SOUTHERN HIV/AIDS STRATEGY INITIATIVE

Preliminary SASI Report on the Minority AIDS Initiative Funding for Care and Prevention in the United States (CAPUS) Demonstration Project

Background

In late September, 2012, Dr. Ronald Valdiserri, Deputy Assistant Secretary for Health, Infectious Diseases at the U.S. Department of Health and Human Services announced that 8 states, including 6 southern states (GA, LA, MS, NC, TN, VA), were awarded $14.2 million in first-year funding as part of the Care and Prevention in the United States (**CAPUS**) Demonstration Project. **CAPUS** funds are designed to reduce HIV-related morbidity, mortality, and related health disparities among racial and ethnic minorities.

A multi-agency federal partnership, including lead agency CDC and multiple HHS agencies and offices, will provide leadership and technical assistance to the grantees, who are required to use 25% of the grant funds to fund community based organizations.

In February, 2012, Dr. Valdiserri specifically credited SASI's advocacy along with that of the 30 for 30 Campaign and PACHA for this funding initiative. SASI's Research Report, *HIV/AIDS Epidemic in the South Reaches Crisis Proportions in Last Decade*, was relied on extensively in the Funding Opportunity Announcement (FOA).

This CAPUS funding is the latest result of powerful, well-organized advocacy to deliver our message regarding the serious HIV epidemic in the Southern States. In the past year, the Southern HIV/AIDS Strategy Initiative ("SASI"), the Southern AIDS Coalition (SAC), the 30 for 30 Campaign and many other groups and individuals have made the case for the South with the White House Office of National AIDS Policy (ONAP), at the Department of Health and Human Services (HHS), at the President's Advisory Council on HIV/AIDS (PACHA), at the Federal AIDS Policy Partnership (FAPP) meeting, with members of Congress, and on the state and local levels. This work has been supported by multiple funders, including the Ford Foundation and AIDS United.

SASI's Goals relating to the CAPUS grants

SASI's goal is to work with state and regional partners to monitor the implementation of the CAPUS demonstration projects at the state *and* federal level. Specifically, SASI aims to:

- Review each successful Southern state's proposal.
- Monitor the participation by federal agencies.
- Work on the state-level with state partners to monitor implementation.

An Overview of the CAPUS Demonstration Project

The CAPUS Demonstration Project is a funding opportunity sponsored by the Center for Disease Control and Prevention (CDC) to support programs to reduce disparities in HIV-related morbidity and mortality, and related health disparities, among minorities.

Eligible Jurisdictions

Eighteen jurisdictions were eligible to apply, with twelve jurisdictions located in the South (italicized below) and nine jurisdictions located in the Deep South. Eligible jurisdictions were divided into three-tiers, based on HIV prevalence at year-end 2009. Tier 1—states with HIV prevalence of at least 30,000 cases—including California, *Florida*, *Texas*, *Georgia*, Illinois, and Pennsylvania. Tier 2—states with HIV prevalence of at least 16,000 cases but less than 30,000 cases—including *Maryland*, *North Carolina*, *Louisiana*, Puerto Rico, Ohio, *Virginia.* Tier 3—states with HIV prevalence of at least 8,000 cases but less than 16,000 cases—including *Tennessee*, *Washington, D.C., South Carolina*, Missouri*, Alabama*, and *Mississippi*.

The selection of these 18 jurisdictions was based upon (1) the burden of illness, (2) disproportionality affected areas, and (3) social determinates of health. Specifically, jurisdictions with more than 5,000 HIV cases among African Americans and Latinos, jurisdictions with an AIDS diagnosis rate of over 6 per 100,000 in 2010, and jurisdictions with a teen birth rate over 25 per 1,000 were included. (FOA, p.44)

Background

Citing the SASI report among other sources, the FOA acknowledged the disproportionate burden of HIV and AIDS in the south including high HIV fatality rates, the large numbers of HIV cases among African Americans and Latinos, high poverty levels and numbers of uninsured, healthcare provider shortages, and lower levels of educational attainment. (FOA, p. 10-11) The FOA notes the high proportion of people living with AIDS in

rural and smaller urban areas, which creates limited access to HIV provider due in part to lack of reliable transportation and pervasive HIV-related stigma. (FOA p. 11)

Grantees

Eight states were funded a total of approximately $14.2 million, including six Southern states. Grantees are *Georgia*, Illinois, *Louisiana*, *Mississippi*, Missouri, *North Carolina*, *Tennessee*, and *Virginia*. Alabama, South Carolina, and Texas applied but were not awarded funding.

Table 1: CAPUS Funding for FY 2012

Georgia Dept. of Public Health	2,524,266
Illinois Dept. of Public Health	2,524,266
Virginia State Dept. of Health	1,897,500
Louisiana State Dept. of Health & Hospitals	1,897,500
North Carolina Dept. of Health & Human Services	1,897,500
Missouri Dept. of Health & Senior Services	1,164,137
Mississippi State Dept. of Health	1,164,137
Tennessee State Dept. of Health	1,164,137
Total	$14,233,422

Guidelines for the Demonstration Projects

CAPUS funding supports 3-year demonstration projects that "develop [] systems to identify, link, engage, or re-engage large numbers of HIV-positive persons by addressing social and structural determinants of health." (FAQ, p. 2)

Draft Work Plans for the demonstration projects must be submitted by February 15, 2013. Final Work Plans are due to the CDC by March 30, 2013.

Required components of the demonstration projects included:

- ✓ (a) improving HIV testing, linkage to, retention in, and re-engagement with care, treatment, and prevention;
- ✓ (b) navigation services;
- ✓ (c) using surveillance data and data systems to improve care and prevention; and
- ✓ (d) addressing social and structural factors directly affecting HIV testing, linkage to, retention in, and re-engagement with care, treatment, and prevention. (FOA, p.18-20)

Supplemental and optional components include:

- ✓ improving coordination, integration, and quality of HIV service delivery, and
- ✓ improving access to HIV testing, linkage to and retention in care services. (FOA, p. 20-29)

State Health Directors are required to use at least 25% of their funding to fund community-based organizations (CBOs)[1] that serve minority populations. This funding can be used for a specific program, capacity building assistance, or both. (FAQ, July 2, 2012, p.1)

The Substantial Involvement of Federal Partners

The lead federal agency is the CDC's Division of HIV/AIDS Prevention. Federal partners include:

- The Department of Health and Human Services (HHS): the Office of HIV/AIDS and Infectious Disease Policy (OHAIDP), the Office of Minority Health (OMH), and the Office on Women's Health (OWH).
- The Health Resources and Services Administration (HRSA): the HIV/AIDS Bureau (HAB) and the Bureau of Primary Health Care (BPHC).
- The Substance Abuse and Mental Health Services Administration (SAMHSA).

The CAPUS demonstration projects have two distinct phases: a 6-month development phase and an ongoing implementation and evaluation phase.

The FOA anticipates substantial involvement by federal agencies in the implementation of the CAPUS grants, "above and beyond routine grant monitoring." FOA, p. 39) Specifically, federal partners are to:

- ✓ "Provide consultation and technical assistance to grantees on both phases of the demonstration project."

- ✓ "Provide each grantee with a "federal support team" of scientists and program staff from across federal agencies and offices who will serve as the grantee's principle contacts and coordinate, facilitate access to, and/or provide specific technical assistance during both phases of the demonstration project."

[1] CBOs include 501(c)(3) non-profits, hospitals, clinics, and faith-based organizations, as well as federally qualified health centers (FQHCs) and community health centers (CHCs). Colleges, universities, and research institutions do not qualify as CBOs, although they can still be involved in demonstration projects through agreements with the grantee. The CBOs must be (1) positioned to provide direct client services and (2) recognized as a credible health or social service provider. (FAQ, p.1)

- ✓ "Work with grantees to identify and address capacity building and technical assistance needs that are crucial to the success of the demonstration project, and that are not currently addressed by other funding sources."

- ✓ "Facilitate coordination, collaboration, and where feasible, service integration among federal agencies, other CDC programs, health departments and their programmatic divisions, local planning groups, directly-funded CBOs, national capacity building assistance providers, care providers and other recipients of Ryan White HIV/AIDS Treatment Extension Act of 2009, and other critical partners working with at risk populations and towards common goals of risk reduction, disease detection, and a continuum of HIV prevention, care, and treatment."

- ✓ "Monitor grantee progress in developing and implementing the demonstration project; work with grantees through consultation via site visits, email, telephone; and review progress reports to support development and implementation of the demonstration project."

- ✓ "Monitor grantee progress in developing monitoring and evaluation plans and work with grantees through consultation via site visits, email, telephone, and review of progress reports and other data reports to support progress, program improvement, and reduce HIV morbidity and mortality and related health disparities among racial and ethnic minorities in the United States."

- ✓ "Provide requirements and data standards for laboratory reporting of HIV-related tests, uploading of such data into the surveillance software, and analysis of data to plan and measure outcomes."

- ✓ "Provide requirements and expectations for standardized and other data reporting and support monitoring and evaluation (M&E) activities with contractual technical assistance, web-based training on M&E, M&E-related materials such as data collection tools, and on-line TA via the NHM&E Service Center and other sites supported by the federal partners."

- ✓ "Obtain necessary federal clearances."

- ✓ "Convene, plan, and facilitate joint grantee meetings (one per year) during the project period." (FOA, p.39-41)

A Preliminary Overview of the CAPUS grants funded in Southern States[2]

***Georgia*:** Georgia plans to use CAPUS funding to create a "dynamic 'care cascade' concept to monitor outcomes and target resources in order to maximize [] impact on the HIV epidemic in GA." (GA Proposal, p.1) Proposed activities include:

- Creating a Cascade of Care, and using this cascade to monitor outcomes and target resources. (GA Proposal, p.1)
- Creating a one-stop "comprehensive online Resource Hub around statewide testing, prevention and care for HIV/STD/VH/TB, and related psychosocial and social determinates of health." This Hub will have a public component and a secure private component for service and care providers. (GA Proposal, p.6)
- Coordinating testing and linkages through the Metro Atlantic Testing and Linkage consortium (MATLC) to focus existing HIV/STD resources on underserved, predominately minority populations in high-prevalence census tracts. (GA Proposal, p.9)
- Improving care linkage statewide through use of a hub-based eligibility database. (GA Proposal, p. 10)
- Providing incentives for newly diagnosed patients to attend each of their first 3 medical visits. (GA Proposal, p.10)
- Increasing the number and coordination of patient navigators statewide (GA Proposal, p. 12)
- Establishing a metro Atlanta Rapid Response Linkage Team to assist newly diagnosed PLWH in metro Atlanta with linkage activities. (GA Proposal, p.12)
- Expanding the electronic reporting of laboratory data, and using surveillance data to improve clinical outcomes and engagement with care. (GA Proposal, p.13-14)
- Training middle and high school teachers to educate about HIV/STD prevention and communicate an anti-stigma message to students. (GA Proposal, p.16)
- Improving the infrastructure at and capacity of the Georgia Department of Health. (GA Proposal, p.18)

***Louisiana*:** Louisiana plans to use CAPUS funding to increase HIV testing, improve linkage to care and patient navigation services, expand the use of HIV surveillance data, and eliminate social and structural barriers to care and prevention services. Through its proposed initiatives, Louisiana hopes to increase the number of minority PLWH who know their status, and to improve linkage to, retention in, and re-engagement with care and prevention services for racial and ethnic minorities, specifically Blacks. (LA Abstract, p.1-2) Proposed projects include:

[2] Projects outlined in Grantees' proposals are subject to change because some states were awarded less than their proposed budget.

- HIV screening in two public hospital emergency rooms targeting uninsured, low socioeconomic status patients;
- HIV testing campaigns at public high schools to enhance testing awareness and acceptance;
- "Louisiana Cares" patient navigation/linkage, treatment adherence and re-engagement project targeting PLWH who are out of care or who have consistently high viral loads.
- "Health Models Project" to incentivize linkage, retention and treatment adherence, targeting patients at three clinics in New Orleans and Baton Rouge;
- "Community Health Internship Project" to build education, job skills, and experience of PLWH, and to increase capacity of CBOs;
- Expanding testing campaigns that target Black women and Black MSM in Baton Rouge;
- Enhancing HIV services through the use of surveillance data;
- Providing Undoing Racism workshops to educate Louisiana's STD/HIV Program staff, PLWH, and care providers on social determinants of health, including covert and structural racism. (LA Abstract, p.3)

Mississippi: Mississippi plans to use the CAPUS funding to address the unique needs of its African American communities and also improve "the state's operational capacity to implement, monitor and evaluate the HIV prevention interventions." (MS Narrative, p. 9). Proposed projects include:

- Increasing the number of Federally Qualified Health Centers (FQHC) that offer HIV rapid testing to minority communities and determining the feasibility of providing rapid testing to populations transitioning from institutionalized incarceration to the community. (MS Narrative, p.10)
- Implementing a "strengths-based integrated case management model that will improve linkage to care, compliance with treatment services, and access to support services." (MS Narrative, p.10)
- Planning and implementing a "systems-level new patient orientation program for newly identified HIV infected individual" to identify unmet patient needs and challenges and engage or re-engage patients in HIV care. (MS Narrative, p.11-12)
- Using an interdisciplinary team to reach out to individuals not engaged in medical care within 6 months of a new HIV diagnosis. (MS Narrative, p.12)
- Distributing a patient brochure that describes an HIV+ persons rights and responsibilities, explains what the health care team will do, and provides a checklist of next steps and helpful resources. (MS Narrative, p.13)
- Implementing a peer health counselor program. (MS Narrative, p. 14)
- Analyzing pharmacy refill data to monitor adherence to ART and using viral load and CD4+ T-Lymphocyte count reporting to "perform analysis of local needs, monitor entry and retention in care, and improve the allocation of resources for HIV prevention, health care and other services." (MS. Narrative, p. 15-16)

- Obtaining contracts to "provide transportation to care and services for individuals in rural communities." (MS Narrative, p.17)
- "[E]nhanc[ing] the capacity of community-based organizations to perform HOPWA eligibility determination" and "provid[ing] technical assistance for CBOs in order to successfully apply for competitive HOPWA funding through HUD." (MS Narrative, p. 17)
- Creating a government inter-agency working group (HIV 2020: A Vision to Action) to address the need for multi-organizational, multi-agency collaborations. (MS Narrative, p.17-18)
- "Encourag[ing faith-based leaders to engage their faith-community in HIV testing and treatment strategies" and decreasing fear of and increasing support of persons living with HIV. (MS Narrative, p.18-19)
- Advertising on the public transit system of Jackson to improve access to HIV testing, linkage to and retention in care services. (MS Narrative, p.20)

North Carolina: North Carolina plans to use CAPUS funding to implement "numerous interventions to build bridges and close gaps in the current system, so that no one is left behind." (NC Narrative, p. 1) Through its proposed initiatives, NC will "address[] the many factors contributing to health inequality among minority populations affected by HIV." (NC Narrative, p.3) Proposed projects include:

- Purchasing reagents to complement the acquisition of additional 3rd generation HIV testing equipment, "assur[ing] that at least 20,000 additional HIV tests are available." (NC Narrative, p.4)
- Purchasing "20,000 HCV tests, targeting those most at risk (jails, substance abuse centers, and MSM transmission)." (NC Narrative, p.4)
- Piloting a community-managed Men's Clinic focused on minority MSM. (NC Narrative, p.4)
- Hiring an additional Bridge Counselor to work with Department of Corrections releasees and their sexual partners to engage and retain them in care. (NC Narrative, p.6)
- Hiring a new Navigation Specialist in each of North Carolina's 11 regional networks of care "who will direct their energies as the needs of the region dictate, since some are more rural than others." (NC Narrative, p.7)
- Hiring an IT data specialist to construct bidirectional messaging that will be capable of sending alerts to providers when a patient has not received HIV-related care within the past year. (NC Narrative, p.8)
- Hiring seven part-time Safe Space Facilitators to work with the MSM Task Force to facilitate meetings, incorporate members' requests for information, create and monitor social marketing, help overcome barriers to meeting (e.g. transportation), provide feedback "to better understand structural and societal barriers, to develop

plans for the men to succeed in spite of barriers, and to build better safety nets for young MSM of color." (NC Narrative, p.9)
- Engaging the African American faith community. (NC Narrative, p.10)
- Offering four cultural competency trainings in Year 1 for "medical providers working with African American, Latino or/and transgender people living with HIV, increasing the comfort levels and decreasing bias of providers working with these populations." (NC Narrative, p.10)
- Piloting Tele-health to rural areas. (NC Narrative, p.11)

Tennessee: Tennessee plans to use CAPUS funding to "strengthen and advance: 1) HIV testing in clinical and non- clinical settings, 2) immediate linkage to care for newly diagnosed HIV positive individuals, and 3) retention and re-engagement with care for known HIV positive individuals living in Tennessee." (TN Proposal, p.1) Through its proposed initiatives, Tennessee hopes to increase the percentage of PLWH who know their status, increase the percentage of PLWH who are diagnosed at an earlier stage of the disease, increase immediate linkage to care of newly diagnosed Tennesseans, increase access to health care and improve health outcomes for PLWH, and reduce new HIV infections. Proposed projects include:

- Implementing the CDC's Social Network Strategy (SNS) in Memphis and Nashville, targeting Black MSM. (TN Proposal, p.4)
- Upgrading HIV testing algorithms from 3rd generation to 4th generation HIV testing algorithms in Tennessee's three state laboratories located in Memphis, Nashville, and Knoxville. (TN Proposal, p.6)
- Hiring and training Corrections Navigators to work with HIV positive inmates before release. Corrections Navigators will schedule initial medical appointments and provide incentives to keep clients engaged in care. (TN Proposal, p.11)
- Hiring two full-time data entry clerks and an HIV/AIDS Strategy (HAS) Data Coordinator to enhance HIV/AIDS data analysis and release reports that further the goals of the CAPUS grant. (TN Proposal, p.14-15)
- Hiring five Re-Engagement DIS Case Managers to work with the HAS Data Coordinator in identifying, interviewing and re-engaging previous HIV-positive individuals into care. (TN Proposal, p.18)

Virginia: Virginia plans to use CAPUS funding to "1) expand testing services in low income, underserved, and high morbidity minority communities in both urban and rural areas; 2) improve linkages to, retention in, and re-engagement in care, 3) strengthen data systems to ensure timely utilization of CD4 and viral load to identify individuals that need to be linked to or re-engaged in care; and 4) implement social marketing activities to reduce HIV stigma and discrimination." (VA Proposal, p.5) Proposed projects include:

- Expanding "testing in [community service boards] that provide mental health and substance abuse services." (VA Proposal, p.6)
- Establishing "contracts with the major HIV care providers in three of Virginia's five health regions (Northern, Eastern and Northwest)…for [patient navigator] who will assist clients to link to, be retained in, and re-engage in care." (VA Proposal, p.7)
- Hiring an epidemiologist "to conduct regular analysis of CD4 and viral load data to determine which patients may have fallen out of care and assist with re-engagement into care activities." (VA Proposal, p.7)
- Contracting "with the three Virginia HIV/AIDS Resource and Consultation Centers (VHARCC) to develop and implement programs to ensure that HIV services for racial/ethnic minorities are delivered in a culturally- competent and linguistically-appropriate manner." (VA Proposal, p.8)
- Piloting "utilization of housing support for persons with HIV who have recently been released from incarceration" in an effort to remove structural barriers to care retention. (VA Proposal, p.8)
- Initiating "patient navigation models…in regions of the state not being served through the SPNS linkages grant" (VA Proposal, p.11)
- Using "components of the CDC *Act Against AIDS* campaign and develop[ing] a new media plan to use Facebook, Twitter, and smart phone technology to promote HIV testing." (VA Proposal, p.11)
- Offering "capacity building assistance to its partners through the VHARCC to identify learning gaps and develop a comprehensive and regionally balanced statewide calendar of training opportunities." (VA Proposal, p.12)

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