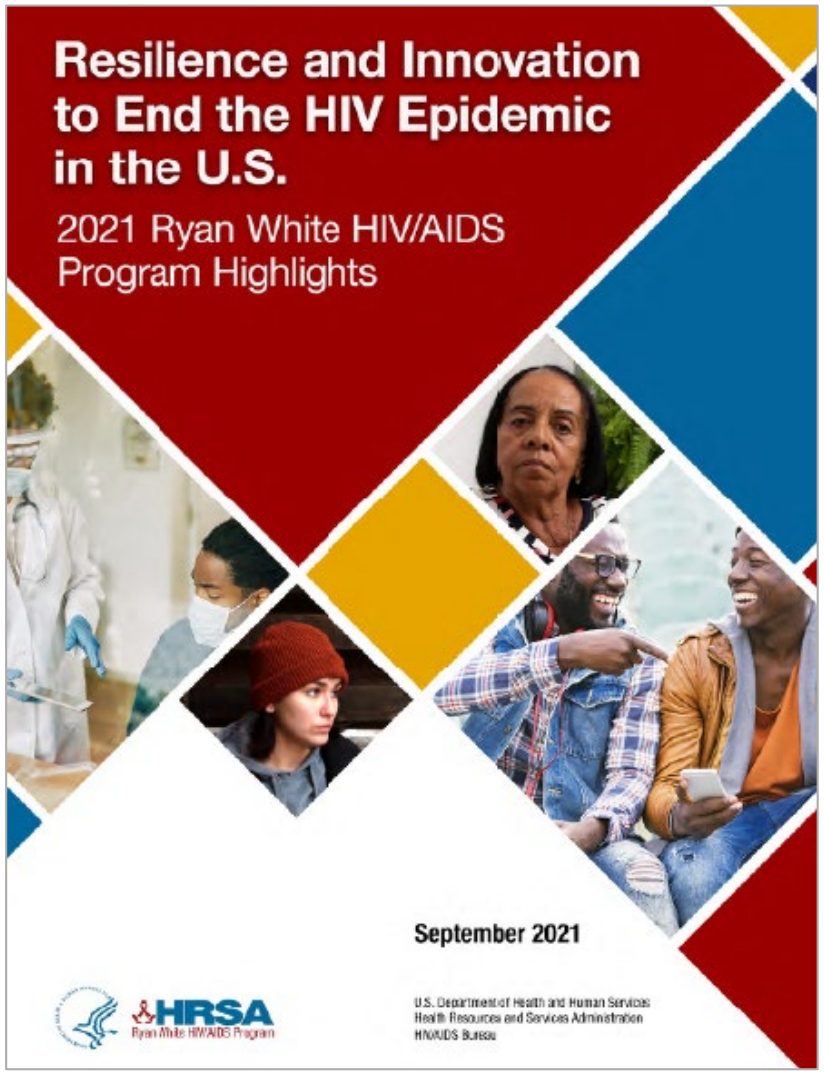
2021 Ryan White HIV/AIDS Program Highlights Biennial Report Now Available



- Released September 2021
- Access the report: https://hab.hrsa.gov/data/ryan-white-hivaids-program-biennial-reports

HRSA Ryan White HIV/AIDS Program

New Ryan White HIV/AIDS Program Resources

- New resources available on the HAB website. Visit: https://hab.hrsa.gov/publications/hiv aids-bureau-fact-sheets

Mark Your Calendar

- **Upcoming HAB You Heard Webinars**
  - **November 18, from 2-3 PM ET**
  - **December 9, from 2-3 PM ET**

2022 Stakeholder Webinar Schedule

SAVE THE DATE

HAB's DCHAP Stakeholder Webinars

Day and Date	Time
Thursday, April 28, 2022	2 pm – 4 pm ET
Thursday, July 21, 2022	2 pm – 4 pm ET
Thursday, October 20, 2022	2 pm – 4 pm ET

HRSA Ryan White HIV/AIDS Program

Save the Date: 2022 National Ryan White Conference

- Date: August 23-26, 2022

- Theme: The Time is Now: Harnessing the Power of Innovation, Health Equity, and Community, to End the HIV Epidemic

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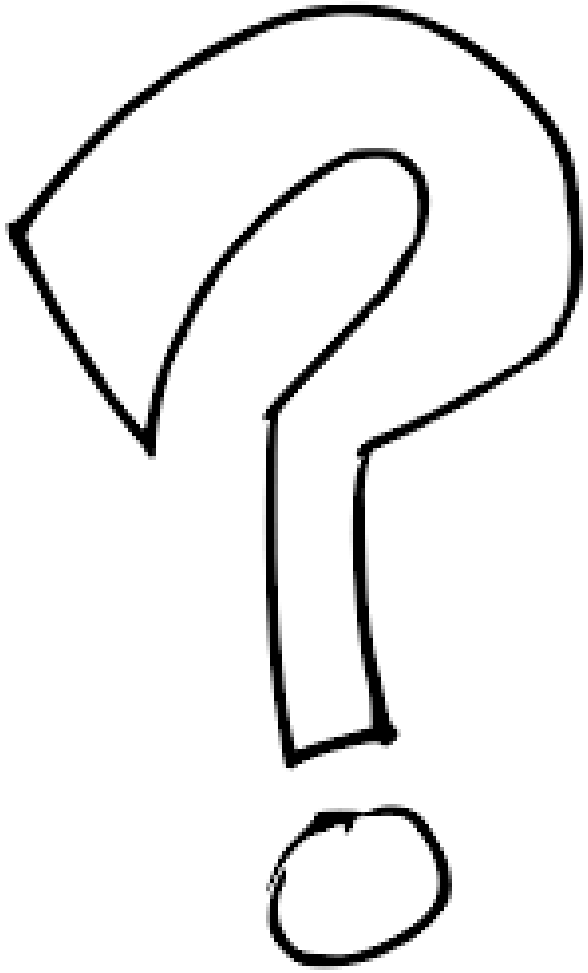
Questions



Contact Information

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Trauma-Informed Care: Using Trauma Informed Approaches to Enhance HIV Care

DCHAP October Stakeholder Webinar: Trauma-Informed Approaches to HIV Care & Treatment Services

Mahelet Kebede, MPH
Senior Manager, Health Care Access

NASTAD

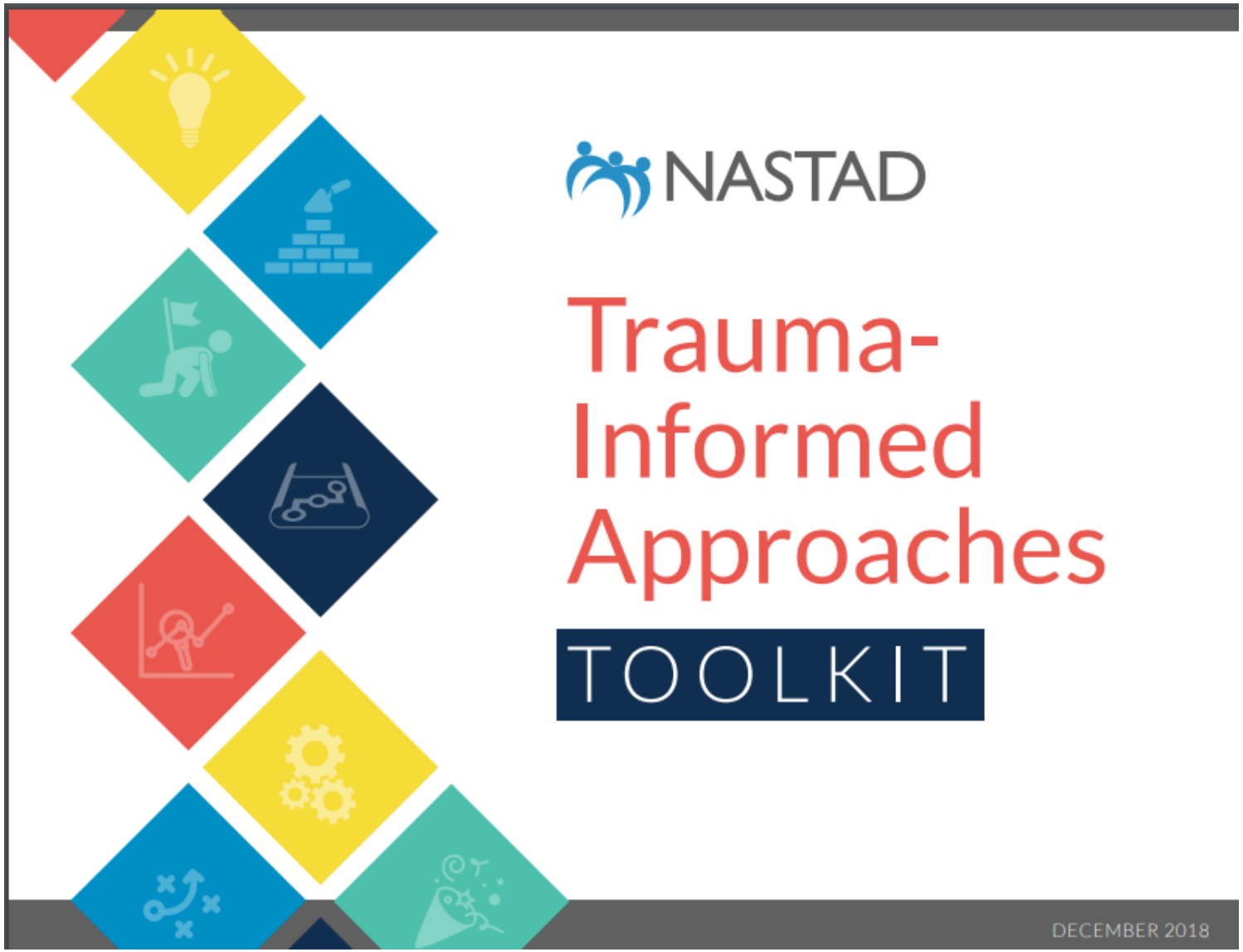
ABOUT NASTAD

WHO: A non-profit, non-partisan national association founded in 1992 that represents public health officials who administer HIV and hepatitis programs funded by state and federal governments.

WHERE: All 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, seven local jurisdictions receiving direct funding from the Centers for Disease Control and Prevention (CDC), and the U.S. Pacific Island jurisdictions.

MISSION: NASTAD's mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions by strengthening domestic and global governmental public health through advocacy, capacity building, and social justice.

VISION: NASTAD's vision is a world free of HIV and viral hepatitis.



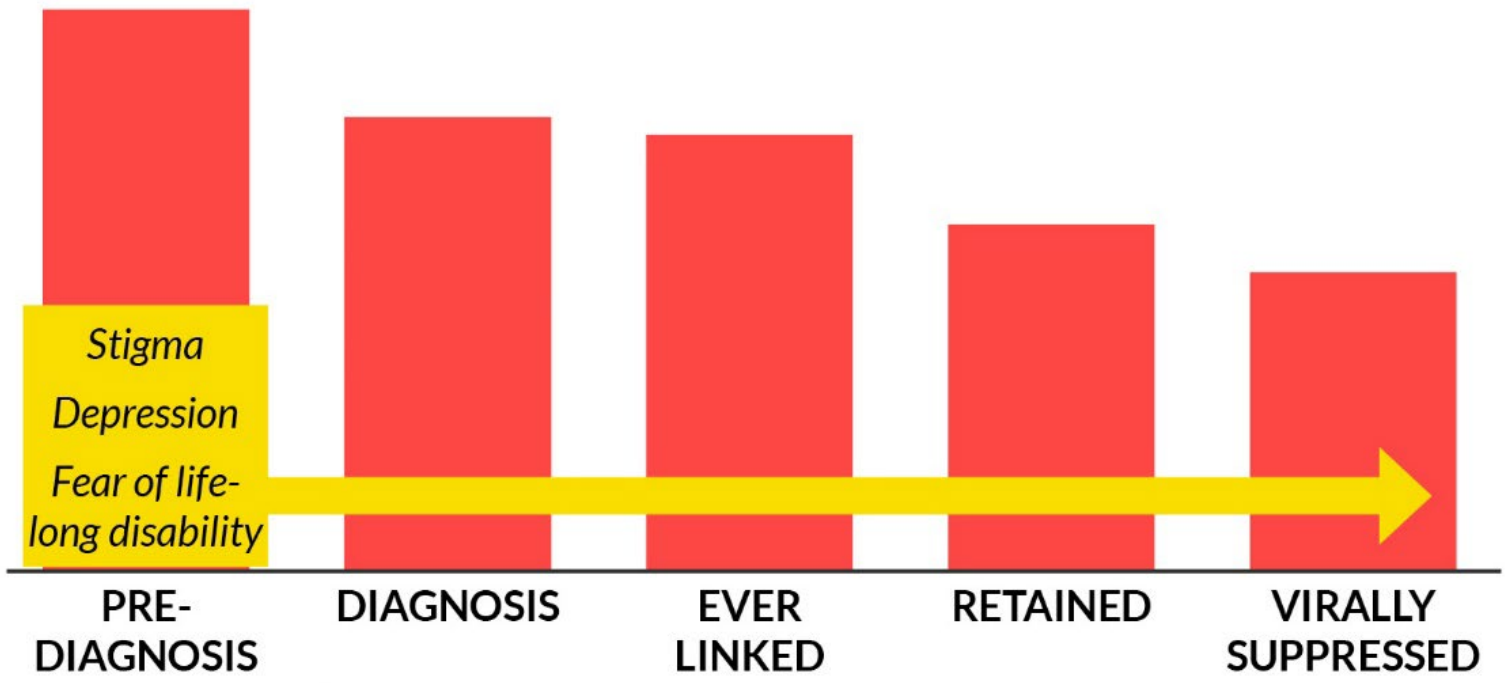
NASTAD

Trauma-Informed Approaches

TOOLKIT

DECEMBER 2018

TRAUMA & HEALING ACROSS THE HIV CONTINUUM



ORGANIZATIONAL TRAUMA & RESILIENCE

Organizational Trauma

- Organizational amnesia
- Unrecognized wounding
- Stress contagion
- Unproductive relationships between organizations and environment
- Depression, despair, and loss of hope

Organizational Resilience

- Recognize/acknowledge existence of organizational trauma
- Contain anxiety
- Act as an example
- Remember history and interrupt amnesia
- Strengthen organizational identity and esteem

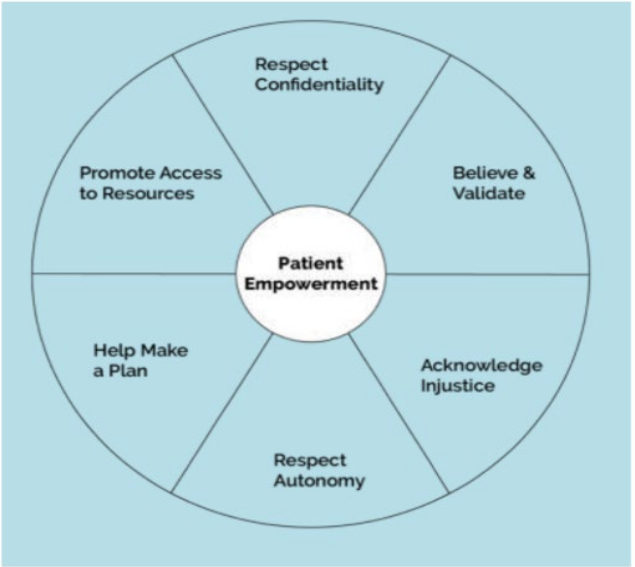
WORKPLACE WELLNESS

VICARIOUS TRAUMA	BURNOUT
Affects people who work with trauma survivors	Affects anyone
Reaction to the trauma experienced by clients	Reaction to overload
Can have an abrupt and sudden onset	Progressive onset
Results in changes in expression of empathy	Results in detachment and depression

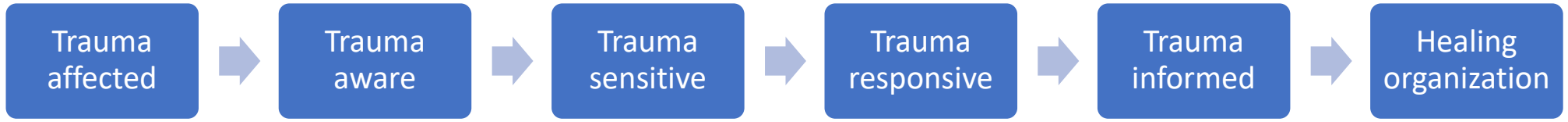
Resource: American Counseling Association

TRAUMA-INFORMED PRINCIPLES

1. Physical and Emotional Safety
2. Collaboration and Mutuality
3. Trustworthiness and Transparency
4. Empowerment, Voice and Choice
5. Peer Support
6. Cultural, Historical, and Gender Issues



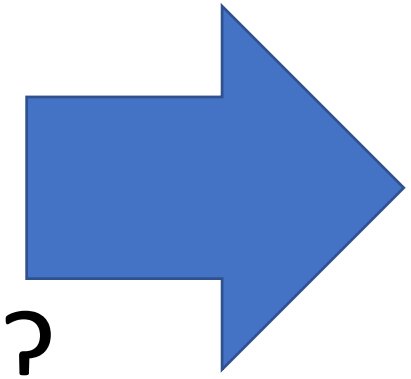
ROADMAP TO RESILIENCE*



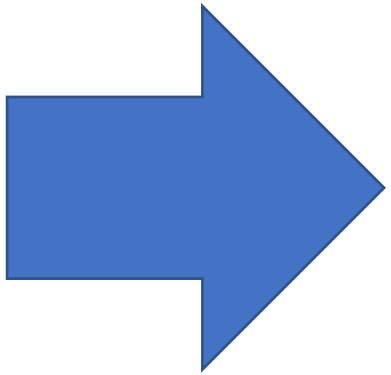
*Adapted from the work of Trauma-Informed Oregon's (TIO) road map to Trauma-Informed Care.

SHIFT THE QUESTION

WHAT'S WRONG WITH YOU?



WHAT HAPPENED TO YOU?



WHAT'S STRONG WITH YOU?

STAY READY
SO YOU DON'T HAVE TO GET READY

CONTACT INFORMATION

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School of Medicine - Division of Infectious Disease

Implementing HRSA Community of Practice Insight to Build a Trauma-Informed Approach

Leveraging Community of Practice Guidance to Optimize Programmatic Decision-Making

Your Presenters

Agee Baldwin

Linkage & Retention Coordinator

Kelly Ross-Davis

Education Director

Conversation Roadmap

1. About Us
2. Background
3. Community of Practice Snapshot
4. Since the COP
5. Lessons Learned
6. Looking Ahead
7. Final Wrap Up

About 1917 Clinic

- Opened January 28, 1988
- Original address: 1917 5th Ave South
- Ryan White Part C funded clinic, serving almost 3700 patients with comprehensive HIV care as well as offering prevention and testing services to our community
- We believe in celebrating birthdays through research, education, & care
- 66% Black/African-American, 31% White, 3% Other
- 75% Male, 24% Female, 1% Trans
- 53% below 100% of the Federal Poverty Level

Photo by: Tommy Williams

Connecting the Dots & Getting to the COP

ACEs	When held against the national average, our patient population was twice as likely to have experienced complex trauma; which has potential large impact on health outcomes.
Quality Service Delivery	Paying attention to the details, creating authentic connections, and operating with a heightened degree of intentionality all work together to ensure provide quality service.
Interdisciplinary Trauma Informed Team	Completed a sample clinic assessment, initiated consultation calls with other agencies to investigate best practices for incorporating TIC framework, and developed a full time position to lead efforts.
COVID-19	Monumental traumatic event that is having rippling effects for internal and external clinic stakeholders to date.

Trauma-Informed Care
Common Purpose

To empower patients, staff, and the greater community by integrating trauma-informed care into 1917 Clinic's culture, policies, environment, and delivery of HIV preventior and care.

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HRSA Center of Excellence for Behavioral Health Community of Practice (CoP)

School of Medicine- Division of Infectious Disease

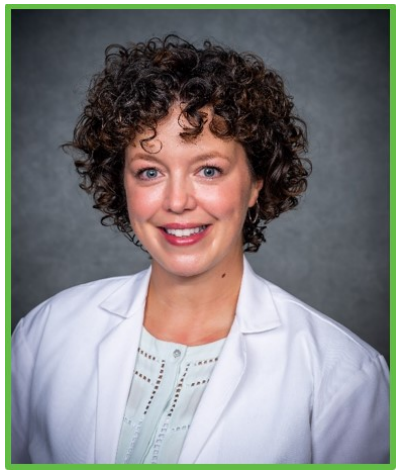
1917 Clinic Implementation Team

Rachel Hanle

Social Worker

Tiffiny Varner-Hall

Social Services Coordinator



Christa Nevin

Physician / Director of Quality Improvement

1917 Clinic Implementation Team

Agee Baldwin

Linkage & Retention Coordinator

Kathy Gaddis

Director of Social Services & Community Engagement

Kelly Ross-Davis

Education Director

Fostering Trustworthiness & Transparency

- Goal: Improve transparency & trust among staff and clients transitioning to the new space.
- Goal: Develop multilevel communication strategy to inform key stakeholders of new space transition.
- Goal: Further 1917 Clinic staff's understanding & integration of a trauma informed approach

Photo by: Tommy Williams

Technical Assistance Key Outcomes

- Designed & mailed announcement card to over 4000 patients, volunteers, and community partners
- Developed FAQs about the new location for staff and patients
- Promoted the ability for staff to tour the building prior to moving
- Hosted virtual town hall meetings
- Assembled welcome bags for new patients

Photo by: Tommy Williams

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Since the CoP…

Since the CoP…

- Contracted with CAI (Cicatelli Associates Inc.) for technical assistance and training
- Virtual Training –
  - Trauma & a Trauma-Informed Approach for all staff – Spring 2021 and ongoing for new staff
  - Vicarious Trauma & Compassionate Fatigue – Fall 2021
  - Verbal De-Escalation – Fall 2021

What Is A Trauma Informed Care Approach?

Physical Assessment – Integrating Trauma-Informed Principles – Sample Questions

- **Safety**
  - Sidewalks and parking areas are well lit.
  - Routes to and from public transportation are well lit and clearly marked.
- **Empowerment**
  - Educational materials about trauma and its impact on health are available to patients.
- **Cultural, Historical, and Gender Issues**
  - Artwork and décor are welcoming, friendly and reflect the population served.
  - Signage on the clinic's response to COVID-19 and how it is protecting patients is clear, easy to locate, and in the languages spoken by patients.

Current Status
☐ Present
☐ Somewhat present
☐ Not present
☐ Not Applicable
☐ Do Not Know

Priority
☐ Low
☐ Medium
☐ High

Physical Assessment Report Out

- Include “fruits” (low-hanging fruit, easy to accomplish) and “reaches” (reach for the stars, dream big)
- Priorities & Action Items
  - Develop educational materials on trauma for patients
  - Work with city to improve local bus stop
  - Incorporate feedback from Latinx community regarding signage in the clinic and other communication
  - Investigate the ability to hire a permanent greeter on first floor

Lessons Learned

- Ongoing & iterative process
- Ideal to work with a consulting team & have a full time trauma-informed leader
- Break down bigger concepts
  - Small steps
  - Pursue low hanging fruit
  - Tangible examples
- Staff are not immune to trauma
  - Trauma-informed supervision
  - Support spaces are crucial

Looking Ahead…

- Cultural assessment to be completed by key stakeholders
- Increase frequency of clinic wide conversation on trauma informed practice
- Hone in on harm-reduction strategies and skills-building aimed at mitigating trauma
- Cultivate relationships with partners to leverage aspects of our built environment

Photo by: Tommy Williams

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Thank you for the opportunity to participate!

Kelly Ross-Davis | KellyRossDavis@uabmc.edu

Agee Baldwin | AgeeBaldwin@uabmc.edu

Early Intervention Services (EIS) Primary Care Clinic: Denver Health and Hospital Authority

HIV/AIDS Bureau (HAB) Community of Practice (CoP) Trauma Informed Care Report Out

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Presenter Slide

Mariah Hoffman MD
Medical Director EIS Clinic
at Denver Health

Tara Hixson M.Ed-
Linkage to Care
Coordinator

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Objectives

- Describe overall context for Trauma Informed Approaches (TIA) at Denver Health and in the EIS Clinic
- Explain TIA clinical goals identified during HAB CoP
- Summarize progress towards TIA Clinical Goals including successes and challenges

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Clinic Overview

- Located in Denver, Colorado
- Patient panel of 650
- RWAHP Part C Recipient since 1990
- Denver TGA's only Part C clinic
- A part of Denver Health & Hospital Authority, Colorado's primary safety net hospital and ambulatory institution
- Mobile clinic that travels to four Denver Health FQHCs, embedded within internal medicine primary care

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Denver Health Primary Care Survey

Study Design, Sample, & Instrument

- Cross-sectional study of 302 primary care patients (180 declined)
- Adverse Childhood Experiences (ACEs), Primary Care-PTSD Screen
- Follow up questionnaire about helpful interventions to address trauma

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Results

- **High Rate of ACEs**
  - *Any ACEs = 81%*
    - (original ACEs study: 64%)
  - *ACEs of ≥ 4 = 41%*
    - (original ACEs study: 12%)
  - ACEs of ≥ 6 = 24%
- **High rates of positive PC-PTSD (poorly documented):**
  - 57.3% positive lifetime presence of trauma
  - *29.33% scored ≥3 to indicate possible PTSD* (similar to previous studies)
  - 22.7% of those with a positive PC-PTSD-5 had a trauma-related diagnosis in their chart

Goals and Selected SAMHSA Trauma-Informed Principles

Goal: Develop a trauma-informed care staff assessment tool to use across departments at DH

- Pilot this tool in the HIV Primary Care Clinic & Intensive Outpatient Clinics
- Review assessment results with department leadership

Goal: Develop 2 specific pilot interventions to improve trauma-informed care based on survey findings

- Training policy
- Scheduled trainings and trauma debriefs

SAMHSA trauma-informed principle: **Trustworthiness and transparency**

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Mapping Our Survey Realms to SAMHSA Principles

SMHSA TIC Principles

- Physical & Emotional Safety
- Collaboration & Mutuality
- Trustworthiness & Transparency
- Empowerment, Voice & Choice
- Peer Support
- Cultural, Historical & Gender Issues

DH Survey Realms

- Safe and secure Environment
- Staff training and competency
- Client/Patient voice, choice and collaboration
- Staff self-care
- Cultural humility and responsiveness

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Snapshot of staff survey

Staff were asked to indicate how much they agreed statements under each realm

- Safe and secure Environment
- Staff training and competency
- Client/Patient voice, choice and collaboration
- Staff self-care
- Cultural humility and responsiveness

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
My department trains all new employees in trauma-informed care (TIC).	18.18% 2	18.18% 2	18.18% 2	27.27% 3	18.18% 2	11	3.09
My department provides ongoing training for TIC.	18.18% 2	9.09% 1	18.18% 2	36.36% 4	18.18% 2	11	3.27
My department has clearly written policies and procedures that incorporate the principles of trauma informed care AND staff are trained in these principles.	18.18% 2	9.09% 1	18.18% 2	45.45% 5	9.09% 1	11	3.18
My department creates a strong system of collaboration, communication and team-based, client/patient/customer-centered, coordinated care.	36.36% 4	27.27% 3	18.18% 2	0.00% 0	18.18% 2	11	2.36

Action Steps Carried Out During CoP

- Developed and deployed survey tool based on review of multiple instruments
- Received feedback from staff about survey instrument
- Received valuable feedback for clinic quality improvement

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Outcomes Informed by Survey Results

- Write a clinic policy for staff training around TIA, including new hire and ongoing training
- Implement staff debrief and support structure for learning from and discussing traumatic interactions/events

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Successes

- Piloting TIA assessment with small team to identify strengths and weaknesses with the tool itself
- Assessment was successful in illuminating areas of need for TIA training and staff competency

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Challenges

- Dedicating resources to developing policies around TIA and staff training
- Schedule and structure for ongoing staff training and debrief—creating a safe environment with a structure for ALL staff to share with and learn from one another.
- Getting staff to recognize trauma-informed trainings and practices

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Lessons Learned

- Staff training around TIA should be intentional and staff should be able to make clear connections between learning and patient interactions in clinic
- Creating space for staff to process trauma and debrief tough interactions is important to creating resiliency

Next Steps

- Work with clinic team and patients to identify areas for improvement using a TIA lens
- Ongoing training structure and policy
- Create more opportunities for patient voice and choice in the clinic setting

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End

Thank You

EIS Primary Care Clinic Team
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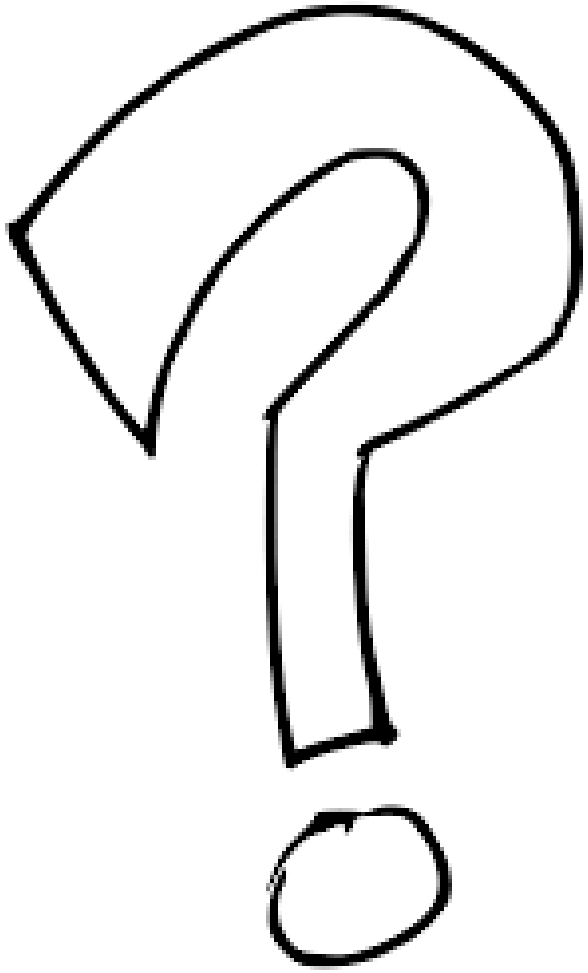
Questions



Thank You!