HRSA
Health Resources & Services Administration

Division of State HIV/AIDS Program (DSHAP) Business Day

2022 National Ryan White Conference on HIV Care and Treatment

August 23, 2022

Vision: Healthy Communities, Healthy People

Health Resources and Services Administration (HRSA)

Overview

Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged

HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities

Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care

HRSA Ryan White HIV/AIDS Program

HRSA's HIV/AIDS Bureau (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.

HRSA's Ryan White HIV/AIDS Program (RWHAP) Overview

- **Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.**
- **Funds grants to states, cities, counties, and local community-based organizations to improve health outcome and reduce HIV transmission.**
  - Recipients determine service delivery and funding priorities based on local needs and planning process.
- **Provided services to nearly 562,000 people in 2020—more than half of all people with diagnosed HIV in the United States.**
- **89.4% of RWHAP clients receiving HIV medical care were virally suppressed in 2020, exceeding national average of 64.6%[i].**

HRSA Ryan White HIV/AIDS Program

i. Centers for Disease Control and Prevention. Core indicators for monitoring the Ending the HIV Epidemic initiative: National HIV Surveillance System data reported through December 2021; and preexposure prophylaxis (PrEP) data reported through September 2021. HIV Surveillance Data Tables 2022;3(1). https://www.cdc.gov/hiv/library/reports/surveillance-data-tables/. Published May 2022. Accessed 07/11/22.

Agenda

- Announcements
- HRSA HAB Division of State HIV/AIDS Programs (DSHAP)
- National Monitoring Standards (NMS)
- RWHAP Part B Manual Updates
- Policy Clarification Notice #21-02
- Rebates and Program Income
- Integrated HIV Prevention and Care Plan
- Technical Assistance Available to RWHAP Part B Recipients
- Questions and Answers

Announcements

- Monkeypox Outbreak
  - https://ryanwhite.hrsa.gov/resources/monkeypox
  - www.cdc.gov/poxvirus/monkeypox/response/2022/index.html
  - www.cdc.gov/poxvirus/monkeypox/clinicians/people-with-HIV.html

Listening Session: Policy Clarification Notice 16-02

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

- **Have you experienced challenges or barriers in providing or accessing services based on the service category descriptions outlined in Policy Clarification Notice 16-02?**
- **Are there new or emerging needs or service delivery models that pertain to the service categories that HAB should consider?**

Please join HAB's Division of Policy and Data during our **listening session at the NRWC to learn how to access, provide, and improve services and service delivery in the Ryan White HIV/AIDS Program!**

HRSA Ryan White HIV/AIDS Program

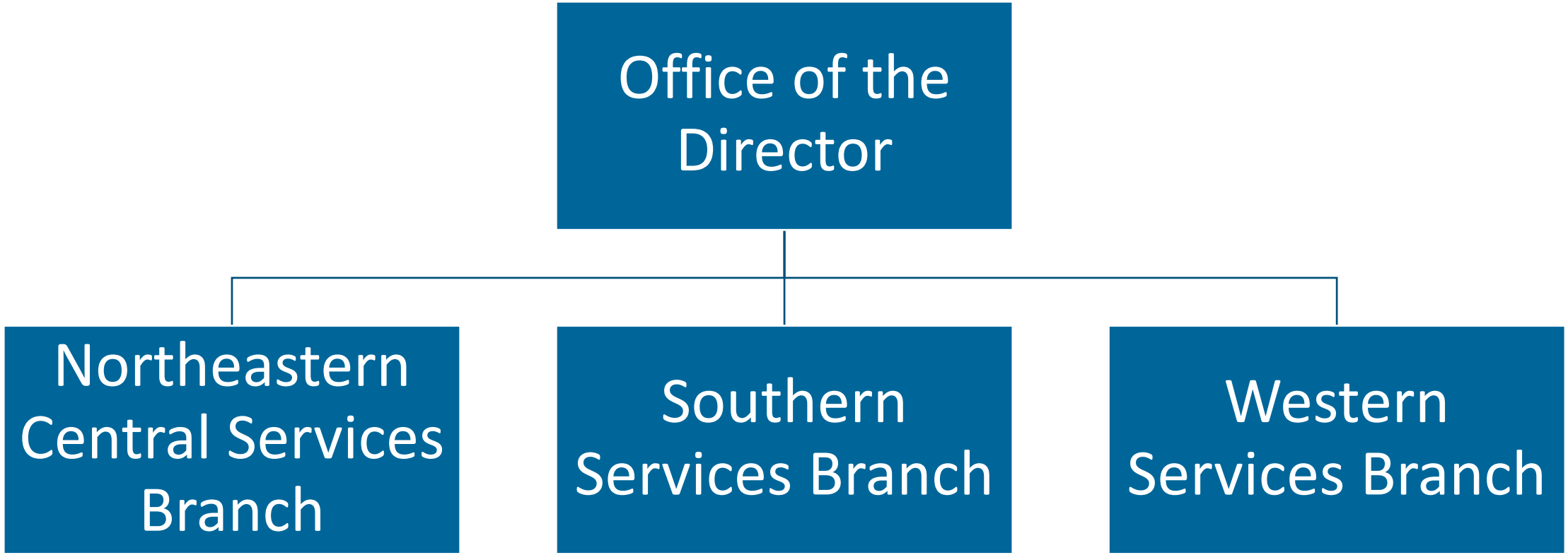
Call for CHAC Nominations

- HRSA accepts nominations for the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHAC) on open-continuous basis.
- To nominate yourself or someone else, submit:
  - A letter of interest or personal statement from the nominee stating how their expertise would inform the work of CHAC;
  - A biographical sketch of the nominee (500 words or fewer);
  - A copy of the nominee's resume or curriculum vitae; and
  - The nominee's contact information (address, daytime telephone number, and email address).
- All nominations will be kept on file for 2 years.
- For questions about CHAC or to submit a nomination, email CHACAdvisoryComm@hrsa.gov.

For additional information visit https://www.cdc.gov/faca/committees/chachspt.html

HRSA HAB Division of State HIV/AIDS Programs (DSHAP)

DSHAP Organizational Chart



Office of the Director

Director, Dr. Susan Robilotto, D.O.

Deputy Director, Erin Nortrup, LCSW

Program Analyst, April Fields

Administrative Assistant, Janae Fundersburg

ADAP Advisor, Glenn Clark, MSW

Senior Program Advisor, Kibibi Matthews-Brown, M.S.

Senior Policy Advisor, CDR Cathleen Davies, M.S., CCC-SLP

Clinical Advisor, David Cornell, DNP, MBA, AAHIVS

EHE Advisor, Tamika Martin, MPH, CHES

(The Clinical and EHE Advisor positions are shared with Division of Metropolitan HIV/AIDS Programs)

Northeastern Central Services Branch

Chief: Ashley Bennett, BA

Project Officers:

Kelli Abbott, MSW

Jose Au Lay, MD, MMS, MSHA

Kerry Hill, MSW

LCDR Cara Kenney, MPH, BSN

Kenya Young, MPH

Eboni Bell, DHSc, MS

Western Services Branch

Chief: Andrea Zeigler, MS, CHES

Project Officers:

Vacant

Psyche Doe, BS

CAPT Kathleen Edelman, MPH, RD

John Jackson III, MA, NCC, LGPC

Zanne Gogan, MPH

Vacant

Southern Services Branch

Chief: CDR Anita Edwards, MBA

Project Officers:

Wendy Briscoe, MHCA, MBA

Joy Johnson, AA, LPN

Kim Brown, MHA, MSW

William Bryant, MHS

George Fistonich, MPH

EHE Project Officers:

Tyranny Smith-Bullock, MSW, LMSW

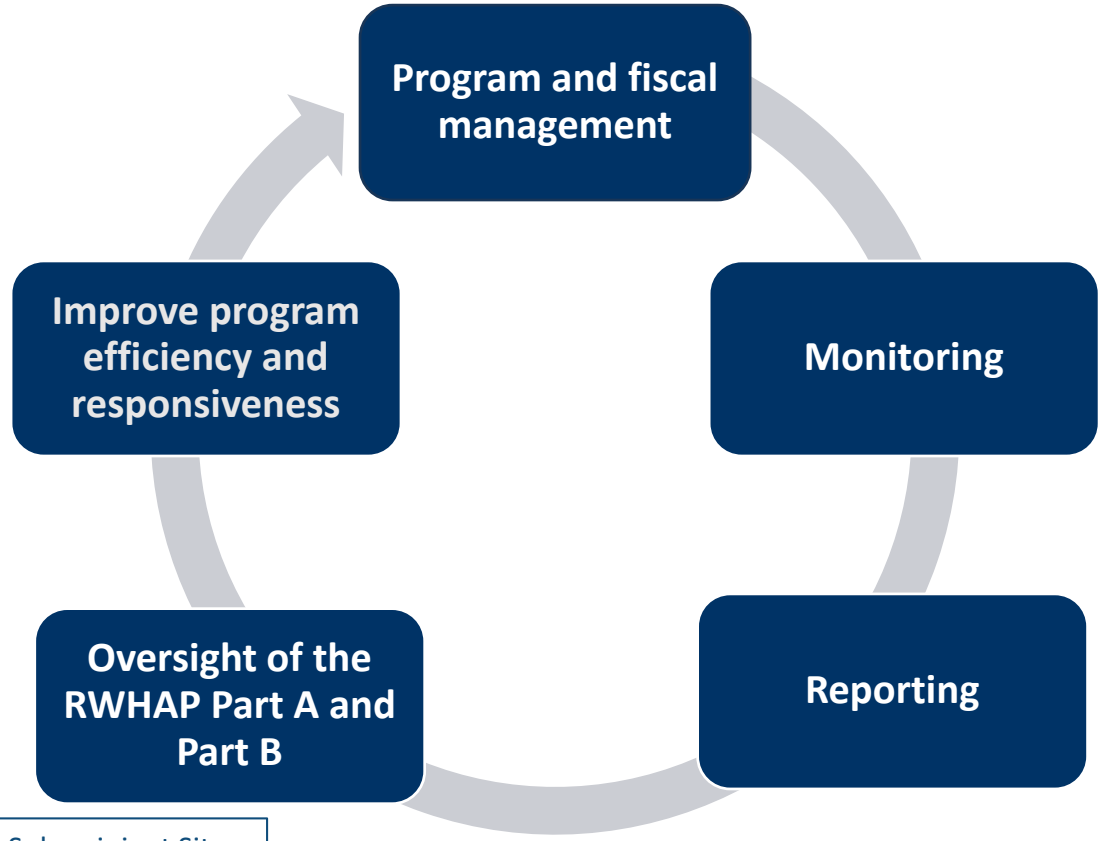
Amistad St. Arromond, BS, MSHS

RWHAP National Monitoring Standards

National Monitoring Standards (NMS) and RWHAP Part B Manual Recipients | TargetHIV

National Monitoring Standards

- Provide a compilation of all major Ryan White HIV/AIDS Program documents used for compliance, oversight, and expectations
- Assist recipients in meeting federal requirements for program and fiscal management, monitoring, and reporting
- Serves as a reference for HRSA consultants and POs in conducting site visits

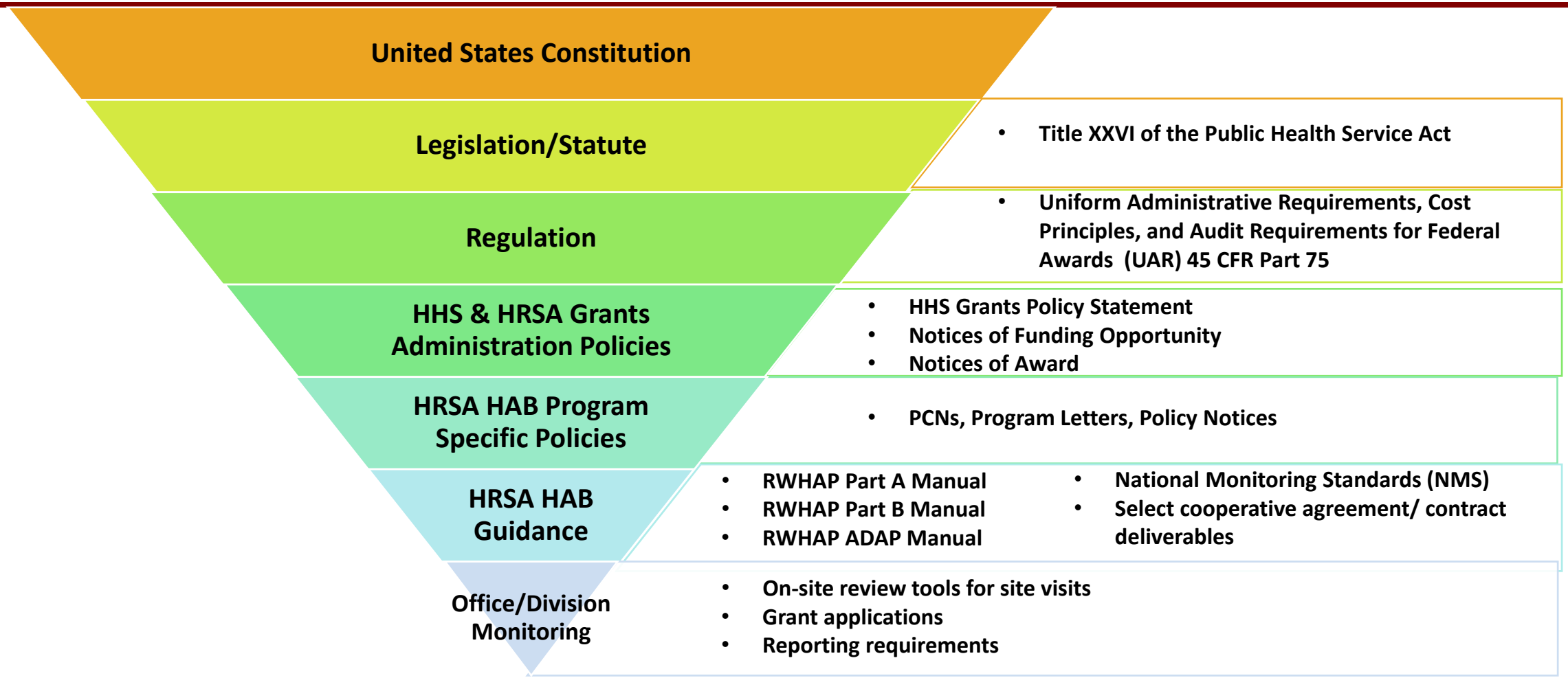


Note

Administrative/Program, Fiscal, Clinical Quality Management and Subrecipient Site Visit Monitoring Tools were developed to monitor compliance of legislative and programmatic requirements.

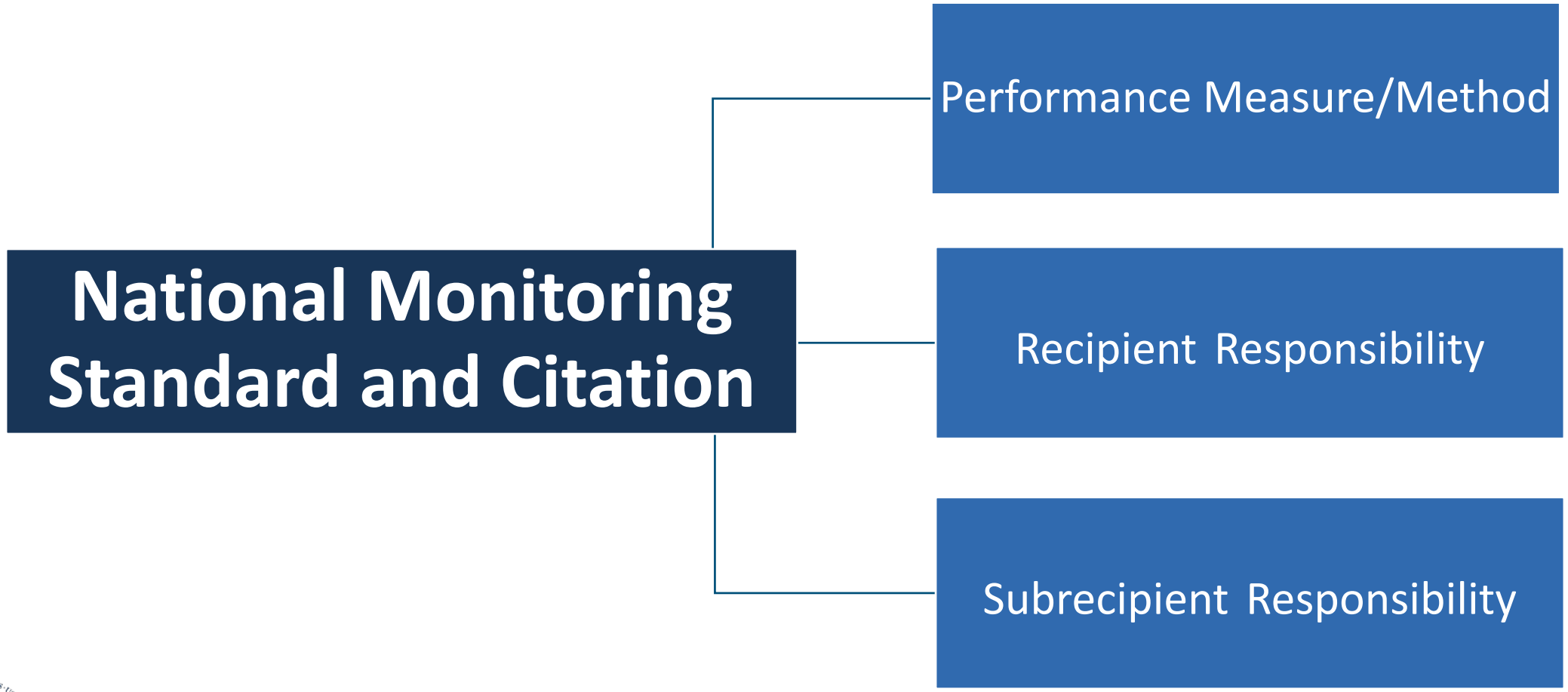
HRSA Ryan White HIV/AIDS Program

RWHAP Hierarchy of Authorities



HRSA Ryan White HIV/AIDS Program

NMS Structure



NMS Implementation

Recipients are encouraged to:

- Review the NMS and share with program and fiscal staff who have monitoring responsibilities
- Share the standards with subrecipients as appropriate
- Hold meetings with subrecipients to introduce the NMS and clarify compliance issues
- Make standards easily accessible to subrecipients
- Meet with legal, contracts, procurement, finance and other government entities to familiarize them with the NMS

NMS Implementation

- Review request for proposals (RFPs) and contract language to assure that they specify services to be provided and data to be collected and reported
- Review current monitoring systems, procedures, and tools for potential revision/updates/changes
- Fully implement any needed changes in subrecipient monitoring
- Implement recipient and subrecipient responsibilities
- Contact project officer if there are additional questions or concerns

RWHAP Part B Manual Updates

National Monitoring Standards (NMS) and RWHAP Part B Manual Recipients | TargetHIV

Summary of Changes

- Incorporates 45 CFR Part 75
- Includes updates to HRSA HAB Policy Clarification Notices (PCNs)
- Integrates updated language related to various RWHAP Part B policies and procedures
- Introduces additional information to ensure understanding of key issues

RWHAP Part B Manual Structure

- Introduction
- Relevant Authorities
- Program Direction and Implementation
- Technical Assistance Links and Resources

Technical Assistance Links and Resources

V. Chapter 7. Technical Assistance Links and Resources

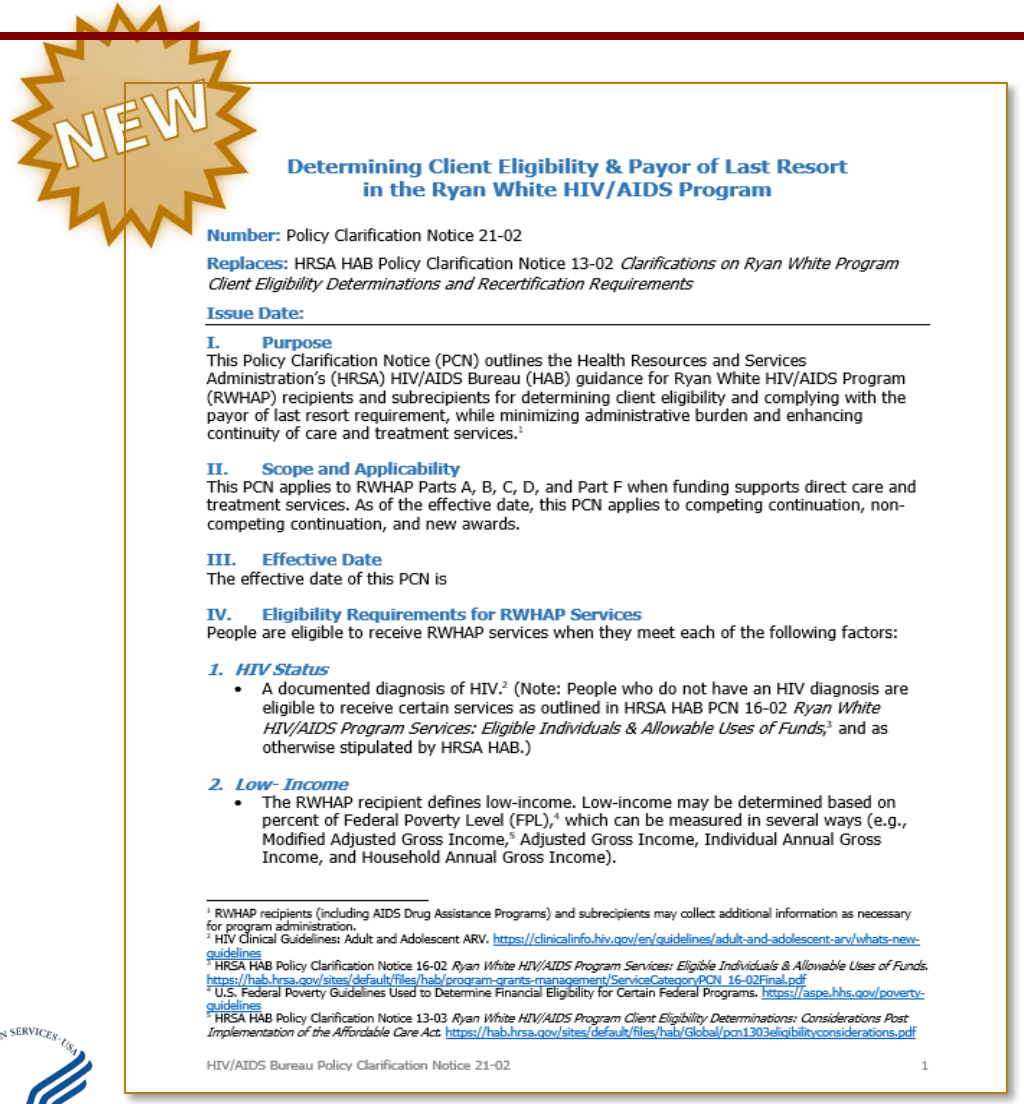
This section provides resources for recipient and subrecipient monitoring to ensure compliance with legislative, regulatory, and programmatic requirements.

- **National Monitoring Standards:** https://ryanwhite.hrsa.gov/grants/manage/recipient-resources.
- **HRSA HAB Policy Notices:** https://ryanwhite.hrsa.gov/grants/policy-notices
- **HRSA HAB Program Letters:** https://ryanwhite.hrsa.gov/grants/program-letters
- **45 CFR Part 75:** https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=4d52364ec83fab994c665943dadf9cf7&ty=HTML&h=L&r=PART&n=pt45.1.75#sp45.1.75.b.
- **TargetHIV:** https://targethiv.org.

Policy Clarification Notice #21-02

Determining Client Eligibility & Payor of Last Resort in the RWHAP

Policy Clarification Notice 21-02 Overview



- **Purpose**
- **Scope and Applicability**
- **Effective Date**
- **Eligibility Requirements**
  - Guidance on Determining RWHAP Eligibility
    - Policies and Procedures for Establishing RWHAP Eligibility
    - Policies and Procedures for Confirming RWHAP Eligibility
    - Best Practices to Promote Continuity of Services and Care in the RWHAP
- **Payor of Last Resort**
  - Guidance on Complying with the Payor of Last Resort Requirement
  - Coverage of Services

HRSA Ryan White HIV/AIDS Program

Policy Clarification Notice 13-02 vs. 21-02

At a Glance

Aspect of Policy	PCN 13-02	PCN 21-02
Outlines RWHAP Eligibility Requirements	Yes	Yes
Eligibility Factor: HIV Diagnosis	Yes	Yes
Eligibility Factor: Low-Income	Yes	Yes
State Immigration Status Is Irrelevant for RWHAP Eligibility	N/A	Yes
Six-month Recertification Requirement	No	Yes
Timely Eligibility Confirmation	No	Yes
Allows for client self-attestation	Yes	Yes
Rapid Delivery of Services	Yes	Yes

On October 19, 2021, PCN 21-02 replaced PCN 13-02

Purpose of PCN 21-02

- This Policy Clarification Notice (PCN) outlines the HRSA HAB guidance for RWHAP recipients and subrecipients for determining client eligibility and complying with the payor of last resort requirement, **while minimizing administrative burden and enhancing continuity of care and treatment services.**

Rebates and Program Income

Utilization and Reporting of Pharmaceutical Rebates (PCN 15-04)

- Rebate: a return of a part of a payment.
- The RWHAP legislation (Section 2616(g) of the Public Health Services Act) requires that rebates collected on ADAP medication purchases be applied to the RWHAP Part B Program with a priority, but not a requirement, that the rebates be placed back into ADAP. These rebates must be used for the statutorily permitted purposes under the RWHAP Part B Program, which are limited to core medical services including ADAP, support services, clinical quality management, and administrative expenses (including planning and evaluation) as part of a comprehensive system of care for low-income individuals living with HIV.

Use of Rebates

- Rebates may be used for allowable RWHAP services that exceed the recipients' RWHAP Part B implementation work plan. Rebates are not part of the recipient's RWHAP Part B award, and so are not subject to the 10% administrative cost cap nor to the RWHAP requirement to spend 75% on core medical services.
- Rebates can be used to meet both a recipient's State Match requirement and the Maintenance of Effort (MOE) requirement.

Expenditure of Rebates

- Although ADAP rebates are neither program income nor refunds, they are subject to the same regulatory provision regarding expenditure.
- To the extent available, recipients and subrecipients must disburse funds available from program income, rebates, refunds, contract settlements, audit recoveries and interest earned on such funds before requesting additional cash payments.
- Recipients and subrecipients should proactively project the extent to which rebates will be received.
- Rebates for medications purchased within one budget year may be received in the following budget year. Such rebates should be accounted for and utilized in the year in which they are received by the program.
- Rebates received at the end of the budget year must be expended by the recipient prior to the expenditure of new RWHAP funds awarded in the budget year.

Rebate Reporting

- Recipients are required to track and account for all pharmaceutical rebates in accordance with 45 CFR § 75.302(b)(3).
- The RWHAP statute expects that states obligate all award funds prior to the end of the one-year project period.
- For any ADAP receiving rebates on medication purchases, the RWHAP legislation has a specific exemption from the UOB penalties provision that applies when a recipient is unable to expend grant funds because rebates must be spent first.
- If the recipient would otherwise incur a penalty, that recipient may request that the amount of the UOB balance be reduced by the amount of obligated rebates, and that such amount be carried forward to the next budget period without penalty. RWHAP Part B recipients that fail to follow the rebate reporting instructions above and that have an UOB of five percent or greater will be subject to the full UOB penalty outlined in Policy Notice 12-02.

Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income (PCN 15-03)

- Program income means gross income earned by the non-federal entity that is directly generated by a supported activity or earned as a result of the federal award during the period of performance except as HAB Policy Clarification Notice 15-03 provided on 45 CFR § 75.307(f).
- Program income includes but is not limited to income from fees for services performed, the use, or rental of, real or personal property acquired under federal awards; the sale of commodities or items fabricated under a federal award; license fees and royalties on patents and copyrights; and principal and interest on loans made with federal award funds. Interest earned on advances of federal funds is not program income.
- Except as otherwise provided in federal statutes, regulation, or the terms and conditions of the federal award, **program income does not include rebates, credits, discounts, and interest earned on any of them**.

Use of Program Income

- HAB has determined that for RWHAP recipients and subrecipients, the use of program income will be “additive” (as documented in the Notice of Award.) RWHAP Part B recipients may also use non-federal program income to meet matching requirements.
- Under the “additive” alternative, program income must be used for the purposes for which the award was made, and may only be used for allowable costs under the award.

Documentation and Reporting of Program Income

- Recipients are required to track and account for all program income in accordance with 45 CFR § 75.302(b)(3). Recipients must report program income on their Federal Financial Report (FFR).
- Additionally, it is the responsibility of the recipient to monitor and track program income earned by subrecipients. Subrecipients should retain program income for "additive" use within their own programs. Consequently, program income earned by subrecipients should not be reported on the recipient's FFR.

Frequently Asked Questions for Policy Clarification Notices 15-03 and 15-04

Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need

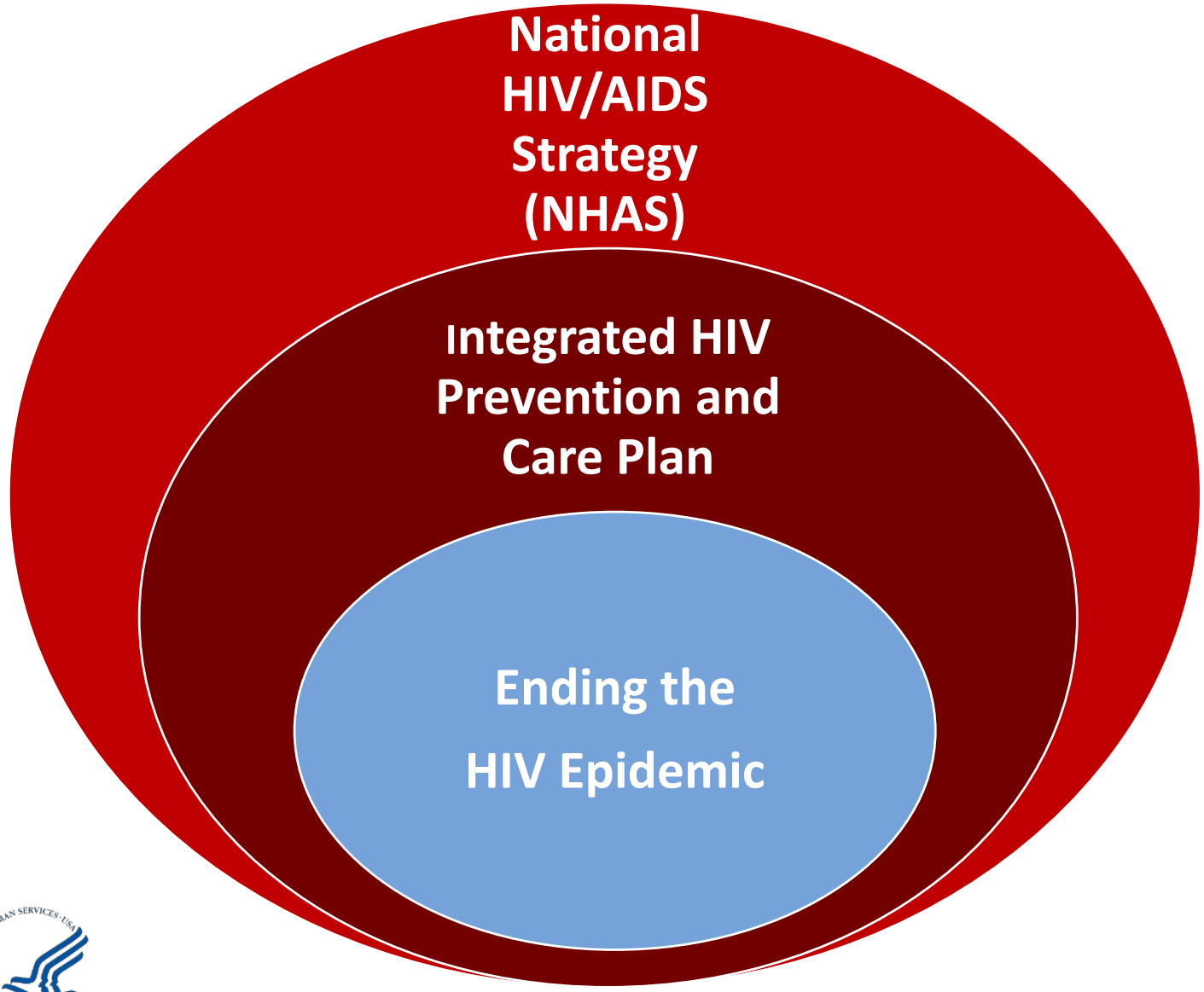
RWHAP Statutory Requirements for RWHAP Part A and Part B

- Develop *a comprehensive plan for the organization and delivery of health and support services*, Section 2602(b)(4)(D) and Section 2617(b)(5)
  - Strategies for early identification of individuals who know their HIV status and are not receiving services,
  - Coordination with HIV prevention and substance use prevention/treatment service providers,
  - Coordination across RWHAP Parts,
  - Community input that includes the RWHAP Part A planning council and Part B planning bodies
- Include a s*tatewide coordinated statement of need (SCSN),* Section 2602(b)(4)(F) and Section 2617(6)
  - Led by RWHAP Part B but all parts required to participate
  - Legislation includes a list of entities that must participate (minimum participation): section 2617(b)(6) and (7)
  - Generally includes an assessment of needs, barriers to care, and gap in the service delivery system
  - Meant to inform the comprehensive plan

Major Components of Integrated Planning:

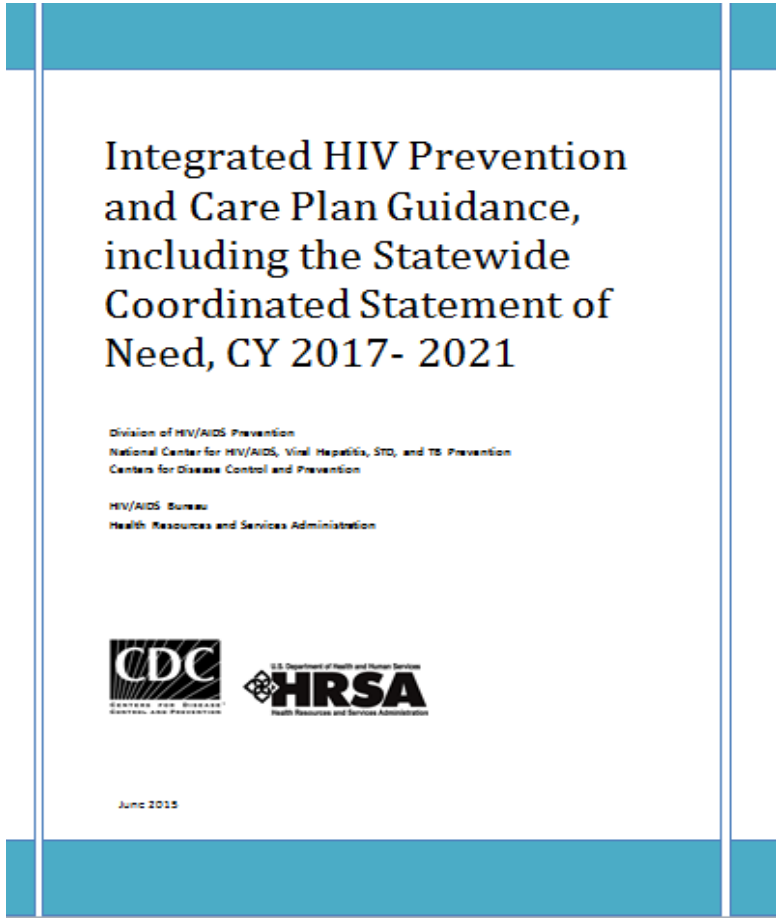
- The SCSN, which includes an epidemiologic overview; HIV care continuum; financial and human resources inventory; assessment of needs, gaps, and barriers; and data access, sources, and systems;
- The Integrated HIV Prevention and Care Plan, which outlines strategies to address the HIV prevention and care needs, existing resources, barriers, and gaps within the jurisdiction; collaborations, partnerships, and stakeholder involvement; and people with HIV and community engagement; and
- The expectations for monitoring the implementation of the plan and improvement in the system of care.

Connection to National Initiatives & Plans



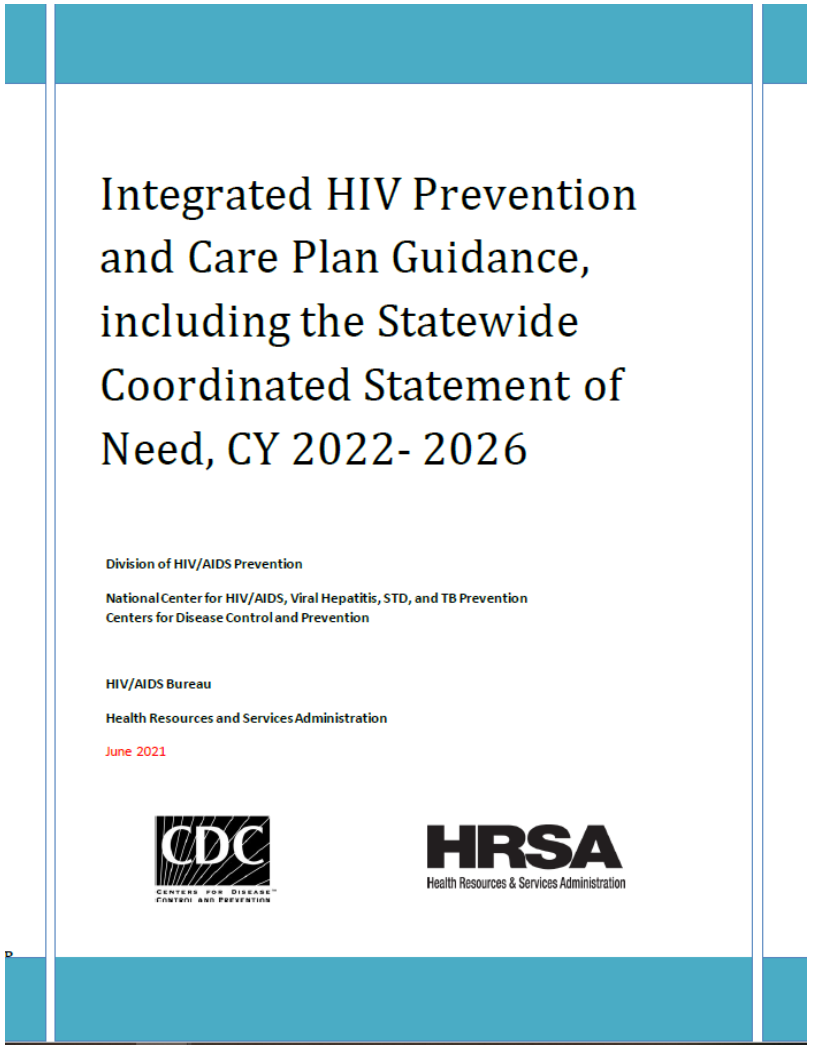
Other Programmatic Applications or Submissions

Integrated HIV Prevention and Care Plan, including the SCSN CY 2017-2021



- In July 2015, HRSA HAB and the Centers for Disease Control and Prevention (CDC) Division of HIV Prevention (DHP) developed and released the first joint guidance to support submission of an Integrated HIV Prevention and Care Plan, including the SCSN.
- This guidance allowed dually funded recipients to develop and submit a single plan to both HRSA and CDC that meets all corresponding legislative and programmatic requirements.
- The guidance also supported collaboration, coordination, efficiency, and leveraging across stakeholders, resources, and planning activities across the jurisdiction.

Integrated HIV Prevention and Care Plan, including the SCSN CY 2022-2026



- In June 2021, CDC and HRSA released joint guidance to support the Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN), CY 2022-2026.
- This guidance builds upon the previous guidance issued in 2015.
- As in 2015, the Integrated Plan Guidance for CY 2022-2026 meets all programmatic and legislative requirements associated with both CDC and HRSA funding.

Submission Requirements

- Submissions due to CDC DHP and HRSA HAB ***no later than 11:59 PM ET on December 9, 2022***
- Submissions should be no longer than 100 pages not including the completed checklist and no smaller than 11pt font
- **Required components of submission**
  - Integrated HIV Prevention and Care Plan Submission
  - Completed *CY 2022 – 2026 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist*
  - Signed letter(s) from the HIV planning group/body indicating concurrence, concurrence with reservations, or non-concurrence with the plan
- HRSA and CDC will provide more details at a later date about where to submit completed plans

Integrated Plan Monitoring and Oversight

- Recipients will report the progress on achieving the objectives presented in the Integrated Plan on a periodic basis through the CDC DHP and HRSA HAB reporting requirements (e.g., grant application, NCC Progress Report, Implementation Plan, APR). These reporting requirements may vary slightly across federal agencies and RWHAP Parts.
- HAB and CDC POs will conduct a joint review and assess alignment across various planning documents listed in the introduction above. Feedback on how to improve alignment and coordination will be provided during routine monitoring.
- Recipients should request TA from the DSHAP PO as needed to ensure planning requirements are met.

Technical Assistance Available to RWHAP Part B Recipients

Technical Assistance Resources

TargetHIV

ACE ACCESS, CARE, & ENGAGEMENT TA CENTER

RWHAP DATA SUPPORT

HRSA Ryan White HIV/AIDS Program

Program Letters

HRSA Ryan White HIV/AIDS Program

Policy Notices

INTEGRATED HIV/AIDS PLANNING IHAP TA CENTER

NASTAD

DISQ Data Integration, Systems & Quality TECHNICAL ASSISTANCE

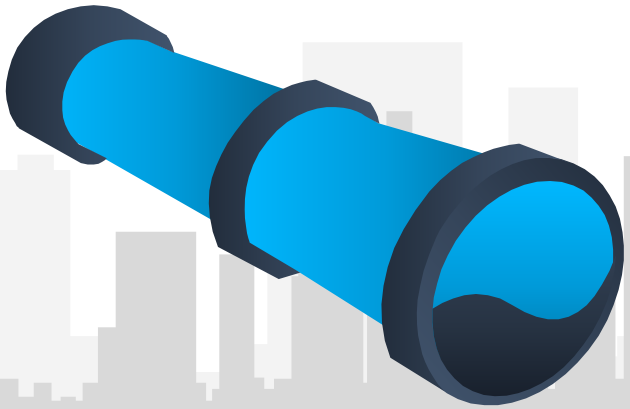
Code of Federal Regulations

A point in time eCFR system

CAREWare 6

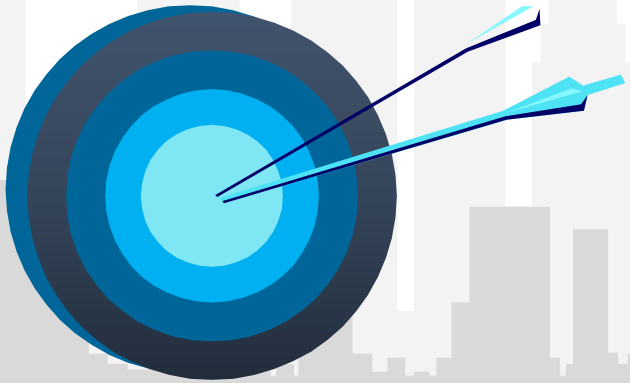
ACCESSTA - Technical Assistance Initiative

Goal



Promote utilization of technical assistance resources to HAB staff, recipients, and national partners

Audience



HAB staff, recipients, subrecipients, and national partners

AccessTA Open House

19 HAB TA programs and 423 unique participants in attendance; 68% from priority EHE jurisdictions

HRSA Ryan White HIV/AIDS Program

Integrated HIV/AIDS Planning Technical Assistance Center (IHAP TAC)

- The purpose of this cooperative agreement is to provide technical assistance to Ryan White HIV/AIDS Program (RWHAP) Parts A and B recipients and their planning bodies regarding the:
  - Integration of HIV planning across systems of HIV prevention and care within their jurisdiction;
  - Development, implementation, monitoring, evaluation, and improvement of Integrated HIV Prevention and Care Plans (IPs), including Statewide Coordinated Statements of Need (SCSN), submitted to HRSA and CDC in response to legislative and programmatic requirements.

JSI

HRSA Ryan White HIV/AIDS Program

Integrated HIV/AIDS Planning Technical Assistance Center (IHAP TAC)

SUPPORTS

Ryan White HIV/AIDS Program Parts A & B recipients and planning bodies

CONDUCTS

national and targeted training and technical assistance activities

FOCUSES

on integrated planning including implementation and monitoring of Integrated HIV Prevention and Care Plans

Contact IHAP TAC at ihaptac@jsi.com

HRSA Contact: Kenya Young (Kyoung@hrsa.gov)

HRSA Ryan White HIV/AIDS Program

Access, Care, and Engagement (ACE) TA Center

- The Access, Care, and Engagement Technical Assistance (ACE TA) Center builds the capacity of the Ryan White HIV/AIDS Program (RWHAP) community to navigate the changing health care landscape and help people with HIV to access and use their health coverage to improve health outcomes. Many RWHAP clients are eligible for health coverage options, including Medicare, Medicaid, and Marketplace plans.
- The ACE TA Center provides practical tools and resources to support engagement, education, enrollment, and renewal activities.
- HRSA Contact: John Jackson (JJackson1@hrsa.gov)

Upcoming Webinars

- **Preparing for Open Enrollment, Part 1: New Staff Webinar**
  - Tuesday, September 13, 2-3pm
- **Preparing for Open Enrollment, Part 2: Policy Updates and Account Tune-ups**
  - Thursday, September 22, 2-3pm

ADAP Technical Assistance

- The National Alliance of State and Territorial AIDS Directors (NASTAD) works in partnership with HRSA's HIV/AIDS Bureau under this cooperative agreement to provide training and technical assistance to Part B/AIDS Drug Assistance Programs (ADAPs) under the Ryan White HIV/AIDS Program. Part B/ADAPs are administered by state health departments.
- HRSA Contact: Glenn Clark (Glclark@hrsa.gov)

Data Technical Assistance (TA) Resources

Target HIV

- The TargetHIV website is the one-stop shop for technical assistance (TA) and training resources.
- Resources include webinars, tools, training materials, manuals, and guidelines that focus on RWHAP service delivery and agency operations.

All data TA Resources can be found at www.TargetHIV.org

CAREWare Help Desk

- The CAREWare Help Desk addresses issues related to the CAREWare data collection system. Topics include generating a compliant XML file, creating custom reports, and viewing sample client summary files.

1-877-294-3571 (MWF 12-5PM ET; Tu/Th 10:30AM-6:30PM ET)

cwhelp@jprog.com

Data TA Resources (Cont.)

Data Integration, Systems & Quality (DISQ) Team provides TA focused on data management and submissions:

- Guiding new users on where to start
- Mapping source data to required reporting schema
- Integrating data from multiple sources Identifying and addressing data quality issues
- Developing year-long processes for data collection, management, quality checks, and utilization

Data.TA@caiglobal.org www.targetHIV.org/DISQ

Ryan White HIV/AIDS Program Data Support provides TA focused on report administration and submissions:

- Interpretation of the Instruction Manuals and HRSA HAB reporting requirements
- Allowable responses for data elements in the Recipient Reports, Provider Reports and client-level data files
- Managing recipient-provider relationships in the Web System and Grantee Contract Management System

1-888-640-9356 (M-F 10AM-6:30PM ET) RyanWhiteDataSupport@wrma.com

Special Projects of National Significance

(SPNS)

New SPNS Initiatives in 2022

- **Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program,** *2022-2026*
- **Emerging Strategies to Improve Health Outcomes for People Aging with HIV,** *2022-2025*
- **Telehealth Strategies to Maximize HIV Care,** *2022-2025*

SPNS Initiatives – Additional Information

Descriptions of SPNS Initiatives can be found at:

Part F: Special Projects of National Significance (SPNS) Program | Ryan White HIV/AIDS Program (hrsa.gov)

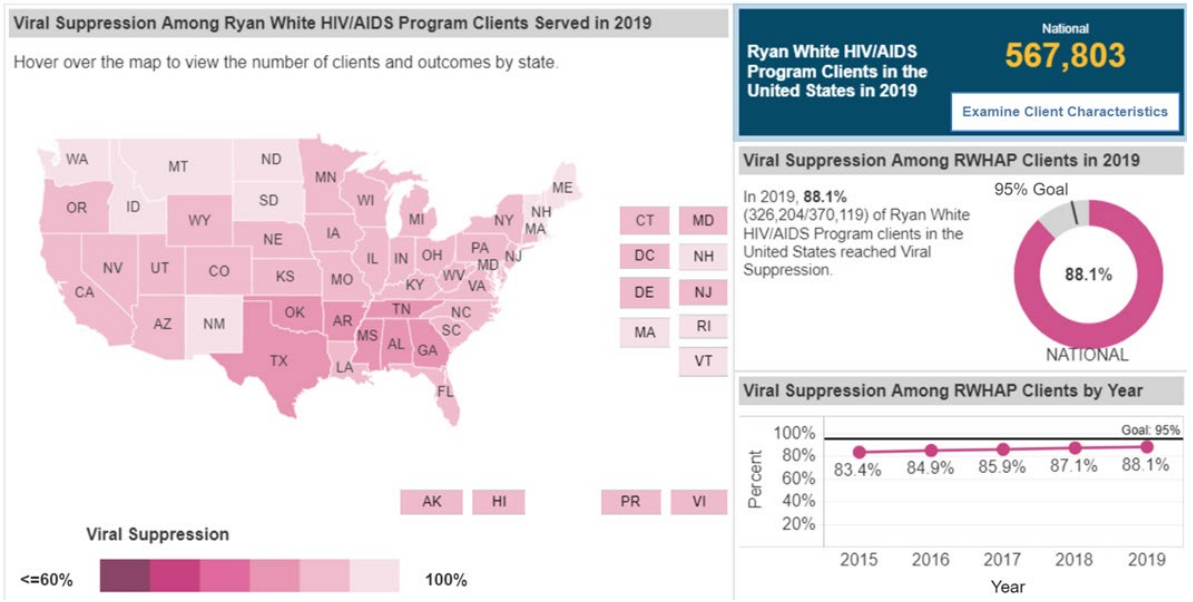
IHIP: Integrating HIV Innovative Practices | TargetHIV

Recipient Resources

RWHAP Compass Dashboards and Benchmarking

Ryan White HIV/AIDS Program Compass Dashboard

The Ryan White HIV/AIDS Program (RWHAP) Compass Dashboard provides users an opportunity to interact with and visualize the reach, impact, and outcomes of the RWHAP. The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) developed the RWHAP Compass Dashboard to support data utilization to improve outcomes along the HIV care continuum. By advancing users' ability to interact with and utilize RWHAP program data, the dashboard supports HRSA HAB's vision of optimal HIV/AIDS care and treatment for all.



Understand Outcomes, Demographics, and Performance for Years 2010-2019

Compare RWHAP data by year, state, and jurisdiction

- Impact of the RWHAP
- Characteristics of RWHAP Clients
- Performance Benchmarking by Jurisdiction

Explore Data on Priority Populations for Years 2010-2019

Compare and analyze data by gender, race, transmission category, age, and other factors

- Outcome Measures by Age
- Outcome Measures by Race/Ethnicity
- Outcome Measures by Housing Status
- Outcome Measures by Transmission Category

RWHAP Services Received for Years 2010-2019

Explore the services provided through RWHAP

- RWHAP Services Received

RWHAP AIDS Drug Assistance Program (ADAP) for Years 2014-2018

Explore the ADAP data

- ADAP Client Characteristics

HRSA Ryan White HIV/AIDS Program

Data products and other dissemination activities

- New data products: https://ryanwhite.hrsa.gov/data
  - RWHAP COVID-19 Data Report – released
  - 2020 AETC Annual Data Report – released
  - 2019 RWHAP ADAP Annual Client-Level Data Report – released
  - RWHAP Compass Dashboard – updated data coming soon
- Coming soon
  - 2020 RWHAP ADAP Annual Client-Level Data Report
  - Oral health data report (2017-2020)
  - EHE qualitative data summary
- Dissemination:
  - eLibrary – continually updated
  - E2i toolkits – released
  - Best Practices Compilation – continued updates

Recipient Best Practices Compilation

The RWHAP Best Practices Compilation gathers and disseminates interventions that improve outcomes along the HIV care continuum.

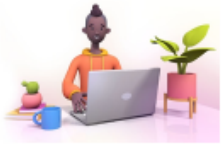
Search and share today!
targethiv.org/bestpractices/search

RWHAP Best Practices Compilation

TargetHIV.org/bestpractices

Search

The RWHAP community can easily search and identify intervention strategies that have been successful in improving HIV care for clients.



Share

RWHAP-funded organizations can submit information about interventions that have worked in their program to support replication by other RWHAP recipients or subrecipients. **Submit yours today!**
TargetHIV.org/bestpractices/submission-form

HRSA Ryan White HIV/AIDS Program

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Share feedback on the RWHAP Best Practices Compilation

The John Snow, Inc. (JSI) and TargetHIV.org team is gathering feedback from the RWHAP community about the Compilation in March and April, 2022.

We would like to hear from you!

Learn more and sign up today!
targethiv.org/blog/share-feedback-best-practices-compilation

HRSA Ryan White HIV/AIDS Program

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HRSA Ryan White HIV/AIDS Program

E2i Toolkits

- The E2i initiative was a **four-year** project to facilitate the rapid implementation and evaluation of **11 intervention strategies.**
- The **goal** was to understand whether these intervention strategies could improve outcomes for clients in **four focus areas** in Ryan White HIV/AIDS Program settings.

Coordination, Dissemination and Replication of Innovative HIV Care Strategies in the RWHAP

https://targetHIV.org/IHIP

- **Purpose:** To support the coordination, dissemination, and replication of innovative HIV care strategies in the Ryan White HIV/AIDS Program (RWHAP) through the development and dissemination of implementation tools and resources.
  - **Contractor: The MayaTech Corporation**
- **Key Resources and Assistance Available to RWHAP Recipients and Providers:**
  - Implementation tools and resources
  - Capacity building TA webinars
  - Peer-to-peer TA on the featured interventions
  - Support in the development and dissemination of implementation tools and resources
    - Webinars
    - One-on-one TA
  - Helpdesk (**ihiphelpdesk@mayatech.com**)

SPNS STI Initiative

Four evidence based interventions:

1. Sexual history taking using audio computer assisted self-intervention
2. Patient self collection of urine and extragential specimens
3. Provider education
4. Sexual and gender minority welcoming measures

SCAN ME

[QR Code Hyperlink]

Sign-up to receive a “starter kit” bag of resources for Addressing STIs:
Ask. Test. Treat. Repeat.

Questions