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

April 22, 2021

HRSA Ryan White HIV/AIDS Program

HRSA
Health Resources & Services Administration

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

April 22, 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 you want to speak – we will call on you
- Pair your phone with your computer – to reduce bandwidth

Meeting Agenda

- **Program Updates**
  - **DCHAP Updates**
  - **HAB COVID-19 Response Updates**
- **COVID-19 One Year Later: Managing Provider Burnout, Pandemic Fatigue, and Addressing Vaccine Hesitancy**

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

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people with HIV and their families.

HRSA Ryan White HIV/AIDS Program

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

HRSA HAB Organizational Chart

1/3/2021

Office of the Associate Administrator
Associate Administrator
Laura Cheever
Deputy Associate Administrator
Heather Hauck
Senior Advisors
Cyntrice Bellamy
Yemisi Odusanya

Office of Operations and Management
Executive Officer
Paul Belkin

Division of Administrative Operations Director
Lauresa Washington

Office of Program Support Director
Jeanean Willis

HIV/AIDS Education & Training Branch

Division of Policy and Data Director
Antigone Dempsey
Deputy
Tracy Matthews

Evaluation, Analysis, and Dissemination Branch

Data Management and Analysis Branch

Policy Development Branch

Clinical and Quality Branch

Special Projects of National Significance Branch

Division of Metropolitan HIV/AIDS Programs Director
Chrissy Abrahms-Woodland
Deputy
Monique Hitch

Northeastern Branch

Western Branch

Southern Branch

Eastern Branch

Midwestern/Pacific Branch

Division of State HIV/AIDS Programs Director
Susan Robilotto
Deputy
Erin Nortrup

Northeastern Branch

Western Branch

Southern Branch

Division of Community HIV/AIDS Programs Director
Mahyar Mofidi
Deputy
Stephanie Yun

Northeastern Branch

Western Branch

Southern Branch

Central Branch

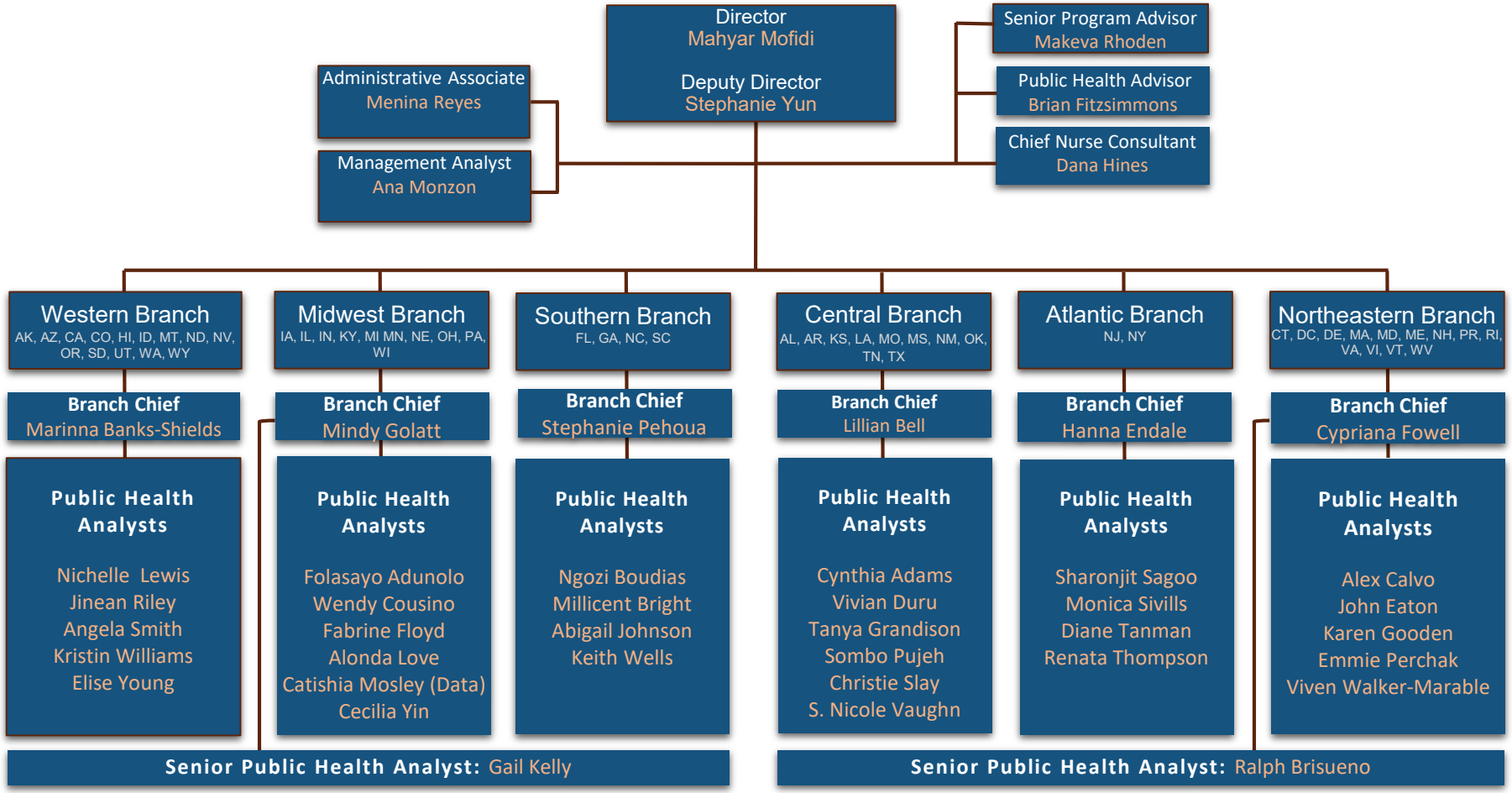
Midwest Branch

Atlantic Branch

HRSA Ryan White HIV/AIDS Program

Health Resources and Services Administration

HIV/AIDS Bureau – Division of Community HIV/AIDS Programs



HRSA's Ryan White HIV/AIDS Program (RWHAP)
FY 2021 Funding: ~$2.4 Billion

- 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 among the hardest to reach populations with HIV.
  - Recipients determine service delivery and funding priorities based on local needs and planning process.
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available.
- Served nearly 568,000 people in 2019—more than half of people with diagnosed HIV in the United States receive care through the Ryan White HIV/AIDS Program each year.
- 88.1% of RWHAP outpatient ambulatory healthcare clients were virally suppressed in 2019, exceeding national average of 64.7%[i].

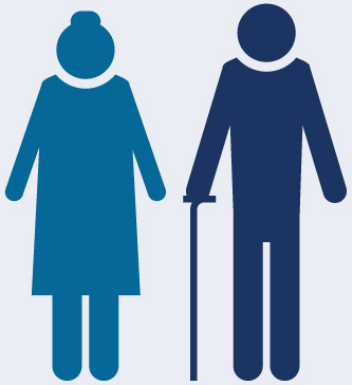
HRSA Ryan White HIV/AIDS Program

i. Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2018. HIV Surveillance Supplemental Report 2020;25(No. 2). http://www.cdc.gov/hiv/library/reports/ hiv-surveillance.html. Published May 2020.

Nearly 568,000 Clients were Served by the Ryan White HIV/AIDS Program (non-ADAP) in 2019

SERVED **567,803** clients in **2019**

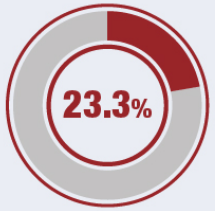
MORE THAN **50%** of people with **diagnosed HIV in the United States**



46.8% of clients were **aged 50 years and older**

73.4% of clients were **racial/ethnic minorities****

of clients identified as **Black/African American**



of clients identified as **Hispanic/Latino**

60.7% of clients were

$

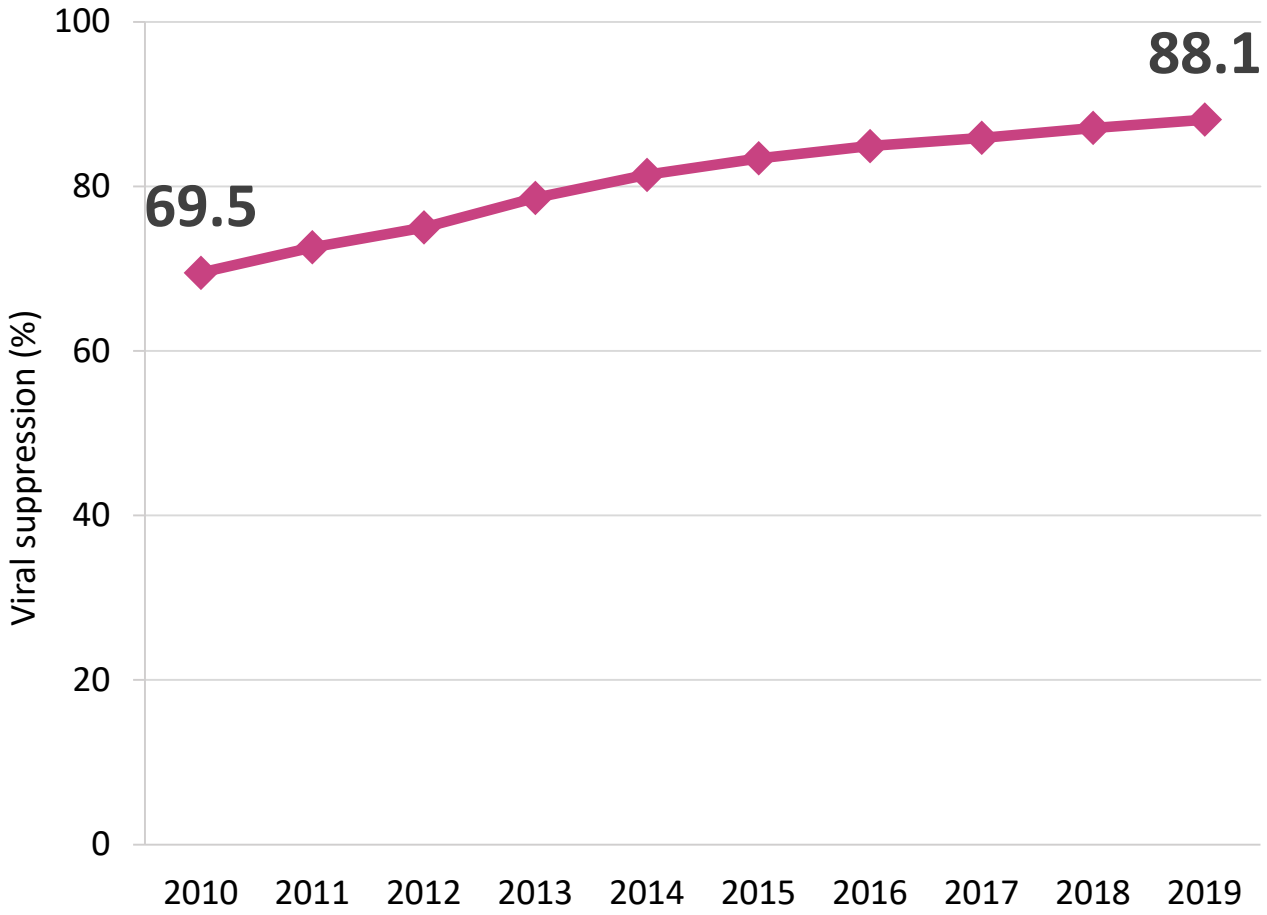
living at or below **100%** of the **Federal Poverty Level**

* Clients self-identified as 26.6% White and less than 2% each American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and persons of multiple races. Hispanics/Latinos can be of any race.

HRSA Ryan White HIV/AIDS Program

Source: HRSA. Ryan White HIV/AIDS Program Data Report (RSR) 2019. Does not include AIDS Drug Assistance Program data.

Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program (non-ADAP), 2010–2019—United States and 3 Territories[a]



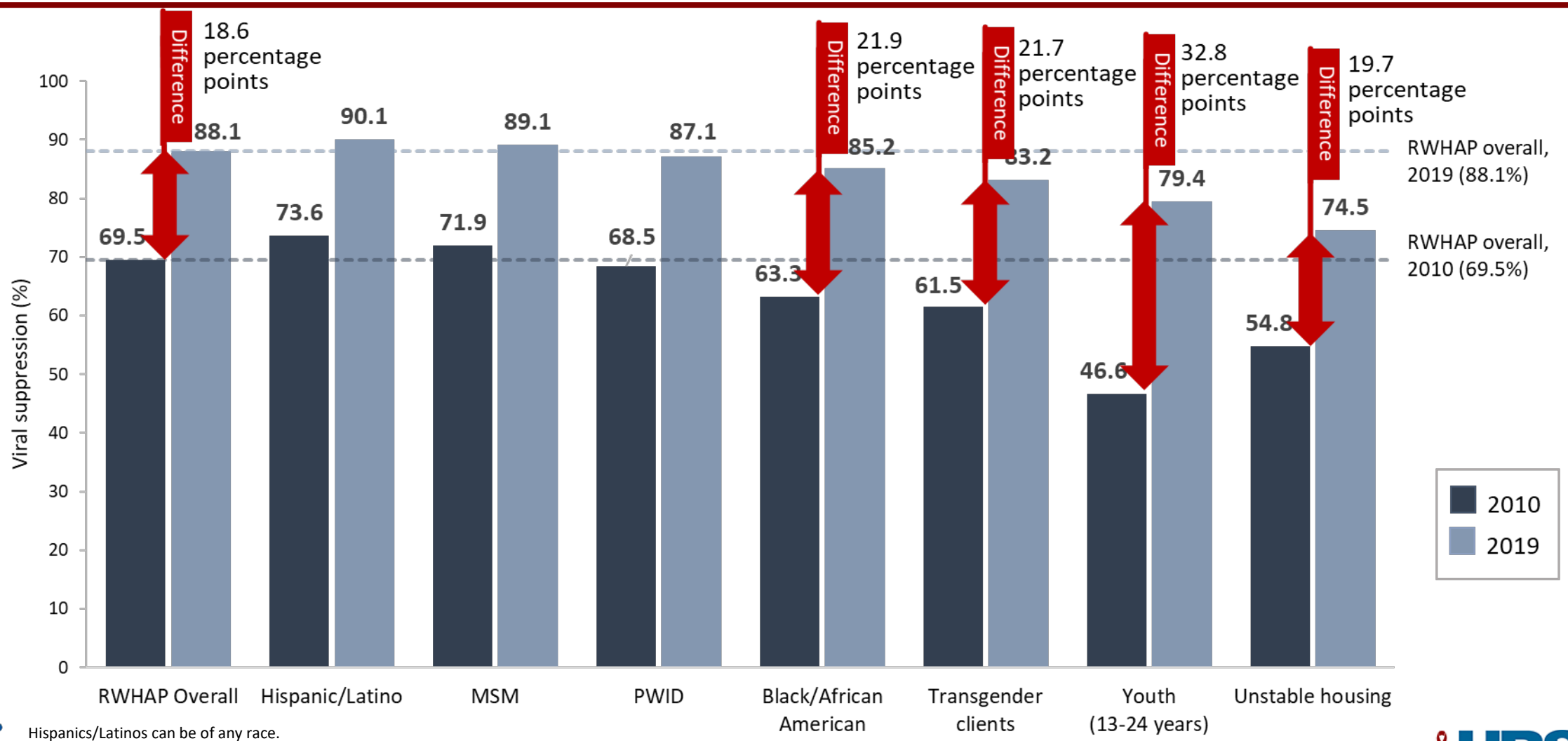
Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

[a] Guam, Puerto Rico, and the U.S. Virgin Islands.

HRSA Ryan White HIV/AIDS Program

Source: HRSA. Ryan White HIV/AIDS Program Data Report (RSR) 2019. Does not include AIDS Drug Assistance Program data.

Viral Suppression among Key Populations Served by the Ryan White HIV/AIDS Program, 2010 and 2019—United States and 3 Territories[a]



Hispanics/Latinos can be of any race.

Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

[a] Guam, Puerto Rico, and the U.S. Virgin Islands.

HRSA Ryan White HIV/AIDS Program

Source: HRSA. Ryan White HIV/AIDS Program Data Report (RSR) 2019. Does not include AIDS Drug Assistance Program data.

Program Updates

RWHAP Part C - Notice of Award (NoA)

Starts	FY 21 Awards	Reporting Requirements
January	*Balance of award	• Ryan White HIV/AIDS Program Services Report (RSR), Federal Financial Report (FFR), Expenditure Report, and Allocation report
April	Full Award	• RSR, FFR, Expenditure Report, and Allocation report
May	Full award	• RSR, FFR, Expenditure Report, and Allocation report

*** Balance of award NoA will have Conditions of Awards (COAs) and Minority AIDS Initiative (MAI) term**

FY 2020 RWHAP Part C FFR Due Dates

RWHAP Part C	FY20 Budget period end date	FY20 FFR Due date
January Start	12/31/2020	4/30/2021
April Start	3/31/2021	7/30/2021
May Start	4/30/2021	7/30/2021

FY 2020 RWHAP Part C Expenditure Reports

RWHAP Part C	FY20 Budget Period End Date	FY20 Expenditure Report Due date (Est.)
January Start	12/31/2020	7/22/2021
April Start	3/31/2021	7/22/2021
May Start	4/30/2021	7/22/2021

FY 2021 RWHAP Part C Allocation Reports

RWHAP Part C	FY21 Budget period Start Date	FY21 Allocation Report Due date (Est.)
January Start	1/1/2021	7/22/2021
April Start	4/1/2021	7/22/2021
May Start	5/1/2021	7/22/2021

FY 19 RWHAP Part D Expenditure Reports

- HAB issued a two year extension to the current RWHAP Part D project period (HRSA-17-039) which extended the project period end date to 7/31/2022.
- This was issued as an Extension with Funds through the Request for Information (RFI) funds and that process has impacted DCHAP's ability to review final expenditures for the review and approval of FY 19 RWHAP Part D Expenditure Reports
- If you are a RWHAP Part D recipient and have not yet submitted your FY 2019 RWHAP Part D Expenditure Report, please work with your project officer to complete this required reporting requirement.

Funding Announcement: RWHAP Part C HIV Early Intervention Services Program

Existing Geographical Service Areas (HRSA-22-011, HRSA-22-014, HRSA-22-015)

- Release Date: March 29, 2021
- Deadline for all applications is June 21, 2021 in Grants.gov
- The period of performance is three (3) years.
- There are three (3) funding announcement numbers included in this announcement with three (3) different period of performance start dates.
- You must apply under the NOFO opportunity number that corresponds to the project period start date for the service area.

Funding Opportunity Number	Project Start Date	Period of Performance
HRSA 22-011	January 1	January 1, 2022 through December 31, 2024
HRSA 22-014	April 1	April 1, 2022 through March 31, 2025
HRSA 22-015	May 1	May 1, 2022 through April 30, 2025

HRSA Ryan White HIV/AIDS Program

For More Information

Applicants who need additional information may contact the HRSA contacts listed on the NOFO

(HRSA-22-011, HRSA-22-014, HRSA-22-015):

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

HRSA Ryan White HIV/AIDS Program

COVID- 19 CARES Act Award: No-Cost Extension Request Updates

- If you submitted a request for a no-cost extension on your FY 2020 CARES Act award by March 1st, you should have been notified through the EHBs if it has been approved by HRSA.
- Please note, if your no-cost extension request is approved, contact your project officer to request an extension of the Final Progress Report to match the extended project period.
- For additional information about no-cost extension requests and COVID-19 CARES Act Funding, please view these Frequently Asked Questions.
- As always, you can reach out to your HAB Project Officer with any questions.

DCHAP Virtual Site Visit Updates

DCHAP Virtual Site Visits

Types of Site Visits for FY2021

- **Comprehensive**
  - Ensures that recipient is compliant with legislative requirements and programmatic expectations; progressing in their program objectives; and identify areas in need of improvement/technical assistance.
- **Technical Assistance**
  - Provides targeted assistance to a recipient based on findings from a previous site visit, information shared with your Project Officer during monitoring calls, or a direct request from the recipient.
- **Resources Innovation Team Pilot**
  - Provides direct TA to DCHAP recipients generating substantial program income.
  - Increases DCHAP's understanding of the challenges recipients face in utilizing all available resources.
  - Explores strategies to maximize use of funding resources while addressing service gaps and unmet needs.

DCHAP Virtual Site Visits

Adaptations

- **Readiness Assessment**
  - Used by Project Officers (POs) to determine any challenges the recipients foresees with participating in a remote/virtual site visit.
  - Provides the site visit contractor, MSCG LLC., information on any technical assistance they will need to provide to assist recipients in adequately preparing for the VSV.
- **Agenda**
  - All components of the comprehensive site visit are included in the Virtual Site Visit (concurrent reviews, entrance and exit conferences, meetings/interviews with staff).
  - Comprehensive VSV will occur over a three day period. Adjustments will be made based on recipient needs.
- **Documentation**
  - Recipient checklist identifies document to be sent prior to site visits (asynchronous) and those that will be discuss and reviewed during the “live” (synchronous) portion of the site visit.
  - Recipient provides all documents at least three weeks prior to the scheduled start date of the VSV using the secure file sharing platform.
- **Collaboration Platform**
  - Virtual Site Visits are conducted using Microsoft (MS) Teams. MSCG will train the RWHAP recipient staff prior to the VSV.
  - RWHAP Project Officers will work with RWHAP recipients and MSCG consultants to ensure IT support throughout the VSV.

DCHAP Virtual Site Visits

Adaptations - Agenda Outline

- **Site Visit Day 1**
  - Consultant Meet & Greet
  - Entrance Conference
  - Consultant Briefing(s) – for each review (clinical, administrative, fiscal)
  - Consumer Panel(s)*
- **Site Visit Day 2**
  - Consultant Briefing(s)
- **Site Visit Day 3**
  - Consultant Briefing(s)
  - Pre-exit Conference (if needed)
  - Exit Conference

Consumer Panel(s) can be scheduled for either Day 1 or 2.

WAKE FOREST UNIVERSITY HEALTH SCIENCES
Ryan White CARE Act, Part C & D Programs
Diagnostic Compliance Site Visit, Feb 23rd - 25th

Feb 23rd - PART C & D REVIEW			
9:00 – 10:30	**Entrance Conference** **Parts C & D Staff** **Assessment Team** **Project Officer** **Agenda:** 1. Introductions of site visit team and Grantee representatives 2. Purpose of the site visit and site visit process 3. Overview of services, update on Parts C&D programs and service area Click here to join the meeting		
10:30- 10:45	**BREAK**		
10:45 – 11:45	**Clinical Reviewer** Ruby Chapman	**Administrative Reviewer** Jacquie Melvin	**Fiscal Reviewer** Kimberly Spriggs Wicker
	Medical Care and Chart Review *Interview with Clinical Staff (CMO, and key staff members involved in direct patient care Parts C& D)-* **Willkin, Miller, Avi Shetty MD (Peds clinic director)** Click here to join the meeting	**Admin Structure & Management** *1. Review C & D Administrative Policies & Procedures* Click here to join the meeting	**Budget & Fiscal Oversight** *-Fiscal Policies* *-Audit* *-Budget* *-FFR* *-Drawdown Schedule* *- Funding Sources* *-Time & Effort Reports* Click here to join the meeting
12:00 – 1:00	**Part C - Consumer Panel: Join by phone 1-415-655-0001 – Access Code -185 967 4500**		
1:00 – 2:30	**Consultant Lunch**		
2:30 – 4:30	*Chart Review Part C charts* Click here to join the meeting	*1. Meet w/ Patient Navigators (1 hour)* **(Andrews, Parker, and rest of team)** *2. Continue review C&D Administrative Policies & Procedures* Click here to join the meeting	*1. Continue Document Review* *2. 3:00-4:00 Meet with staff to discuss elements of Requirements #s 1 & 2* *Staff: Finance &Grants Management* **Susan Shelton-Milsaps** **Rodney Smith** **(Willkin)** Click here to join the meeting
4:30-5:00	Team Lead and Project Coordinator meet to adjust second day schedule and/or request additional materials Click here to join the meeting		

HRSA Ryan White HIV/AIDS Program

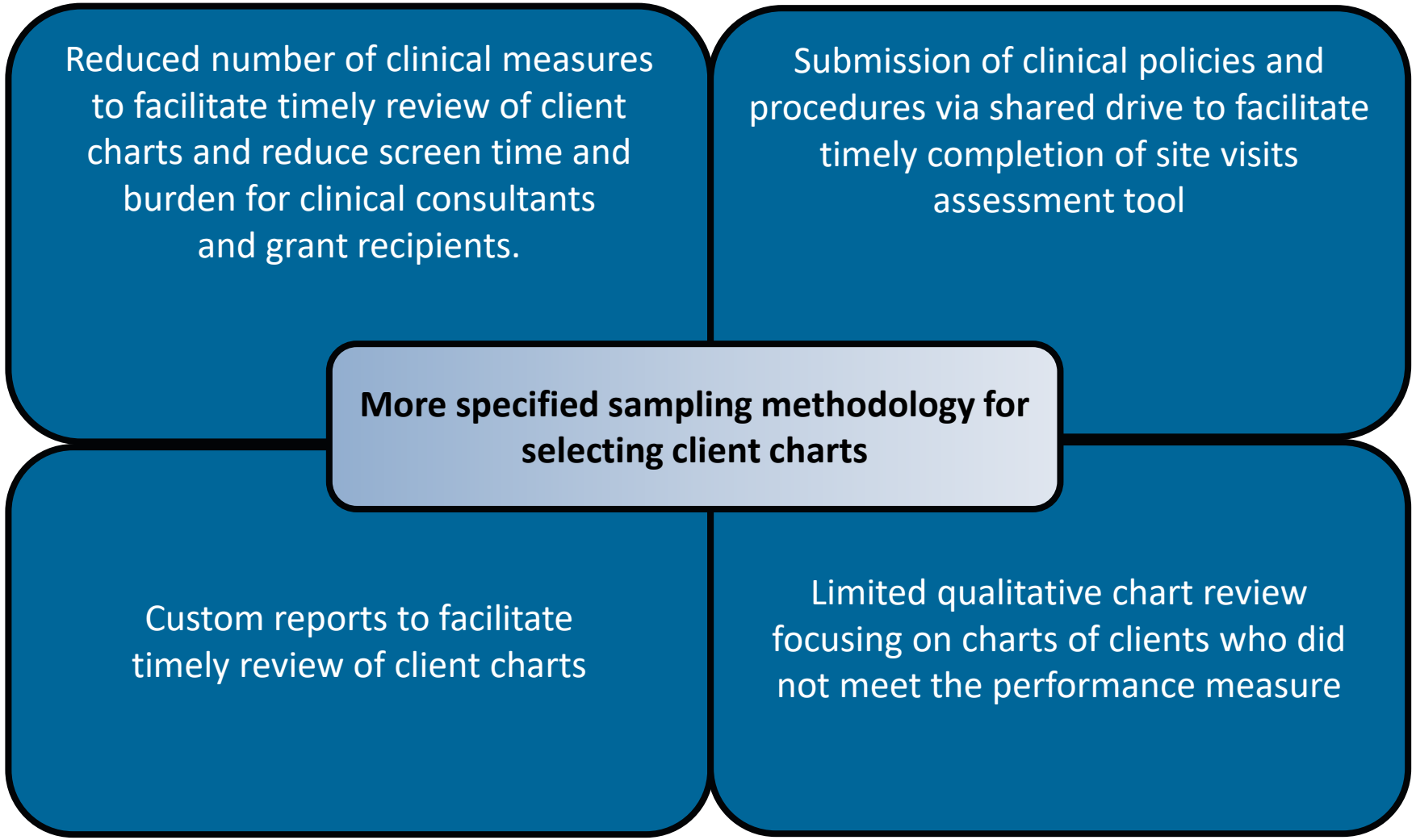
DCHAP Virtual Site Visits

Additional Thoughts

- **Recipient Expectations**
  - HAB DCHAP expects all recipient staff to participate in the *Comprehensive VSV* via videoconferencing. **Please use cameras to support engagement during the VSV.**
  - The HRSA preferred platform for the VSV is MS Teams.
- **Clinic walkthrough**
  - Video – the recipient can conduct a live virtual tour for the VSV Team.
  - PowerPoint Presentation – the recipient can take pictures of the clinic and provide those picture in presentation format.
- **Consumer Panel**
  - Conference line only (provided by the recipient)
  - No video/Zoom/MS Teams
- **Screen Sharing**
  - HRSA VSV Team may request screen sharing of documents and systems to facilitate joint review of certain documentation (i.e., fiscal systems, Electronic Health Records (EHR), etc.).

DCHAP Virtual Site Visits

Clinical Review - Summary of VSV Modifications



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

Considerations for FY 2022 Part D Re-Competition

- 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
  - Behavioral health integration
- Funding allocation methodology to determine RWHAP Part D awards

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

2021 Stakeholder Call Schedule

Upcoming Dates

Month	Date(s)	Time
July 2021	Thursday, July 22, 2021	2:00 pm – 4:00 pm
October 2021	Thursday, October 21, 2021	2:00 pm – 4:00 pm

Ryan White HIV/AIDS Program and the COVID-19 Response

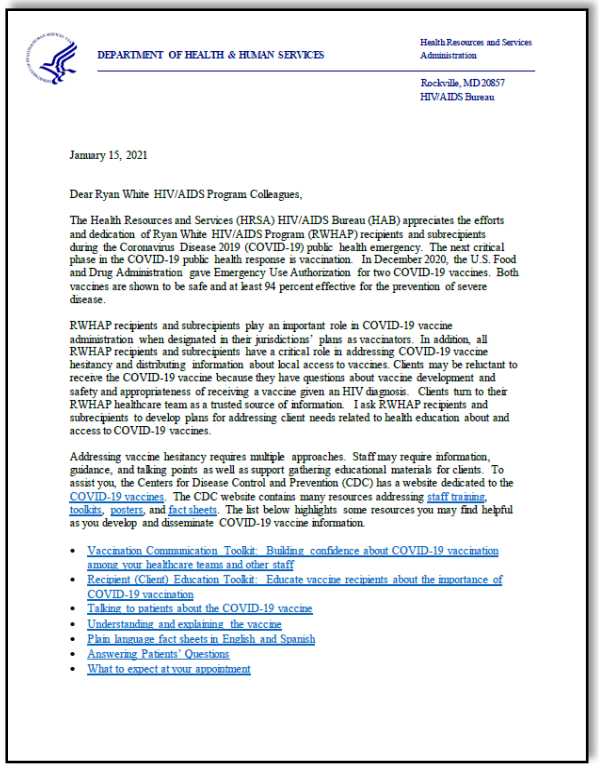
HRSA
Ryan White HIV/AIDS Program

COVID-19 Vaccine Administration Program Letter and FAQs

- **Program letter located on the HAB website**
- **https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters**

Asks recipients to:

- Develop plans for addressing client needs related to health education about and access to COVID-19 vaccines.
- Identify specific COVID-19 vaccine distribution information for their organization and disseminate this information to staff and clients
- Communicate with clients about vaccination status of staff and local availability of the COVID-19 vaccine.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

Rockville, MD 20857
HIV/AIDS Bureau

January 15, 2021

Dear Ryan White HIV/AIDS Program Colleagues,

The Health Resources and Services (HRSA) HIV/AIDS Bureau (HAB) appreciates the efforts and dedication of Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients during the Coronavirus Disease 2019 (COVID-19) public health emergency. The next critical phase in the COVID-19 public health response is vaccination. In December 2020, the U.S. Food and Drug Administration gave Emergency Use Authorization for two COVID-19 vaccines. Both vaccines are shown to be safe and at least 94 percent effective for the prevention of severe disease.

RWHAP recipients and subrecipients play an important role in COVID-19 vaccine administration when designated in their jurisdictions' plans as vaccinators. In addition, all RWHAP recipients and subrecipients have a critical role in addressing COVID-19 vaccine hesitancy and distributing information about local access to vaccines. Clients may be reluctant to receive the COVID-19 vaccine because they have questions about vaccine development and safety and appropriateness of receiving a vaccine given an HIV diagnosis. Clients turn to their RWHAP healthcare team as a trusted source of information. I ask RWHAP recipients and subrecipients to develop plans for addressing client needs related to health education about and access to COVID-19 vaccines.

Addressing vaccine hesitancy requires multiple approaches. Staff may require information, guidance, and talking points as well as support gathering educational materials for clients. To assist you, the Centers for Disease Control and Prevention (CDC) has a website dedicated to the COVID-19 vaccines. The CDC website contains many resources addressing staff training, toolkits, posters, and fact sheets. The list below highlights some resources you may find helpful as you develop and disseminate COVID-19 vaccine information.

- Vaccination Communication Toolkit: Building confidence about COVID-19 vaccination among your healthcare teams and other staff
- Recipient (Client) Education Toolkit: Educate vaccine recipients about the importance of COVID-19 vaccination
- Talking to patients about the COVID-19 vaccine
- Understanding and explaining the vaccine
- Plain language fact sheets in English and Spanish
- Answering Patients' Questions
- What to expect at your appointment

COVID-19 Vaccination Resources

- CDC's COVID-19 Vaccination Website: https://www.cdc.gov/vaccines/covid-19/index.html

- Resources from CDC's National Forum on COVID-19 Vaccine (February 22-February 24): https://www.cdc.gov/coronavirus/2019-ncov/vaccines/forum/index.html

Waiving Penalties and Administrative Requirements for RWHAP Recipients

Consolidated Appropriations Act of 2021

(P.L. 116-260; Signed into Law: 12/27/2020)

HRSA HAB released a letter outlining statutory penalties and administrative requirements that will be waived for RWHAP recipients for FY 2020 and FY 2021 RWHAP funding.

Automatic Waivers

- Unobligated Balances Penalty —Part A, Part B
- Expedited Distribution and Penalty—Part B

Non-Automatic Waivers

- Core Medical Services Requirement—Part A, Part B, Part C
- 50 percent EIS—Part C
- Matching Requirement—Part B, ADAP Supplemental
- Maintenance of Effort—Part A, Part B, Part C,
- Part F Dental Programs

https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters

HRSA Ryan White HIV/AIDS Program

Addressing Provider Stress and Burnout

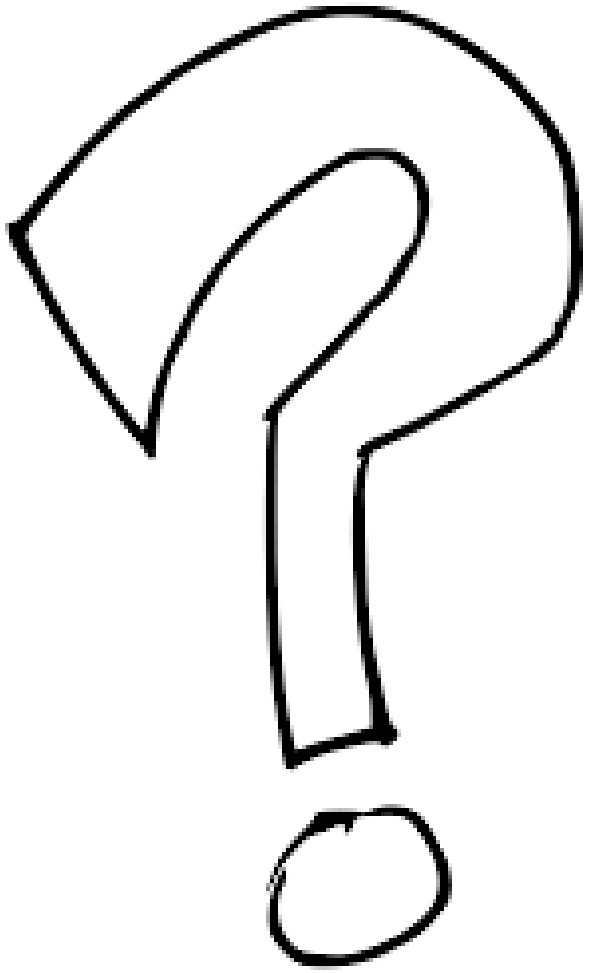
The following use of grant funds is allowable:

- **The use of CARES Act funding to promote behavioral health strategies to address well-being of healthcare workers caring for people with HIV in response to COVID-19 is an allowable use of funds under the response category.**
- **The use of RWHAP funding for strategies and activities to address staff and provider burnout is only allowable as an administrative cost.**
  - Must follow the guidelines of the Uniform Administrative Requirements
  - Subject to the 10% administrative cost cap
- **Program income and rebates may be used.**

HRSA Ryan White HIV/AIDS Program

See 45 CFR §§ 75.403 –.405. Based on PCNs 15-03 and 15-04.

Questions



COVID-19 One Year Later: Managing Provider Burnout, Pandemic Fatigue, and Addressing Vaccine Hesitancy

Staff Burnout

History and Impact

"There also is a lot of staff turnover."

- Staff burnout and the need for support; teams (e.g. medical case managers, providers) are experiencing exhaustion, trauma, etc.
  - ~40% staff detailed to COVID response
  - Mostly Part C/D
- Increased staff turnover
- Mental health resources/best practices targeted to staff

"RWMPC has heard from providers about RWP team/staff burnout and the need for support for those teams – people are experiencing exhaustion, trauma, etc."

"Agree on the points raised regarding experiences of loss and trauma for staff and clients--we've heard this from our grantee and partner organizations."

Examples of Recipient / Program Wellness Activities

- Asking providers for feedback on how they're doing and what supports are needed through a simple survey (e.g., Survey Monkey)
- Using the agency's Behavioral Health resources to support staff, if funding and policies allow
- Reinforce the use of organization's Employee Assistance Program
- Including wellness tips in staff E-newsletter
- Organizing and encouraging physically distant activities for staff (e.g., snack/coffee breaks)
- Using virtual staff huddles for check-ins, provision of resources, etc.
- Encourage staff self care

Examples of Self Care Activities

- Sleep Hygiene
- Healthy cooking and eating regularly
- Meditation or mindfulness practice
- Reading/Writing/Journaling
- Music/Art
- Exercising – yoga, running, walking
- Stay connected with others – friends/family

Allowable Use of CARES Act & RWHAP Funds

The following use of grant funds is allowable:

- The use of CARES Act funding to promote behavioral health strategies to address well-being of healthcare workers caring for people with HIV in response to COVID-19 is an allowable use of funds under the response category.

- The use of RWHAP funding for strategies and activities to address staff and provider burnout is only allowable as an administrative cost.
  - Must follow the guidelines of the Uniform Administrative Requirements
  - Subject to the 10% administrative cost cap.

- **Program income and rebates may be used.**

See 45 CFR §§ 75.403 –.405. Based on PCNs 15-03 and 15-04.

HRSA Ryan White HIV/AIDS Program

Ryan White Provider Burnout Survey:
Ohio and Michigan Project

Nikki Cockern, PhD, LLP
Amy Jacobs, LMSW
Sydney Renner, LSW

Overview of Participating Ryan White Sites

- 11 Ryan White Part C and D funded programs in Michigan and Ohio
  - University of Toledo – Toledo, OH Clients served: 1006
  - University of Michigan – Ann Arbor, MI Clients served: 950
  - Wayne State University – Detroit, MI Clients served: 2118
  - University Hospitals Cleveland- Cleveland, OH Clients served: 1235
  - Ursuline Sisters, Youngstown, OH Clients served: 415
  - Michigan Department of Community Health, Lansing, MI Clients served: 2665
  - Ingham County Health Department, Lansing, MI Clients served: 81
  - Nationwide Children's Hospital, Columbus, OH Clients served: 469
  - St. Mary's, Grand Rapids, MI Clients served, 1209
  - Equitas Health, Columbus/Portsmouth, OH Clients served total: 915
  - Cincinnati Health Network, Cincinnati, OH Clients served: 2344

- These programs are in a variety of settings, including universities, independent HIV service organizations, and religious organizations

Survey Background

- In November of 2020, Wendy Cousino, Public Health Analyst/Project Officer, HHS/HRSA/HAB/DCHAP facilitated peer to peer technical assistance for the “provider burnout” task force for Ryan White HIV/AIDS Program (RWHAP) Part C and D recipients in Michigan and Ohio.
- Several mental health providers of this task force met to discuss the needs of RWHAP providers during the COVID-19 pandemic.
- This task force developed a survey for the RWHAP providers and it was disseminated in December, 2020.
- All RWHAP funded providers by the recipient task force for the 11 RWHAP Part C and D-funded programs were asked to complete the survey within a 2 1/2 week time period from December 2020 to January 2021.

Survey Purpose and Design

- Goal of survey was to ascertain the levels of stress before and after COVID; ask specifically what was causing additional stress, if any; and gain possible ways to reduce or eliminate additional stress, if any.

- Survey consisted of:
  - Two “1-10” scale questions;
  - Two multiple choice questions with space for open text; and
  - One open text question

Research Questions

1. On a scale from 1 to 10, where 1 is not at all stressed/burned out and 10 is extremely stressed/burned out, how stressed or burned out are you generally (outside of COVID-19)?
2. On a scale from 1 to 10, where 1 is not at all stressed/burned out and 10 is extremely stressed/burned out, how stressed or burned out are you now (during COVID-19)?
3. Identify the top three stressors you are currently experiencing in your work as a Ryan White provider due to COVID-19.
4. What supports would be most helpful in alleviating these problems? Please select your top 3.
5. Please provide any additional feedback about this topic below.

Project Timeline

- Mid-November 2020 – Project Officer came to us with the problem of burnout
- November & December 2020 – Regular meetings and development of survey
- Mid-December 2020 – Survey deployed through SurveyMonkey/ staff emails
- Early January 2021 – Survey concluded
- January & February 2021 – Regular meetings and data analyzed
- February 2021 – Data presented and distributed to site managers
- February & March 2021 – Regular meetings to determine next steps

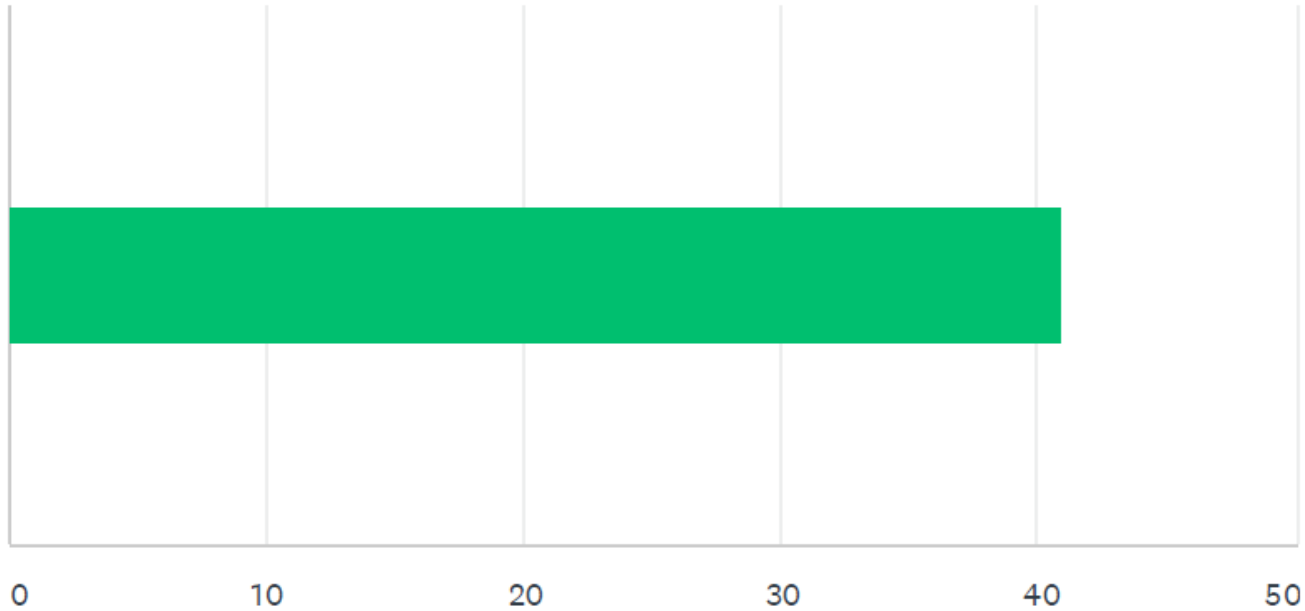
Methodology

- Anonymous and voluntary survey
  - Mixed methods research collected quantitative and qualitative data
- Survey tool – Survey monkey
- Rationale of survey methodology
  - Ease of use
  - Completed in less than 5 minutes
  - Check box options, with additional space for free-text to ensure all ideas were considered

Results

Q1 On a scale from 1 to 10, where 1 is not at all stressed/burned out and 10 is extremely stressed/burned out, how stressed or burned out are you generally (outside of COVID-19)?

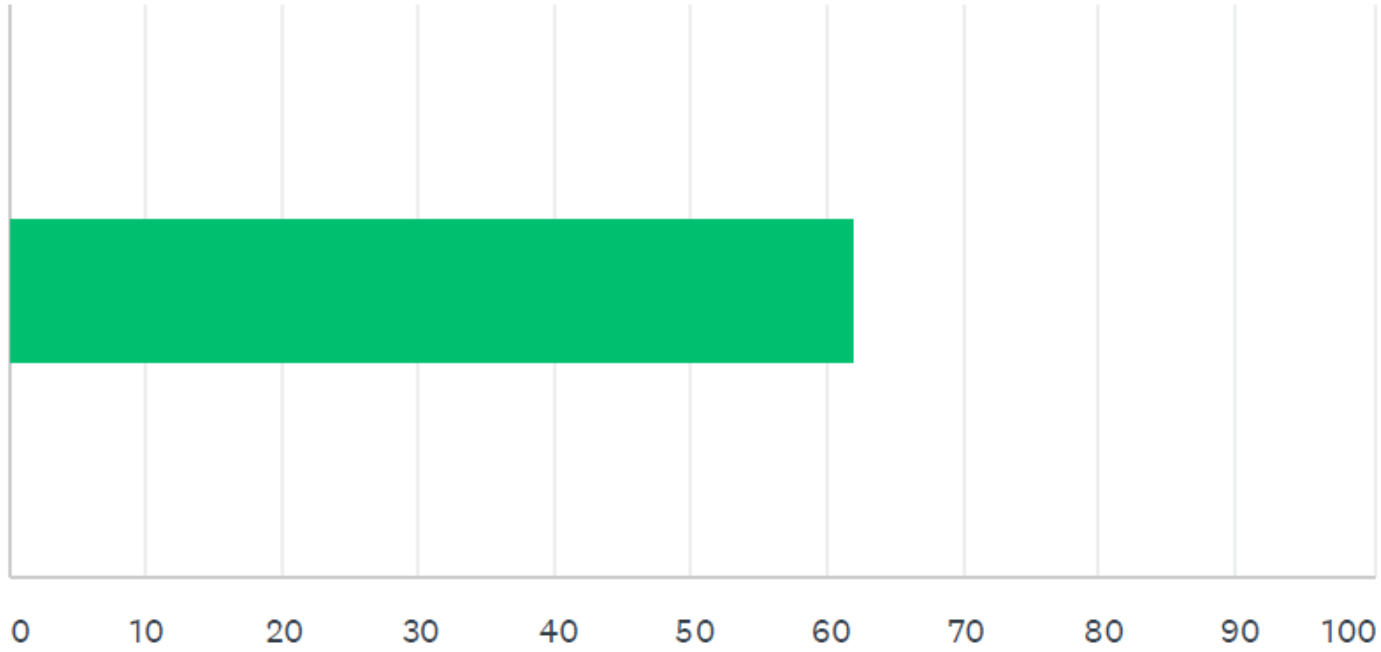
Answered: 191 Skipped: 0



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	41	7,802	191
Total Respondents: 191			

Q2 On a scale from 1 to 10, where 1 is not at all stressed/ burned out and 10 is extremely stressed/ burned out are you now (during COVID-19)?

Answered: 191 Skipped: 0



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	62	11,823	191
Total Respondents: 191			

Identify the top three stressors you are currently experiencing in your work as a Ryan White provider due to COVID-19.

ANSWER CHOICES	RESPONSES	
Social isolation/ loneliness	29.47%	56
Lack of program support (difficulty contacting other staff, needs not being addressed, etc.)	15.26%	29
Lack of appropriate technology needed to provide services or complete administrative work (no access, poor training, slow technology, etc.)	10.53%	20
Not enough time to complete required all tasks	23.68%	45
Lack of work schedule flexibility (start time, days off, shortened work week, etc.)	7.37%	14
Lack of workspace flexibility (access to space with tech, home vs. in office, etc.)	12.63%	24
Increased emotional stress/ emotional fatigue	62.63%	119
Increase in physical pain/ physical fatigue	9.47%	18
Finding balance between work and home responsibilities	40.53%	77
Worry over personal or familial health	47.37%	90
Reduced options for self-care (gyms closed, potlucks not allowed, social isolation requirements, etc.)	48.42%	92
Other (please specify) Responses	12.63%	24
Total Respondents: 190		

Identify the top three stressors you are currently experiencing in your work as a Ryan White provider due to COVID-19 (n=190 participants answered).

1. Increased emotional stress/ emotional fatigue (n=119 or 62.6%)
2. Reduced options for self-care (gyms closed, potlucks not allowed, social isolation requirements, etc.) (n=92 or 48.4%)
3. Worry over personal or familial health (n=90 or 47.4%)

Free Text Responses – Biggest Stressors / “Other (please specify)” (n=24 or 12.6%)

Increased Workload:

- “Lack of staff / increased workload”
- “I feel like I'm working three times as much now than preCovid”
- “Increased workload due to no volunteers and staff rotation”
- “Client needs have increased as has volume”
- “All staff not held to the same standard. Some stuff are not productive with no consequence, while extra work is added to others workloads.”

Other:

- “Constant misinformation / negative political climate / public distrust in medical professionals”
- “Increased cost of working from home”
- “Lack of flexible/nimble response from our parent institution in addressing programmatic needs.”
- “Just trying to file for divorce”

N/A:

- “None of the above”

What supports would be most helpful in alleviating these problems? Please select your top 3 (n=185 participants answered.

ANSWER CHOICES		RESPONSES	
Access to additional technology		14.59%	27
Being able to work from home as needed		31.35%	58
Having a more flexible work schedule		27.03%	50
More frequent check-in from program director and other managers		10.27%	19
Program sponsored self-care (access to therapist, bringing treats to share, etc.)		38.92%	72
Space to vent with other staff and find peer support (staff support group, etc.)		37.30%	69
Regularly scheduled virtual all staff meetings		10.81%	20
Having a cross-coverage plan in case of absent staff		30.81%	57
Institution providing appropriate PPE, hand sanitizer, and cleaning materials		11.89%	22
Other (please specify)	Responses	23.78%	44
Total Respondents: 185			

What supports would be most helpful in alleviating these problems? Please select your top 3.

1. Program sponsored self-care (access to therapist, bringing treats to share, etc.) (n=72 or 38.9%)
2. Space to vent with other staff and find peer support (staff support group, etc.) (n=69 or 37.3%)
3. Being able to work from home as needed (n=58 or 31.4%)

Free Text Responses – Helpful supports / “Other (please specify)” (n = 44 or 23.8%)

Programmatic assistance:

- “any sort of a coherent government response to this pandemic would be the most helpful”
- **“Additional staff” “Lowered caseloads”**
- “Stipend for increased electricity and internet usage“
- “more virtual staff meetings, more of a structured schedule”
- “Additional program accommodations to be able to meet client needs virtually/no contact“
- “Flexibility with deadlines in active environments were COVID priorities take precedence.“
- “communication across agencies. SO we can work better together”

Free Text Responses – Supports / “Other (please specify)” (n = 44 or 23.8%)

Patience, Faith, Self-Care:

- “Ministry doing a wonderful job at just about everything. We have a program to help employees seek counseling. We are welcome to take trainings on self-care. We have a professional that does mindfulness moments with us. We are generally very well taken care of. I think it just comes down to needing time off to process, relax and heal.”
- “Continue patience and faith that things will improve”
- “Employee Break Room w/ Massage Chair and stress relief music”

Not Sure/Nothing:

- “I don’t know“
- “vaccine and end of pandemic. These options listed not helpful to me and many in place for staff”
- “None of the above, they are already offered services, I don't know what will help me at this point“
- “Not adding "helpful" things during my lunch hour”

Freetext option at end of survey: “Please provide any additional feedback about this topic” (n = 56 or 29.3%)

- “NEED COMPASSION AND UNDERSTANDING FOR ALL EMPLOYEES”
- “I don’t think there’s much more to do about extra support. It’s just stressful right now especially working from home with a baby and a child doing virtual schooling as well.”
- “I have been provided with flexibility and support. However my job was very hands on, very close proximity to children, and I do not feel able to meet their needs and keep them and staff safe. I don't see a solution to that right now.”
- “Access to therapy is promised but the program is VERY tough to navigate to the point of giving up.”

Freetext option at end of survey: “Please provide any additional feedback about this topic” (n = 56 or 29.3%)

- “Being stressed out is very different from being burned out. So pairing them in the questions was not comfortable for me causing me to hesitate to answer the survey at all. I answered them from the perspective of my stress level. I am not "burned out".”

- “It's a lot better than it was in the beginning of the pandemic. It was EXTREMELY stressful.”

- “Like I said, we are really well taken care of by our ministry, in general. Personally, I just need some time off to breathe. I chose to work another job. I would normally be able to manage it well but with the toll the pandemic has taken on emotional energy, it is more difficult to manage this year. I am looking forward to the break for Christmas!“

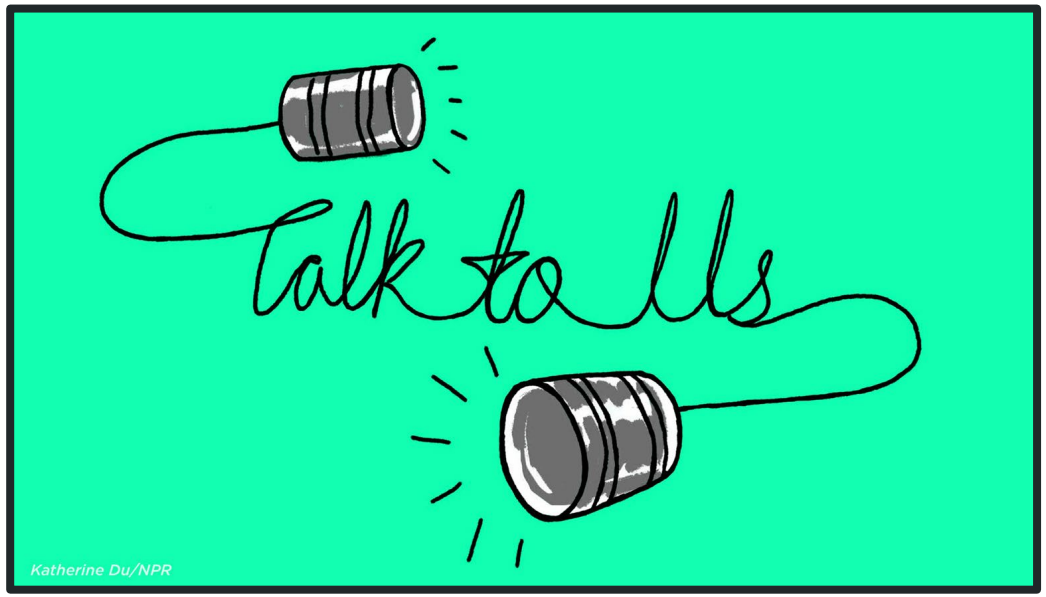
- “I appreciate that our funders are asking how staff are coping during these crazy times. Thanks :)”

Discussion

Take Away Points

- Our coworkers are more stressed, worried, and burnt out than usual.
- There are some steps that may alleviate these feelings, but some problems may only be solved with time.
- Overall, participants appreciated the check-in and space to provide feedback.

Next Steps



- Meeting on regular basis to discuss what comes next
- Individual phone calls scheduled with participating sites for follow up
- Presenting at the National Conference on Social Work and HIV/ AIDS Summer 2021

Thanks for listening!

Questions?

Nikki Cockern: scockern@med.wayne.edu
Amy Jacobs: akjacobs@med.umich.edu
Sydney Renner: sydney.renner@utoledo.edu

Mental Health Care in the Context of COVID:
How Behavioral Health Providers in One HIV Clinic Adapted

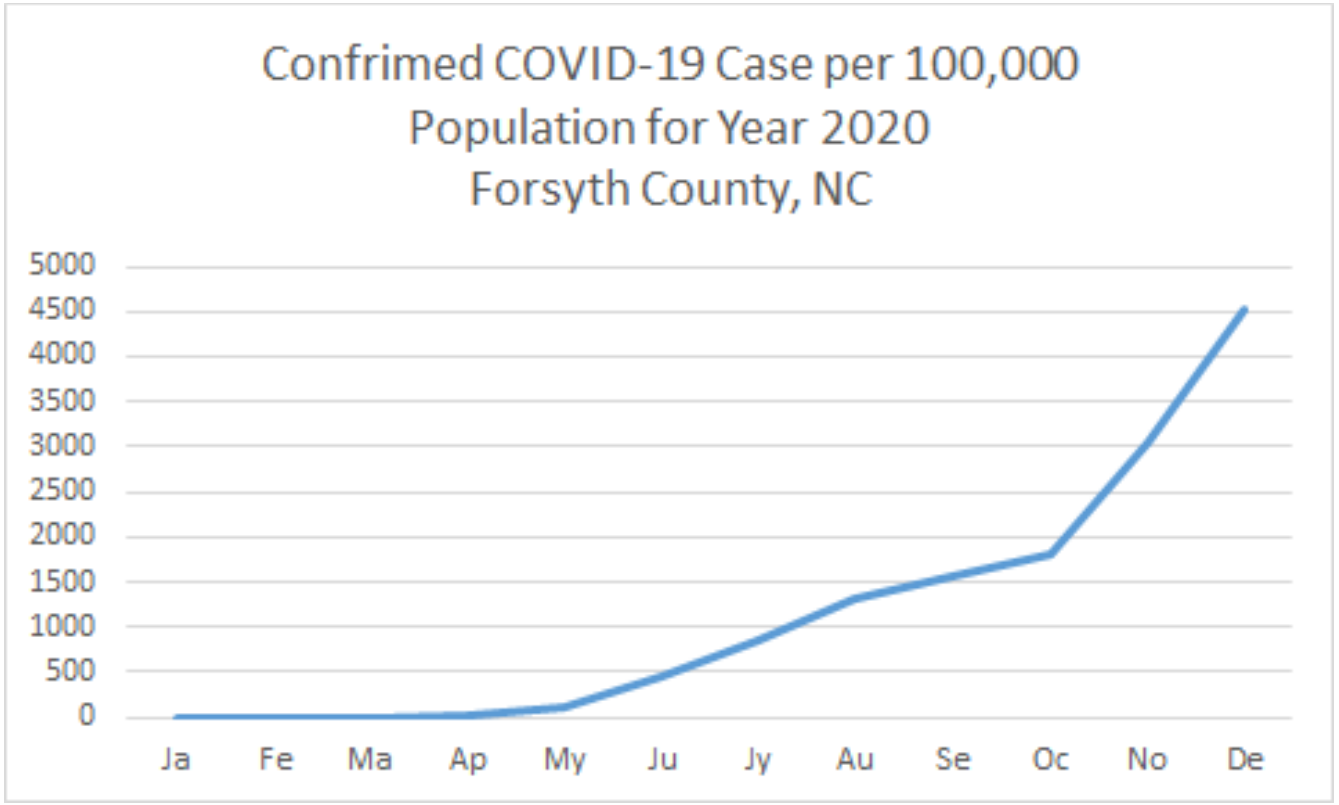
Robert Rominger, Ph.D. & Erica Fox, LCMHC

Wake Forest®
Baptist Health

Objectives

- Provide overview of how one HIV clinic with integrated behavioral health providers was impacted by the pandemic
- Discuss the evolution of therapeutic conversations over the course of the pandemic
- Discuss personal means of coping with the pandemic so as to avoid clinician fatigue and not compromise patient care

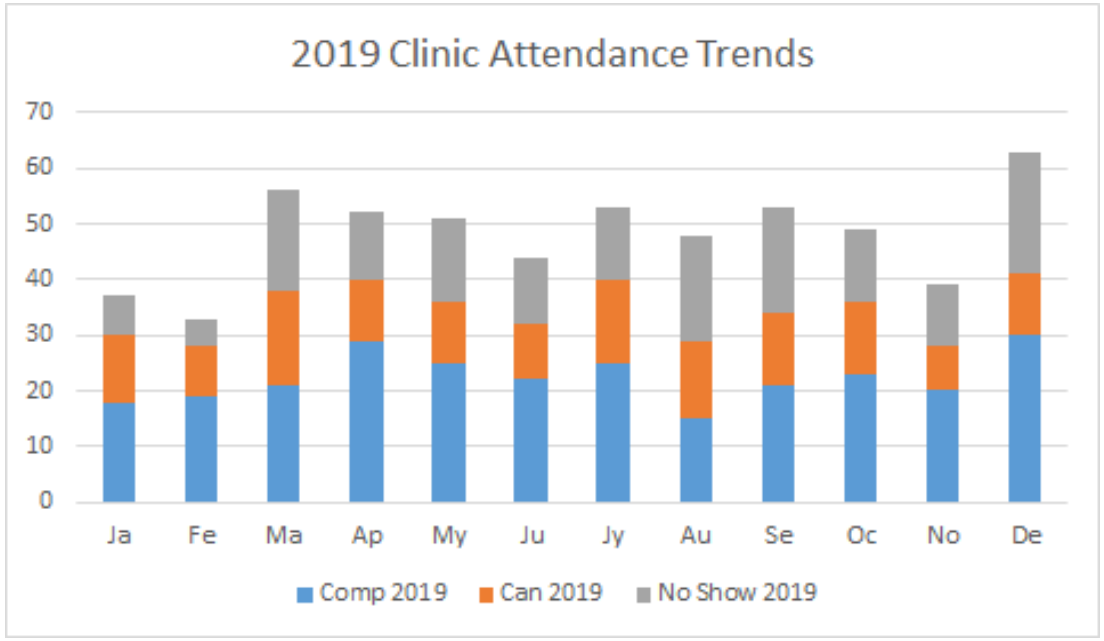
Forsyth County, NC COVID Cases by Month (2020)

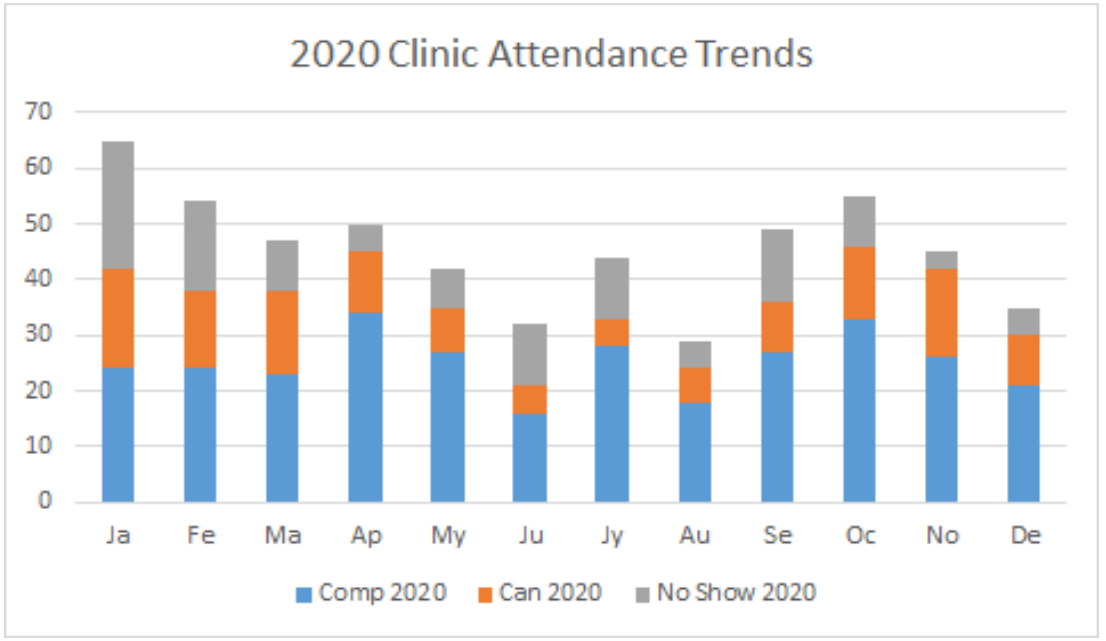


Behavioral Health Presence in the Clinic

- Two behavioral health providers in clinic:
  - Counselor with primary appointment in Psychiatry
    - 2 clinics per week
    - Replaced a psychologist from Psychiatry who previously held 1 clinic per week
  - Psychologist with primary appointment in Internal Medicine
    - 3 clinics per week
    - Has been providing integrated care in the clinic about 14 years
- The behavior health clinicians work closely with medical providers, who are the primary source of referrals, and HIV patient navigators, who assist with scheduling and logistics, and meet monthly with two psychiatrists to discuss collaborative care of selected patients.

Month by Month Comparison of Behavioral Health Clinic Contacts 2019 vs. 2020 (Rominger)

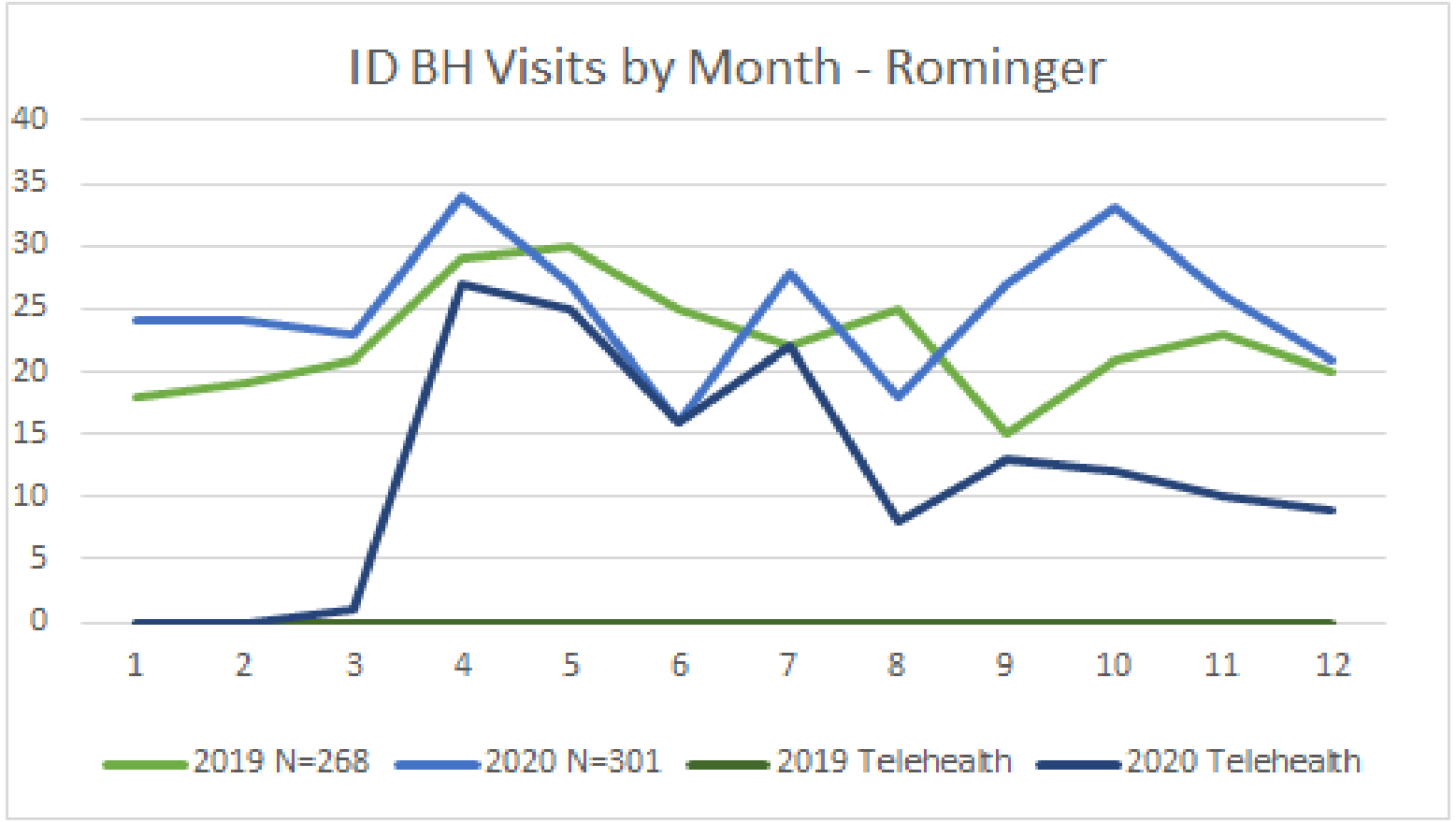




Total completed visits = 301
Total scheduled visits = 547

Thanks to John Switzer of WFBH ID for preparing this data

Month by Month Comparison of BH Clinic Contacts: In-Person vs. Telehealth Visits (Rominger)



Planned and Unplanned Adjustments

- Institutional move toward work from home (beginning March)
- Changing directives regarding notes and coding for telehealth visits
- Insurance providers announced covering more telehealth services
- Medical center meetings moved online
  - IM Grand Rounds shifted to weekly COVID updates in late spring
  - More frequent meetings of the Behavioral Health IPU to address rapid changes
- Choices regarding work from home vs. in clinic left to individual clinicians
- Reopening of clinics with enhanced virus precautions (beginning May)
- A new space in the clinic
- Schedule adjustments

Continuing Changes and Challenges

- Addressing new limitations to confidentiality with telehealth visits
- Mastering and helping patients master video technology
- Reverting to phone visits with some patients to ease their frustration
- Working with patients who do not have video technology
- Having to obtain verbal consents with patients
- Adjusting to differences between telehealth and in-person visits
- Pushing back through the BH IPU when an insurance group indicated it planned to reduce payments for phone (audio only) visits
- Rolling out of technological advances

Mental Health Concerns of Clinic Patients During the Pandemic

- Extended cabin fever: Some patients (even in distant counties) prefered to risk coming to clinic because it was their only opportunity to leave home.
- Heightened interpersonal tension was described in some households.
- Increased anxiety, agoraphobia, substance use and relapse, and depression were reported.
- Over time, the number of patients with COVID in their social networks increased along with the number of hospitalizations and losses to COVID.
- Relatively few patients were infected, but some were infected and recovered.
- Even after family exposure, some patients from minority populations expressed skepticism about the vaccine.
- One rural patient voiced a fear of “the mark of the beast” and implanting a microchip, perhaps others heard similar messages.

Therapeutic Conversations Over Time

- The nature of reassurance and guidance we provided changed with information from the CDC (e.g., masks not necessary to masks essential), with emphasis on self-care a theme throughout.
- The pandemic abruptly changed the trajectory of many pre-covid therapeutic conversations.
- Increased patient lead conversations about COVID and politics simultaneously most likely due of pandemic occurring during an election year.
- The frequency of patient's inquiring about provider's well being seemed higher.
- There was an increase in the frequency of conversations about self-care with patients.
- Increased incidences of transference were observed, with some patients displacing difficult emotions onto therapist.

Personal Means of Coping: E. Fox

- Creation of new work schedule and routines
- Shifting between work and parenting roles
- Being present for my children in their adjustment
- Embarking on personal change
- Seeing the benefits of better health
- Wrestling with the decision to return to clinic

Personal Means of Coping: R. Rominger

- Delivering telehealth from clinic
- Adapting to adjustments at home
- Losing communal music as a major form of relaxation and rejuvenation
- Turning towards recording music on my own or making videos, notably parodies regarding the pandemic
- Publishing some to social media, including at times to a monthly open mic that moved online
- Finding an outlet for pandemic-related volunteering: supporting the food collection at my church with live music

R. Rominger's Key Posts to Social Media

- After I shared the following in March with faculty and fellow songwriters, it was asked permission for the Winston-Salem Symphony to post to its Facebook page :
  - https://www.facebook.com/wssymphony/posts/10158498516683442
- In November as I was preparing to play for the food collection one Sunday, I decided I should reinforce the message that people not gather for the holidays:
  - https://www.youtube.com/watch?fbclid=IwAR0N1JvBkPlj3j3fCSPCjduusWuy8SaAFbxYw4T93IdnvVXlohizsQ7_5gU&v=t-mZVKsTA1s&feature=youtu.be&ab_channel=measuredsuccess
- This song of mine, which I have now sung now on many Sunday mornings, was adopted for multiple online community events this past year with the theme of bringing light into darkness:
  - https://soundcloud.com/measuredsuccess/a-light-shines-in-the-darkness?fbclid=IwAR3_kd-b3bu6jyYYAQk7a0gMwsbl0XM9Tq5YpljXsqS0-9P6msZcoMyydC8

Medical Mistrust and COVID-19 Vaccine Hesitancy: RWHAP Provider's Role in Education and Increasing Uptake

Michelle Collins-Ogle, MD, FAAP, AAHIVS
Assistant Professor of Pediatrics
Division of Pediatric Infectious Diseases
Pediatric and Adolescent HIV
Children's Hospital at Montefiore

Learning Objectives

By the end of this presentation, participants will be able to:

- Know the difference between Mistrust and Distrust
- Factors that affect vaccine hesitancy
- Discuss interventions to address barriers to receiving the COVID-19 vaccine.

Mistrust vs. Distrust

Distrust

-Lack of trust or confidence. A “feeling” that someone or something is not being honest. Also framed as a “ suspicion” and often leads to the feeling that one can not be trusted.

Mistrust

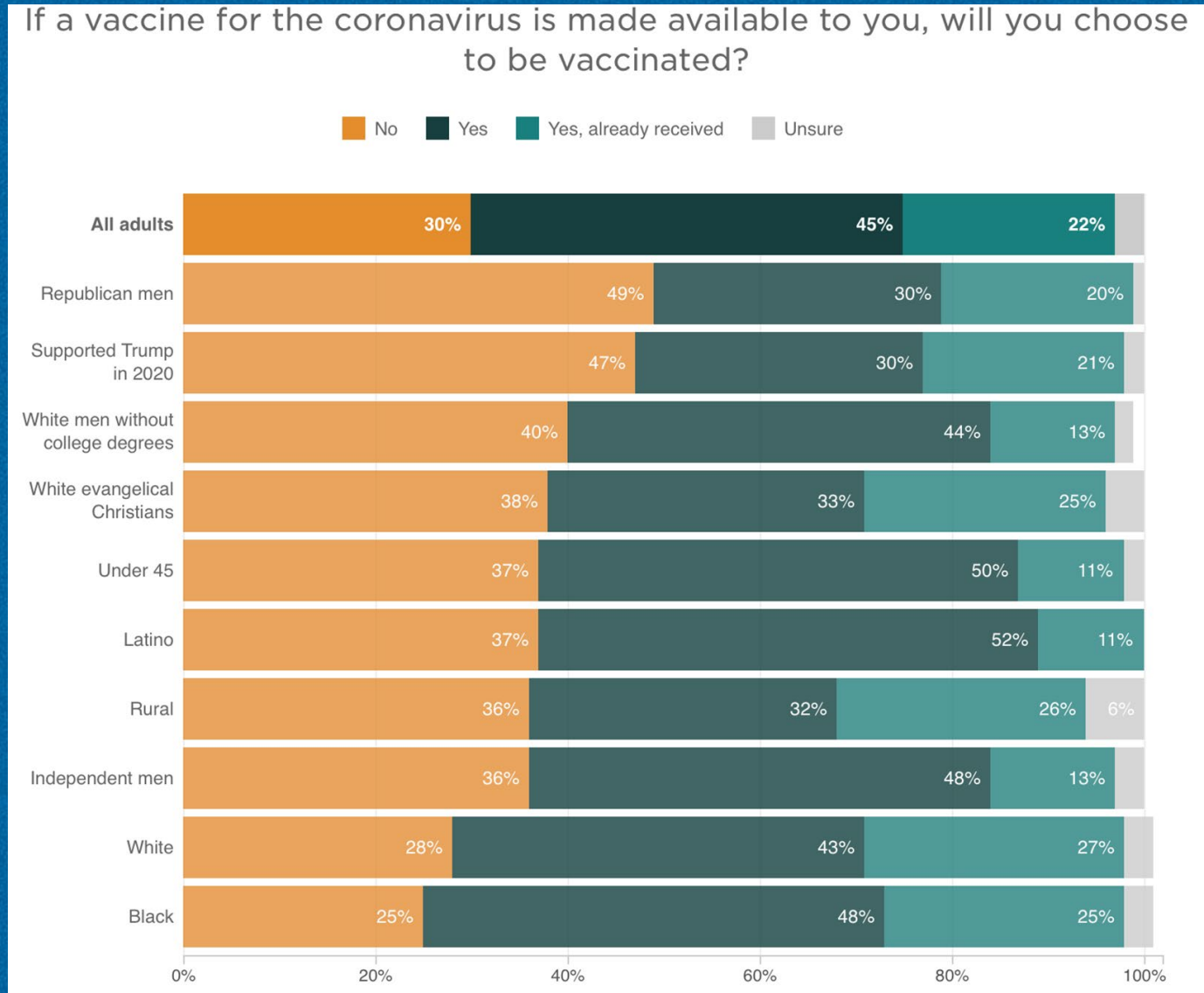
-A valid response to a betrayal or having been betrayed. This sense of betrayal within the health care system leads to anxiety, anger, of self-doubt.

These words are used interchangeably and often referencing the same experiences.

COVID 19 and Vaccine Hesitancy

- **World Health Organization (WHO) strategic advisory group on immunizations defines vaccine hesitancy: A delay in acceptance or refusal of vaccination despite availability of vaccination services.**
- **WHO defined vaccine hesitancy as a top ten global health threat in 2019**
- **Anti vaccine activists are engaged in spreading misinformation about COVID-19 vaccines including how they were developed**
- **“Operation Warp Speed” exacerbated fears about the speed of vaccine development.**

Who's Hesitant?

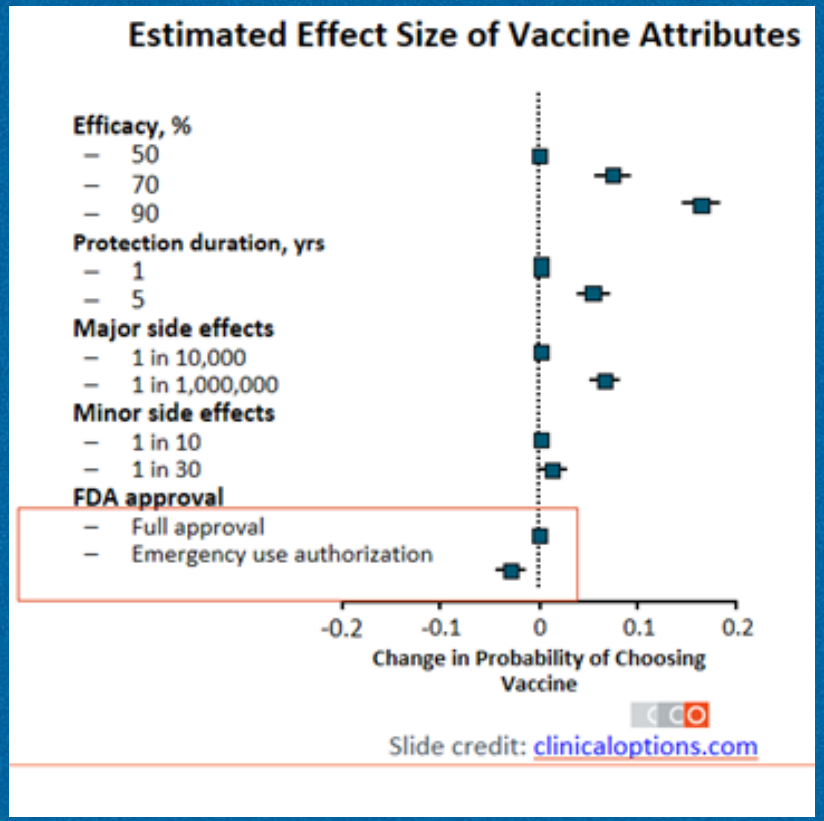


Source: NPR/PBS NewsHour/Marist poll of 1,227 U.S. adults conducted between March 3 and March 8. The margin of error for the overall sample is 3.4 percentage points. Totals may not add up to 100% because of rounding.

Credit: Thomas Wilburn/NPR

Factors That Affect COVID-19 Vaccine Hesitancy

- Vaccine characteristics: efficacy, duration, safety, side effects
- Concerns about the approval process: too fast, political influence
- Sources of information: healthcare providers, public health officials more trusted than politicians
- Demographics: on average, older people, black people, and women less willing to be vaccinated



Kreps. JAMA Netw Open. 2020;3(10):e2025594.

Types of COVID 19 Vaccines and Efficacy: Apples and Oranges

- mRNA vaccines - 94%-95% Efficacy
  - Pfizer - BioNTech and Moderna
- Protein subunit vaccines
  - Novavax
- Vector vaccines
  - Johnson & Johnson - 66% efficacy but 85% effective against severe disease
  - AstraZeneca

COVID-19 Vaccines: Unanswered Questions

- Primary endpoint in mRNA vaccine trials was *symptomatic* illness, therefore not yet known if these effectively prevent transmission
- Duration of vaccine immunity still unknown
- Long-term safety data will require years of vaccination follow-up
- No data yet on efficacy or safety in children and pregnant women
- < 200 participants/trial developed symptomatic COVID-19, i.e., too few to draw conclusions about efficacy in subpopulations
- SARS-CoV-2 genome appears relatively stable, but not known how virus will respond to selection pressure of mass vaccination

Ledford. Nature. 2020;588(7837):205.

Slide credit: clinicaloptions.com

The Parallels Between HIV and COVID-19: 30 Years of HIV in the African American Community

- 1981 – CDC reports first known cases of AIDS (26 cases, 1 African American)
- 1984 – CDC reports 50% of pediatric AIDS cases are among African Americans
- 1988-1991 – For the first time, the number of new infections among African Americans exceeds the number of infections in whites and remains that way; the Magic of Earvin Johnson
- 1995 – NEJM Publishes Dr. Ira Chasnoff's research on "Crack Babies"

*Centers for Disease Control

30 Years of HIV in the African American Community

- 2000 – HIV cases among Black and Latino men who have sex with men exceed those among their white counterparts.
- 2001 – First Annual National Black HIV/AIDS Awareness Day.
- 2008 – The Black AIDS Institute reports that if Black America were its own country it would rank 16th in the world in terms of number of people with HIV–ahead of Ethiopia, Botswana and Haiti.
- Today – African Americans, have the highest rates of HIV infection in the nation. Although just 13% of the U.S. population, blacks account for nearly 50% of those living and dying with HIV / AIDS. Among African Americans, gay and bisexual men are the most affected, followed by heterosexual women.

***Centers for Disease Control**

Mistrust Can Be Empowering: Healthy Skepticism

Can Ryan White Providers make a difference?

How?

How Can Medical Mistrust be Addressed?

- No evidence-based interventions address medical mistrust
- A few interventions have been tested to improve trust in individual providers (not overall).
  - ✓ Training on cultural competency, empathy, and patient-centered communication, e.g., through intensive tailored patient case feedback
  - ✓ Most not effective; none tested for HIV

- A few patient-level interventions focus on improving trust in HIV-related information and decreasing HIV conspiracy beliefs
  - ✓ Community-based interventions (e.g., peer navigation) for peers to serve as a bridge to healthcare
  - ✓ Will be focus of another community forum

Recommendations for RWHAP?

Develop clinician focused trainings

- Instruct clinicians how to respond to mistrust in a sensitive manner while conveying accurate information.
- Motivational interviewing skills
- Empathy, reflective listening
- Non-judgmental, non-confrontational
- Acknowledge historical and current context of discrimination as root cause of mistrust

Recommendations for RWHAP?

Harness the positive effects of mistrust

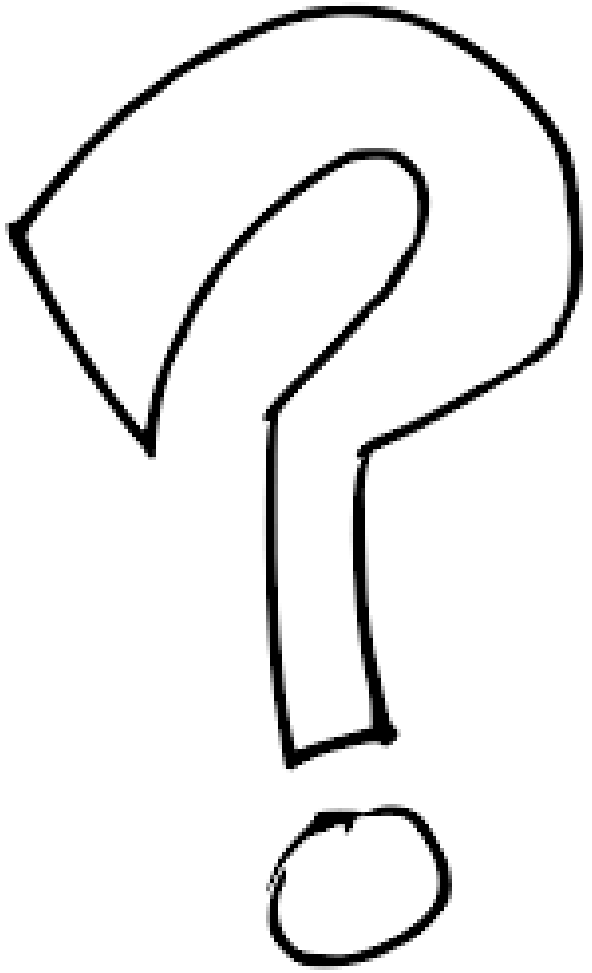
- Empower healthcare communities
  - ✓ Find out about local organizations' care quality
- Encourage healthcare organizations to engage community stakeholders on advisory boards
  - ✓ Review patient data and policies for disparities
- Civic engagement
  - ✓ Vote and encourage others to vote!
  - ✓ Community Advisory Board

Contact Information

Michelle Collins-Ogle, MD
Assistant Professor, Pediatrics
Specialties: Pediatrics
Clinical Focus: Transgender Care & Substance Abuse

The Children's Hospital at Montefiore 3415 Bainbridge Ave. Bronx, NY 10467-2403

Questions



Contact Information

Mahyar Mofidi, DMD, PhD
Director
Division of Community HIV/AIDS Programs (DCHAP)
HIV/AIDS Bureau (HAB)
Health Resources and Services Administration (HRSA)
Email: Mmofidi@hrsa.gov
Phone: 301-443-2075
Web: hab.hrsa.gov

Connect with HRSA

Learn more about our agency at:
www.HRSA.gov

Sign up for the HRSA eNews

FOLLOW US:

HRSA Ryan White HIV/AIDS Program