FULTON COUNTY LINKAGE TO CARE INITIATIVES

Fulton County Department Health and Wellness Communicable Disease Prevention Branch 99 Jesse Hill Jr. Dr. Atlanta, GA. 30303



Merck Foundation: Bridging the Gap

Focused on linking HIV-positive individuals to outpatient/ambulatory care.

The overall mission is to improve participation in HIV care leading to viral suppression which not only improves the client's health outcomes, but helps stop the spread of the virus.

Merck Foundation: Bridging the Gap

Focus:

Newly diagnosed (<3 months) Previously diagnosed that never entered care People lost to care (<180 days)

Client Pool: Clients lost to care from RW clinic Co-infected clients tested in STD clinic Grady ER

Outcomes:

Increase proportion of newly diagnosed linked to care within 3 months from 65% to 85% Increase % in continuous care to 80% Reduce proportion of tested but not in care by 10% annually Increase proportion on ART for >3 months w/ undetectable VL from 60% to 80%

Staffing:

1 Health Coordinator

1 Linkage Supervisor

2 Linkage Coordinators

Test, Link and Care

This model identifies and promptly links to care persons who are living with HIV but not receiving treatment (including those who are *unaware* of as well as those who are *aware* of their HIV-positive status) and improve patient retention in HIV primary care, through the use of trained Linkage Coordinators and systemic networking among HIV care providers, HIV testing providers and the health department.

The program relies on the successful implementation of the Anti-Retroviral Treatment Access Study (ARTAS) strategy for individuals newly diagnosed or lost to care.

Test, Link and Care

Focus:

Newly diagnosed (<3 months) Previously diagnosed that never entered care People lost to care

> Client Pool: Clients lost to care from RW clinic Individuals from State prison Grady ER

Outcomes:

75 people released from State prison or Grady ER will receive ARTAS Intervention 56 People out of care <180 days will receive ARTAS Intervention 85% of clients receiving ARTAS will be engaged in care (n=111)

Staffing:

1 Linkage Coordinator 1 P/T Linkage Coordinator (Proposed)

Ryan White Part B, Minority AIDS Initiative

To develop, implement, and evaluate linkage to care services with a focus on increasing retention of minority populations in care and on increasing minority participation in, and access to, the AIDS Drug Assistance Program (ADAP).

Ryan White Part B Minority AIDS Initiative

Focus:

People of color who are newly diagnosed (<3 months) People of color previously diagnosed that never entered care People lost to care

> Client Pool: Clients lost to care from RW clinic Previous positives who never entered care Individuals from State prison or Grady ER

Outcomes: 97 people served with 85% (n=82) engaged in care

> Staffing: 1 Linkage Coordinator 1 P/T Linkage Coordinator (Proposed)

CHANGE

The purpose of this program is to support the expansion of HIV related mental health services at Ryan White satellite clinics. Mental health services should include comprehensive mental health assessment and diagnosis; individual level mental health therapy and supportive services; psychopharmacological services and medication management; mental health and coping skills education; individual level mental health treatment planning; crisis intervention; and mental health community referrals.

CHANGE

Focus:

Individuals in need of mental health services to support access and retention in care

Client Pool: Ryan White eligible clients served at Adamsville

Outcomes:

60 people living with HIV disease will be screened for mental health needs 50 individuals will be enrolled in mental health services

Staffing:

1 P/T Psychiatrist 1 P/T Behavioral Health Clinician 1 Records and Documents Specialist

HIPP (PS12-1201)

The goal is to reduce HIV transmission by building capacity of health departments. While the primary focus is on testing and prevention activities, there is a linkage component.

- 1) focus HIV prevention efforts in communities and local areas where HIV is most heavily concentrated to achieve the greatest impact in decreasing the risks of acquiring HIV;
- 2) increase HIV facility based and non-facility based testing;
- 3) increase access to care and improve health outcomes for people living with HIV by linking them to continuous and coordinated quality care and much needed medical, prevention and social services;
- 4) increase awareness and educate communities about the threat of HIV and how to prevent it;
- 5) expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches, including delivery of integrated and coordinated biomedical, behavioral, and structural HIV prevention interventions as well as condom distribution; and reduce HIV-related disparities and promote health equity.

CHANGE

Focus: Individuals lost to care for >180 days

Client Pool:

Ryan White clients

Outcomes: 80% will keep first medical appointment 80% will be linked to prevention services

> Staffing: 4 Linkage Coordinators

COORDINATION OF EFFORTS AND OTHER LINKAGE AND RETENTION ACTIVITIES

Collaborations and Partnerships strengthen our efforts to "bridge the gap" for clients newly diagnosed, previously diagnosed but out of care, or lost to care



COORDINATION OF RETENTION ACTIVITIES

Working together to deliver comprehensive HIV prevention services and activities reduces the risk of transmission of HIV and delay in our communities.

