Office of HIV/AIDS

Linkage to Care

Georgia Prevention and Care Council
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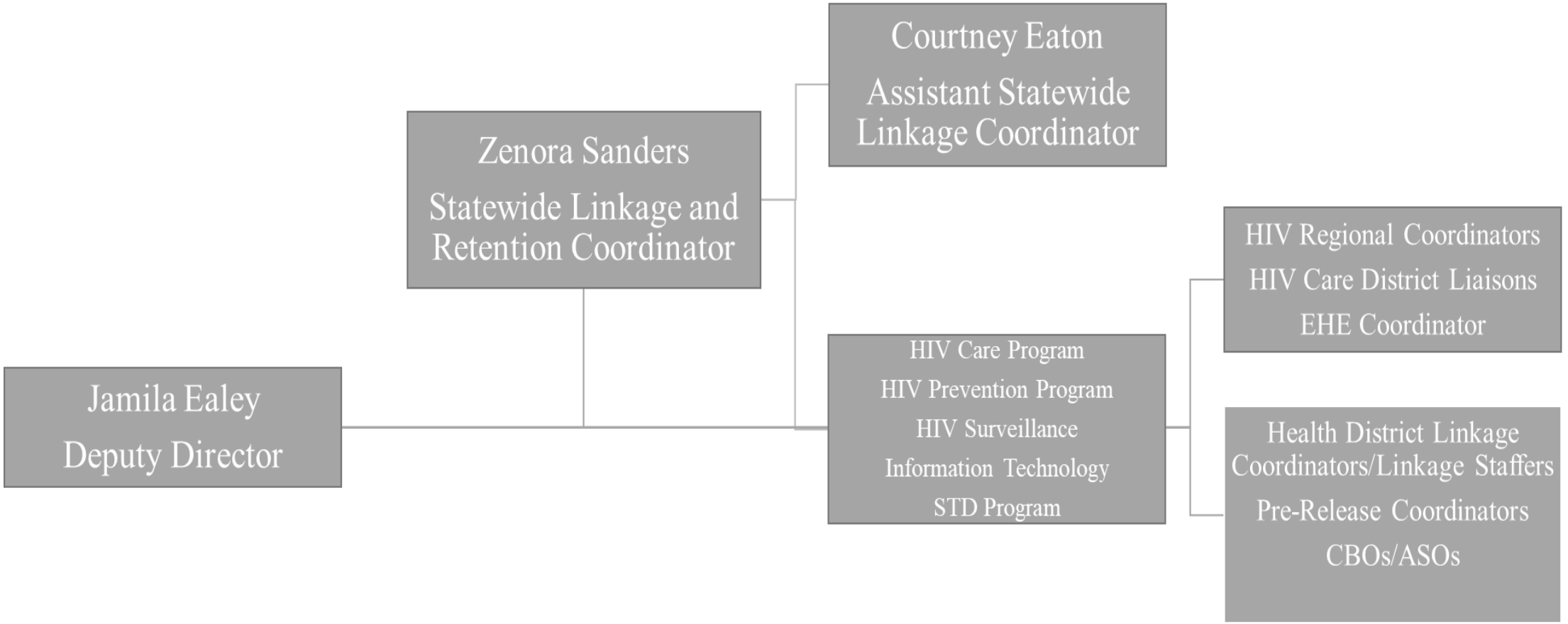
Overview

- Linkage Program Structure
- Linkage to Care Goals
- Linkage Landscape
- Data
- Ending the HIV Epidemic
  - Data to Care

DPH Linkage Program Team Structure



Linkage to Care Goals

- Linkage Coordinators utilize systematic networking among HIV care providers, HIV testing providers, and health departments.
- Promptly link persons to HIV medical care, who are living with HIV but not receiving treatment and improve patient retention in HIV primary care.
- Maintain linkage to HIV medical care to within thirty days of HIV diagnosis.
- Assist persons in accessing critical needs through supportive social services.
- Increasing retention in HIV medical care.

Partnerships to Conduct Integrated HIV Prevention and Care Services

- Enhance HIV prevention and care networks for increased coordination, availability of, and access to comprehensive HIV prevention, treatment, and support services.

- Test-Link-Care Network model consists of inter-organizational collaborations coordinating HIV testing, HIV primary care and supportive services.
  - Consists of Linkage Coordinators/Staffers supported by HIV Prevention and Care funding.

Goals of the Georgia Test, Link, and Care Network:

1. Identify and promptly link persons who are living with HIV and not receiving care
2. To improve patient retention in HIV primary care

1. Test

- Targeted HIV testing

2. Link

- Linkage Coordinators/Staffers
- Network Providers
- Linkage to care tools

3. Treat

- Access to treatment
- Increase retention in care
- AIM to achieve viral suppression

Support for Linkage and Retention:

- Linkage Coordinators/Staffers assisting with linkage activities
- Create a wrap around approach to linkage services
- Create strong inter-agency collaboration to facilitate communication and data sharing
- Reinforce and replicate linkage and retention best practices

Linkage Landscape
CDC Prevention PS18-1802

Annex 044

- Rome
- Dalton
- Gainesville
- Cobb
- Clayton
- LaGrange
- Gwinnett
- Dublin
- Macon
- Augusta
- Columbus
- Valdosta
- Albany
- Savannah
- Waycross
- Athens

Linkage Landscape

CDC Prevention PS18-1802

Annex 645

- Fulton
- DeKalb

Linkage Landscape
HRSA Ryan White Part B
Minority AIDS Initiative (MAI) 271

- Rome
- Columbus
- Albany
- Waycross
- Savannah
- Athens

Linkage Landscape

Ryan White Part B State Match

Corrections Pre-Release Planning Program

- Autry
- Calhoun
- Central
- Coffee (Private)
- Dodge
- Dooly
- Georgia State Prison
- Lee
- Long
- Macon State
- Montgomery
- Pulaski
- Rogers
- Rutledge
- Smith
- Telfair
- Valdosta
- Ware
- Wilcox
- Wheeler (Private)
- Arrendale
- ASMP
- Baldwin
- Burruss
- Coastal
- Emmanuel
- Georgia Diagnostic Classification Prison
- Hancock
- Hays
- Helms
- Jenkins (Private)
- Johnson
- Metro/TC
- Phillips
- Riverbend (Private)
- Walker
- Washington

Linkage Data

FY 2020 HIV Prevention Linkage Data

	ARTAS	Non-ARTAS	Total
# Clients Enrolled/Served	46	957	**1,003**
# Clients Linked into Medical Care	36	920	**956**
	ARTAS	**Non-ARTAS**	**Total**
Percentage of clients enrolled into medical care out of those served:	78%	96%	**95%**

*January 1, 2020- December 31, 2020

FY 2020 MAI Linkage Data

	ARTAS	Non-ARTAS	Total
# Clients Served	14	247	**261**
# Clients Enrolled in Medical Care	12	45	**57**
# Clients Enrolled in ADAP	8	96	**104**
	ARTAS	**Non-ARTAS**	**Total**
Percentage of clients enrolled into medical care out of those served:	86%	18%	**22%**
Percentage of clients enrolled into ADAP out of those served:	57%	39%	**40%**

*April 1, 2020- March 31, 2021

2020 Pre-Release Planning Program Case Management

Total number of HIV positive inmates currently enrolled in Pre-release Case Management:

141 Released Active Ex-offenders

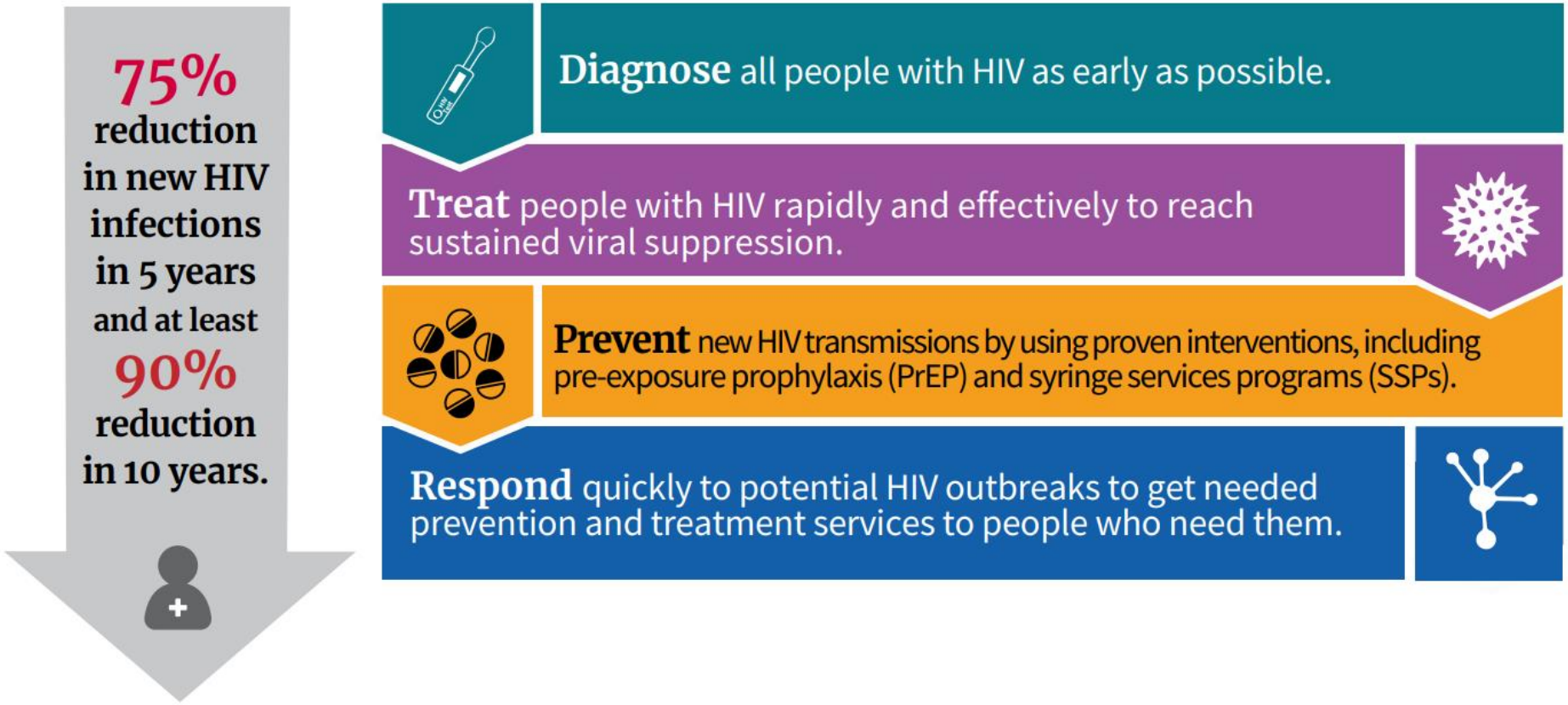
55 Incarcerated Active Offenders

Total: 196

GEORGIA
DEPARTMENT OF CORRECTIONS

*April 1, 2020- March 31, 2021

Ending the HIV Epidemic



Ending the HIV Epidemic

Data to Care (D2C) is a strategy that uses HIV surveillance data and other data sources to identify persons with HIV who are not in care, link those not in care to appropriate medical and social services and support the HIV Care Continuum.

- Identify persons who are not in care and then link or re-engage them in care*;
- Identify persons who are in care but not virally suppressed and work with these clients and their providers to achieve viral suppression; and
- Identify pregnant women or mothers and their exposed infants who may need coordinated services (perinatal HIV services coordination).

Ending the HIV Epidemic

Data to Care Outcomes:

- Successful linkage to or re-engagement in care for persons living with HIV;
- Expanded partner services for persons living with HIV not newly diagnosed, including an opportunity to re-interview individuals out of care, conduct partner notification, and offer testing and other prevention services;
- Identification of and follow-up with HIV-diagnosed individuals who may be in care, but are not virally suppressed, and need adherence support or other services;
- Improved surveillance data quality; and better collaboration among surveillance, prevention, care, and treatment staff.

Data to Care Initiative

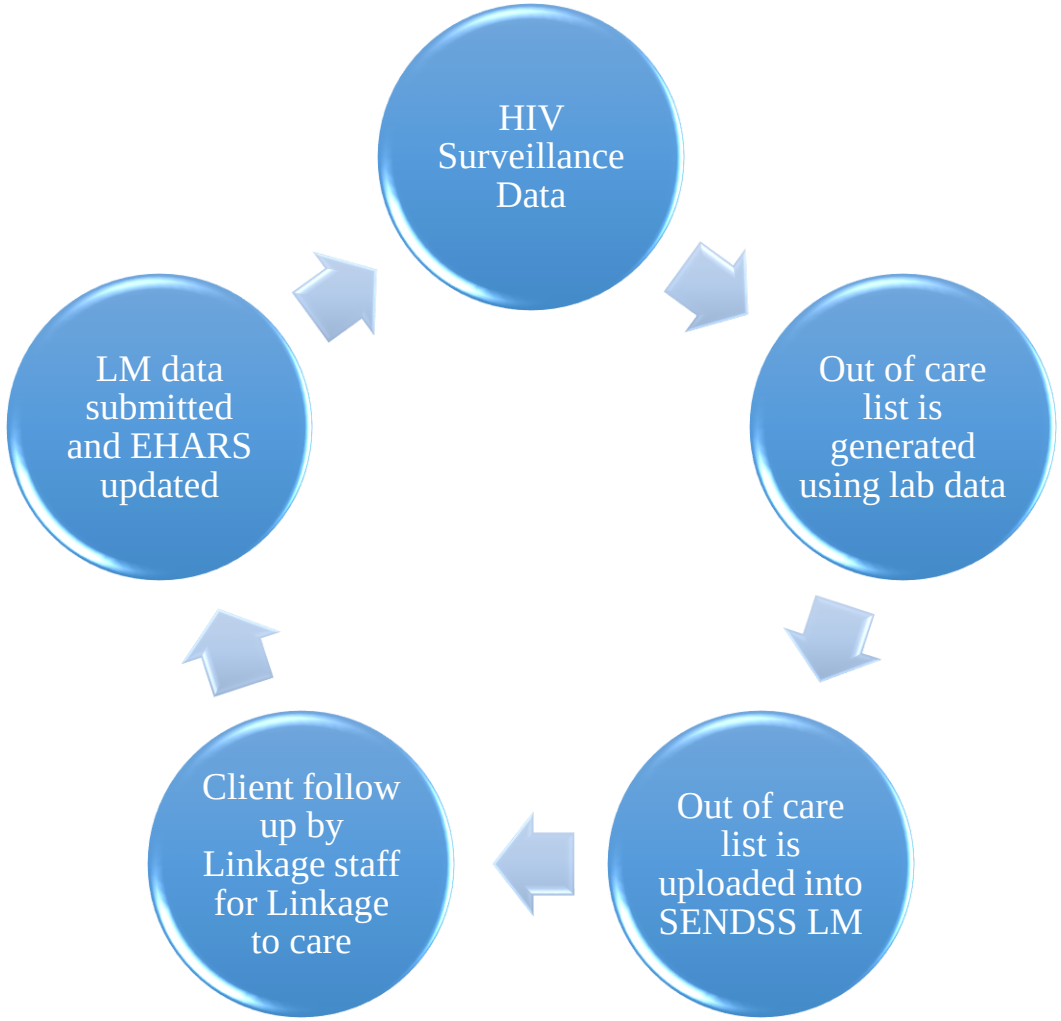
Collaboration with Prevention, Surveillance, IT

- Initiative Phases
  - Developed Linkage database
  - Out of care list (HIV Surveillance eHARS Data)
  - SENDSS data upload/eHARS data match
    - 16 Health Districts Statewide (2 Health Districts pending due to staff capacity)
      - August 13, 2021 (2 Virtual Training Sessions Conducted)

OHA will monitor D2C activities, make revisions and set expectations of linkage staff as appropriate

- Ongoing Evaluation

Data to Care (D2C) Initiative – How it works?



SENDSS Linkage Module

Development of Systems for Electronic Reporting of HIV linkage data regardless of funding.

Improves monitoring and reporting of HIV linkage, reengagement and retention across the state.

SendSS Linkage Module

- Modeled after ARTAS/General linkage paper forms
- Client level identifiable data
- Connect with other data systems/information
- Streamline data collection

Out of Care (OOC) List will be active within SENDSS Linkage Module (D2C Tab).

SendSS Linkage Module-Data to Care Tab

Information will be provided to Linkage Staffers via secure data upload into the SendSS Linkage Module, containing individuals' information and their respective medical provider.

The information will allow staff to confirm the client's current healthcare status, provide updates and navigate them through linkage and/or re-engagement into care.

- Client Information and Demographics
- Most recent provider and test
- Client Locating Information

- Maintain continuity of care and provide opportunities to increase linkage to and retention in medical care.
- Together we are **HOPE IN ACTION**

Questions

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