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Financial and Human Resources Inventory

Integrated HIV Prevention and Care Plan for the State of Indiana

REGION	Midwest
PLAN TYPE	Integrated state/city/county prevention and care plan
JURISDICTIONS	State of Indiana and Indianapolis-Marion County TGA
HIV PREVALENCE	Medium

Indiana's financial inventory and workforce development sections, which include the Indianapolis TGA, are strong and include all components that are outlined in the HRSA/CDC guidance. The workforce section, in particular, provides nice detail on each service provider and the services they provide and to various populations. This section also includes good discussion around the gaps of the workforce and provides information on what they are doing to address them. Lastly, Indiana describes the strong collaboration with their MATEC on the development of the Integrated HIV Prevention and Care Plan. CDC/HRSA reviewers have encouraged jurisdictions to become involved with their state's AETC, and this Plan section provides a strong example of what that collaboration can look like for other jurisdictions.

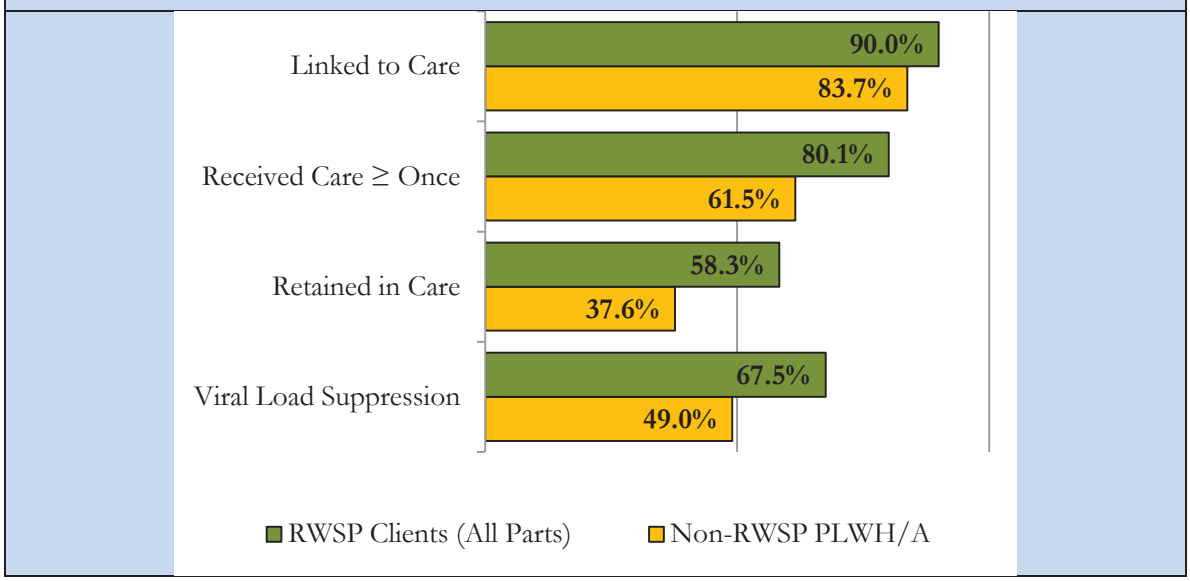
SELECTION CRITERIA: FINANCIAL AND HUMAN RESOURCES INVENTORY

Exemplary Financial and Human Resources Inventory sections met the following criteria (based on the Integrated HIV Prevention and Care Plan Guidance):

- ☑ Includes amount of financial resources from both private/public funding sources
- ☑ Description of how resources are being used and which components of the HIV prevention program or HIV Care Continuum is/are impacted
- ☑ Description of Workforce capacity including what resources/services are missing/lacking and steps to address

Additional exemplary plan sections are available online: www.targetHIV.org/exemplary-integrated-plans

Figure 6: HIV Care Continuum by Ryan White Part A/C/MAI Status, Indianapolis TGA: 2015



C. FINANCIAL AND HUMAN RESOURCES INVENTORY

Initial discussion of the Financial and Human Resources Inventory Work Group (FHRIW) included clarification of the financial and services information required for the Integrated Plan, potential sources of this information, and possible collection strategies. Included in the discussion of potential information sources were two existing comprehensive resource/service inventories: 1) *Indiana's Practical Guide to HIV Resources;*[104] and 2) *The Indianapolis Transitional Grant Area India*.[105] These documents were last updated in 2013 and 2012, respectively. Although once widely distributed, these documents are now in need of updating.

Indiana's Practical Guide to HIV Resources[106] is a statewide reference tool prepared by ISDH and the Comprehensive HIV Services Planning and Advisory Council (CHSPAC). The guide is organized by Indiana's twelve HIV Care Coordination regions and by service type within each region. Specific HIV resources and more general sources of assistance useful to persons living with HIV are included.

The Indianapolis Transitional Grant Area 2012 Provider Resource Guide[107] covers the ten-county Indianapolis TGA and was prepared by the RWSP and the Indianapolis TGA Ryan White Planning Council. This guide includes Ryan White funded core and supportive services, program eligibility and enrollment information, and non-Ryan White resources.

The FHRIW recognized that, although lacking funding detail and being generally outdated, these guides would serve as a point from which to begin information collection for the Integrated Plan, making use, for example, of the agency/service listings by region. Initial discussion included making a recommendation to update the guides in the near future.

The FHRIW decided to utilize Indiana's ten existing prevention regions, and, taking into consideration each work group member's knowledge of these regions, individuals were assigned to each region. DIS was identified in each region to serve as local resources. FHRIW members used a standard template and their own strategies for gathering information which was later combined to form regional and statewide overviews. These data were compiled into a financial and service information has been compiled into an Excel workbook, with separate worksheets organized as listed below:

- **Federal Funds Totals:** General listing of HIV-specific federal funding in Indiana broken down by service type and associated HIV Care Continuum impact. Federal funding includes: Ryan White Part A, MAI, Part B, Part C, and Part F; CDC Surveillance; Indiana State funds; Social Services Block Grant; U.S. Department of Housing and Urban Development (HUD) Housing Opportunities for People With AIDS (HOPWA); and, Title X Family Planning.(Table8)
- **Ryan White Part A/MAI & C Detail (Indianapolis TGA):** Funding amounts and specific services by provider, HIV Care Continuum step impacted (Table9)
- **Ryan White Part B Detail (Statewide):** Funding amounts and specific services by provider, HIV Care Continuum Step impacted (Table10)
- **CDC Detail (Statewide):** Funding amounts and specific services by provider, HIV Care Continuum step impacted (Table11)
- **State Funds Detail (Statewide):** Funding amounts and specific services by provider, HIV Care Continuum Step impacted (Table12)
- **Prescription Assistance Sources:** Fund source, program name, assistance amount, service provider, specific service, HIV Care Continuum Step impacted (349 patients, 50% reside in Marion County) (Table13)
- **The Health Foundation of Greater Indianapolis (Statewide):** Funding amounts and specific services by provider, HIV Care Continuum Step impacted, includes Direct Emergency Financial Assistance Program (DEFA) funds and MAC AIDS Fund **(Table14)**

Table 8: Federal Funds Totals by Funder and Service FY2016, Indiana

Fund Source	Funding Amount	% of Total	Core Services	Outpatient Ambulatory/Primary Medical *HIV Diagnosis/Linked to Medical Care/Retained in Medical Care/Prescribed ART/Viral Suppression*	AIDS Drug Assistance Program (ADAP) *Linked to Medical Care/Retained in Medical Care/Prescribed ART/Viral Suppression*	AIDS Pharmaceutical Assistance *Prescribed ART/Viral Suppression*	Oral Health Care *Retained in Medical Care/Viral Load Suppression*	Early Intervention Services (EIS) *HIV Diagnosis/Linked to Medical Care*	Health Insurance Premium/Cost-Sharing Assistance *Retained in Medical Care/Viral Load Suppression*	Mental Health Services *Retained in Medical Care*	Medical Nutrition Therapy *Retained in Medical Care/Viral Load Suppression*	Medical Case Management *Linked to Medical Care/Retained in Medical Care/Prescribed ART/Viral Suppression*	Substance Abuse Services-Outpatient *Linked to Medical Care/Retained in Medical Care/Prescribed ART/Viral Suppression*	Support Services	Non-medical Case Management *Linked to Medical Care/Retained in Medical Care/Prescribed ART/Viral Suppression*	Emergency Financial Assistance (Food and/or Utilities) *Retained in Medical Care/Viral Load Suppression*	Health Education/Risk Reduction *Linked to Medical Care/Retained in Medical Care*	Short-Term Housing *Retained in Medical Care/Viral Load Suppression*	Legal Services *Retained in Medical Care*	Linguistic Services *Retained in Medical Care*	Medical Transportation Services Linked to Medical Care/Retained in Medical Care *Linked to Medical Care/Retained in Medical Care*	Outreach Services *HIV Diagnosis/Linked to Medical Care/Retained in Medical Care*	Psychosocial Support Services *Retained in Medical Care*	HIV Testing *HIV Diagnosis/Linked to Medical Care*
Ryan White Part A (Indianapolis TGA)	$4,024,248	14.85%		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Ryan White Minority AIDS Initiative (MAI) (Indianapolis TGA)	$266,808	0.98%		X					X	X		X				X							
Ryan White Part B (Statewide)	$13,436,822	49.57%		X	X				X														
Ryan White Part C (Indianapolis TGA)	$647,494	2.39%		X		X	X			X				X									

Ryan White Part F AIDS Education and Training Centers (MATEC)	$300,314	1.11%							X															
Centers for Disease Control and Prevention (CDC) (Statewide)	$2,924,412	10.79%															X							
Indiana State Funds (Statewide)	$3,171,498	11.70%													X									
Social Services Block Grant (Statewide)	$138,854	0.51%													X									
Substance Abuse Prevention and Treatment Block Grant (Statewide)	$225,000	0.83%													X									
HOPWA (HUD) (Statewide)	$1,921,436	7.09%																X						
Title X Family Planning (HHS) (Statewide)	$50,000	0.18%																						X
Total	**$27,106,886**																							

Indianapolis Indiana TGA: Boone, Brown, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, Putnam, and Shelby Counties
MATEC: Midwest AIDS Training+Education Center

Sources: Indiana Family Health Council
Marion County Public Health Department
Indiana State Department of Health
Midwest AIDS Training+Education Center

Table 9: Ryan White Part A, MAI, & C Detail FY2016
Indianapolis, Indiana TGA

Fund Source	Funding Amount	Funded Service Provider	Core Services	Outpatient Ambulatory/Primary Medical *HIV Diagnosis/Linked to Medical Care/ Retained in Medical Care/Prescribed ART/Viral Suppression*	AIDS Pharmaceutical Assistance *Prescribed ART/Viral Suppression*	Oral Health Care *Retained in Medical Care /Viral Load Suppression*	Early Intervention Services (EIS) *HIV Diagnosis/ Linked to Medical Care*	Health Insurance Premium/Cost-Sharing Assistance *Retained in Medical Care/Viral Load Suppression*	Mental Health Services *Retained in Medical Care*	Medical Nutrition Therapy *Retained in Medical Care/Viral Load Suppression*	Medical Case Management *Linked to Medical Care/Retained in Medical Care/Prescribed ART/Viral Suppression*	Substance Abuse Services-Outpatient *Linked to Medical Care/Retained in Medical Care/Prescribed ART/Viral Suppression*	Support Services	Non-medical Case Management *Linked to Medical Care/Retained in Medical Care/Prescribed ART/Viral Suppression*	Emergency Financial Assistance Food and/or Utilities *Retained in Medical Care/Viral Load Suppression*	Health Education/Risk Reduction *Linked to Medical Care/Retained in Medical Care*	Short-Term Housing *Retained in Medical Care/Viral Load Suppression*	Legal Services *Retained in Medical Care*	Linguistic Services *Retained in Medical Care*	Medical Transportation Services *Linked to Medical Care/Retained in Medical Care*	Outreach Services *HIV Diagnosis/Linked to Medical Care/Retained in Medical Care*	Psychosocial Support Services *Retained in Medical Care*	HIV Testing *HIV Diagnosis/Linked to Medical Care*
Ryan White Part A	$782,298	Damien Center					X		X		X	X		X	X		X	X			X		
	$333,000	Damien Cares		X							X												
	$297,044	Step-Up					X			X	X			X	X		X				X		
	$61,765	Concord												X	X		X			X			
	$113,388	Eskenazi Emergency Department					X														X		
	$502,645	Eskenazi Infectious Disease Clinic		X	X						X			X									
	$12,584	Substance Use Outreach Services					X																
	$11,000	Horizon House					X																
	$12,500	Community Infectious Disease		X																			
	$82,511	Shalom					X																
	$688,571	LifeCare-IU Health		X	X		X	X			X			X	X					X		X	
	$100,000	ISDH						X															
	$137,500	IU School of Dentistry				X																	
	$50,000	Walgreens			X																		
	$15,000	Sweet Chariot																		X			
	$46,750	Almost4 Minds																		X			

	$18,898	Brothers United					X													X	X	X	
	$2,717	Minority Health Coalition of Marion County					X																
	$22,000	Rosa's Nest																	X		X	X	
	$50,000	Mid America Clinical Laboratories		X																			
	$10,000	Luna Language																	X				
	$25,064	Marion County Public Health Dept Primary Medical Care Specialties		X																			
Ryan White Minority AIDS Initiative (MAI)	$71,087	Damien Center							X		X												
	$155,700	Marion County Public Health Dept.		X				X								X							
Ryan White Part C	$115,025	Damien Center												X									X
	$180,000	Damien Cares		X					X		X												
	$64,400	Step-Up												X									
	$86,728	Eskenazi		X							X												X
	$64,504	LifeCare-IU Health		X							X												
	$20,000	IU School of Dentistry				X																	
	$16,000	IU School of Optometry		X (Vision only)																			

All providers listed above are located in Indianapolis, Indiana, Marion County.

Eligible individuals legally residing in the following 10 county area may receive services from the Ryan White HIV Services Program: Boone, Brown, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, Putnam, and Shelby

The Part A grant year is March 1, 2016-February 28, 2017. The Part C grant year is January 1, 2016-December 31, 2016.

Table 10: RYAN WHITE PART B DETAIL INDIANA STATE DEPARTMENT OF HEALTH FY2016 INDIANA			
Funding Amount	**Funded Service Provider**	**Funded Services**	**HIV Care Continuum Step**
$1,739,520	Delta Dental	Dental Insurance	Linked to Medical Care Retained in Medical Care
$91,278	Indiana University Health Plans	Comprehensive Health Insurance	Linked to Medical Care Retained in Medical Care Prescribed ART Viral Suppression
$1,145,124	All Savers/United Healthcare	Comprehensive Health Insurance	Linked to Medical Care Retained in Medical Care Prescribed ART Viral Suppression
$29,043	Southeastern Indiana Health Organization (SIHO)	Comprehensive Health Insurance	Linked to Medical Care Retained in Medical Care Prescribed ART Viral Suppression
$4,881,042	Anthem Insurance Cos., Inc.	Comprehensive Health Insurance	Linked to Medical Care Retained in Medical Care Viral Suppression
$535,221	Coordinated Care Corporation dba Managed Health Services	Comprehensive Health Insurance	Linked to Medical Care Retained in Medical Care Prescribed ART Viral Suppression
$609,615	Physicians Health Plan of Northern Indiana	Comprehensive Health Insurance	Linked to Medical Care Retained in Medical Care Prescribed ART Viral Suppression
$1,277,892	Mdwise Marketplace	Comprehensive Health Insurance	Linked to Medical Care Retained in Medical Care Prescribed ART Viral Suppression
$564,264	CareSource	Comprehensive Health Insurance	Linked to Medical Care Retained in Medical Care Prescribed ART Viral Suppression
$26,939,968	Unified Group Services	ADAP Administration Medications Office Visits	Linked to Medical Care Retained in Medical Care Prescribed ART Viral Suppression
$37,812,967			

Source: Indiana State Department of Health, 2016

Table 11: U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION FUNDS DETAIL INDIANA STATE DEPARTMENT OF HEALTH FY2016			
Funding Amount	**Funded Service Provider**	**Funded Services**	**HIV Care Continuum Step**
$45,000	AIDS Ministries/AIDS Assist of North Indiana South Bend/Elkhart, IN	Counseling, Testing and Referral	HIV Diagnosis Linked to Medical Care Retained in Medical Care
$95,000	AIDS Resource Group of Greater Evansville, Inc. Evansville, IN	Counseling, Testing and Referral Comprehensive Risk Counseling Services	HIV Diagnosis Linked to Medical Care Retained in Medical Care
$130,000	AIDS Task Force of LaPorte/Porter Counties d.b.a. The Aliveness Project Merrillville, IN	Counseling, Testing and Referral Comprehensive Risk Counseling Services	HIV Diagnosis Linked to Medical Care Retained in Medical Care
$70,000	Clark County Health Department Jeffersonville, IN	Counseling, Testing and Referral Disease Intervention Services	HIV Diagnosis Linked to Medical Care Retained in Medical Care Viral Suppression
$95,000	Damien Center Indianapolis, IN	Counseling, Testing and Referral Comprehensive Risk Counseling Services	HIV Diagnosis Linked to Medical Care Retained in Medical Care
$90,000	Eskenazi Health Indianapolis, IN	EHTS (Expanded HIV Testing Services within a Healthcare Setting)	HIV Diagnosis Linked to Medical Care Retained in Medical Care
$130,000	Positive Link-IU Health Bloomington/Terre Haute, IN	Counseling, Testing and Referral Comprehensive Risk Counseling Services	HIV Diagnosis Linked to Medical Care Retained in Medical Care
$45,000	Northeast Indiana Positive Resource Connection Ft. Wayne, IN	Counseling, Testing and Referral	HIV Diagnosis Linked to Medical Care Retained in Medical Care
$90,000	Step-Up, Inc. Indianapolis, IN	Community Planning Group Popular Opinion Leader	HIV Diagnosis Linked to Medical Care Retained in Medical Care
$175,000	Brothers United Indianapolis, IN	Counseling, Testing and Referral Comprehensive Risk Counseling Services 3MV (Many Men Many Voices)	HIV Diagnosis Linked to Medical Care Retained in Medical Care
$40,000	Imani Unidad South Bend, IN	Comprehensive Risk Counseling Services	HIV Diagnosis Linked to Medical Care Retained in Medical Care
$47,100	Methodist Hospitals Gary/Merrillville, IN	EHTS (Expanded HIV Testing Services within a Healthcare Setting)	HIV Diagnosis Linked to Medical Care Retained in Medical Care

Funding Amount	Funded Service Provider	Funded Services	HIV Care Continuum Step
$31,800	Ft. Wayne/Allen County Health Department Ft. Wayne, IN	Comprehensive Risk Counseling Services Sexually Transmitted Disease Services	HIV Diagnosis Linked to Medical Care Retained in Medical Care
$300,000	Health & Hospital Corporation of Marion County Indianapolis, IN	Disease Intervention Services Sexually Transmitted Disease Services	HIV Diagnosis Linked to Medical Care Retained in Medical Care Viral Suppression
$80,000	Open Door Health Services Muncie, IN	Comprehensive Risk Counseling Services Disease Intervention Services Sexually Transmitted Disease Services	HIV Diagnosis Linked to Medical Care Retained in Medical Care
$70,000	City of Gary Public Works Gary, IN	Disease Intervention Services Sexually Transmitted Disease Services	HIV Diagnosis Linked to Medical Care Retained in Medical Care
$75,000	Monroe County Health Department Bloomington, IN	Disease Intervention Services Sexually Transmitted Disease Services	HIV Diagnosis Linked to Medical Care Retained in Medical Care
$100,000	Northern Indiana Maternal and Child Health Network South Bend/Warsaw, IN	Disease Intervention Services Sexually Transmitted Disease Services	HIV Diagnosis Linked to Medical Care Retained in Medical Care
$70,000	Vanderburgh County Health Department Evansville, IN	Disease Intervention Services Sexually Transmitted Disease Services	HIV Diagnosis Linked to Medical Care Retained in Medical Care
$41,131	Health Care Education & Training Indianapolis, IN	Education	
$32,000	Luther Consulting Carmel, IN	CDC Database Management	
TOTAL $1,852,031			

Funding Amount	Funded Service Provider	Funded Services	HIV Care Continuum Step
Indirectly Funded	Bartholomew County Health Department Columbus, IN	Counseling, Testing and Referral	HIV Diagnosis Linked to Medical Care
Indirectly Funded	Boone County Health Department Lebanon, IN	Counseling, Testing and Referral	HIV Diagnosis Linked to Medical Care
Indirectly Funded	Floyd County Health Department New Albany, IN	Counseling, Testing and Referral	HIV Diagnosis Linked to Medical Care
Indirectly Funded	Fayette County Health Department Connersville, IN	Counseling, Testing and Referral	HIV Diagnosis Linked to Medical Care
Indirectly Funded	Foundations Family Medicine Austin, IN	Counseling, Testing and Referral	HIV Diagnosis Linked to Medical Care
Indirectly Funded	Hamilton County Health Department Carmel, IN	Counseling, Testing and Referral	HIV Diagnosis Linked to Medical Care
Indirectly Funded	Hancock County Health Department Greenfield, IN	Counseling, Testing and Referral	HIV Diagnosis Linked to Medical Care
Indirectly Funded	Henry County Health Department New Castle, IN	Counseling, Testing and Referral	HIV Diagnosis Linked to Medical Care
Indirectly Funded	Howard County Health Department Kokomo, IN	Counseling, Testing and Referral	HIV Diagnosis Linked to Medical Care
Indirectly Funded	LifeCare-IU Health Indianapolis, IN	Counseling, Testing and Referral	HIV Diagnosis Linked to Medical Care
Indirectly Funded	Matthew 25 AIDS Services Evansville, IN	Counseling, Testing and Referral	HIV Diagnosis Linked to Medical Care
Indirectly Funded	One Stop Shop Austin, IN	Counseling, Testing and Referral	HIV Diagnosis Linked to Medical Care
Indirectly Funded	PACE (Public Advocates in Community Re-Entry) Indianapolis, IN	Counseling, Testing and Referral	HIV Diagnosis Linked to Medical Care
Indirectly Funded	Porter County Health Department Portage, IN	Counseling, Testing and Referral	HIV Diagnosis Linked to Medical Care
Indirectly Funded	Pulaski County Health Department Winamac, IN	Counseling, Testing and Referral	HIV Diagnosis Linked to Medical Care
Indirectly Funded	Scott County Health Department Scottsburg, IN	Counseling, Testing and Referral	HIV Diagnosis Linked to Medical Care

Source: Indiana State Department of Health, 2016

Table 12: STATE FUNDS DETAIL, FY2016 INDIANA				
Fund Source	**Funding Amount**	**Funded Service Provider**	**Funded Services**	**HIV Care Continuum Step**
State Funds Administered by Indiana State Dept. of Health	$176,146	AIDS Ministries/AIDS Assist of North Indiana South Bend/Elkhart, IN	Care Coordination Special Populations Support Program	HIV Diagnosis Linked to Medical Care Retained in Medical Care Viral Suppression
	$290,000	AIDS Resource Group of Greater Evansville, Inc. Evansville, IN	Care Coordination Special Populations Support Program	HIV Diagnosis Linked to Medical Care Retained in Medical Care Viral Suppression
	$190,000	Aspire Indiana-Central Anderson, IN	Care Coordination Special Populations Support Program	HIV Diagnosis Linked to Medical Care Retained in Medical Care Viral Suppression
	$190,000	Aspire Indiana-Southeast Richmond, IN	Care Coordination Special Populations Support Program	HIV Diagnosis Linked to Medical Care Retained in Medical Care Viral Suppression
	$190,000	Aspire Indiana-West Lafayette, IN	Care Coordination Special Populations Support Program	HIV Diagnosis Linked to Medical Care Retained in Medical Care Viral Suppression
	$90,000	Aspire Indiana-Northeast Muncie, IN	Special Populations Support Program	HIV Diagnosis Linked to Medical Care Retained in Medical Care Viral Suppression
	$290,000	Clark County Health Department Jeffersonville, IN	Care Coordination Special Populations Support Program	HIV Diagnosis Linked to Medical Care Retained in Medical Care Viral Suppression
	$103,128	Concord Center Indianapolis, IN	Care Coordination	HIV Diagnosis Linked to Medical Care Retained in Medical Care Viral Suppression
	$99,120	Damien Center Indianapolis, IN	Care Coordination	HIV Diagnosis Linked to Medical Care Retained in Medical Care Viral Suppression

Fund Source	Funding Amount	Funded Service Provider	Funded Services	HIV Care Continuum Step
	$100,000	Meridian Health Services Corporation Muncie, IN	Care Coordination	HIV Diagnosis Linked to Medical Care Retained in Medical Care Viral Suppression
	$290,000	Positive Link-IU Health Bloomington, IN	Care Coordination Special Populations Support Program	HIV Diagnosis Linked to Medical Care Retained in Medical Care Viral Suppression
	$95,000	Positive Link-IU Health Terre Haute, IN	Care Coordination Special Populations Support Program	HIV Diagnosis Linked to Medical Care Retained in Medical Care Viral Suppression
	$395,000	Northeast Indiana Positive Resource Connection Ft. Wayne, IN	Care Coordination Special Populations Support Program	HIV Diagnosis Linked to Medical Care Retained in Medical Care Viral Suppression
	$440,000	Step-Up, Inc. Indianapolis, IN	Care Coordination Community Action Group	HIV Diagnosis Linked to Medical Care Retained in Medical Care Viral Suppression
	$180,000	Indianapolis Urban League Indianapolis, IN	Special Populations Support Program	HIV Diagnosis Linked to Medical Care Retained in Medical Care Viral Suppression
	$45,000	Ft. Wayne/Allen County Health Department Ft. Wayne, IN	Special Populations Support Program	HIV Diagnosis Linked to Medical Care Retained in Medical Care Viral Suppression
Total	**$3,163,394**			
Total 2015 Indiana Medicaid Expenditures for HIV/AIDS	$7,191,009			HIV Diagnosis Linked to Medical Care Retained in Medical Care Viral Suppression
Total	**$10,354,403**			

Sources: Indiana State Department of Health, 2016
Indiana Family & Social Services Administration, 2016

Table 13: PRESCRIPTION ASSISTANCE SOURCES FY2015 INDIANA					
Fund Source	**Program Name**	**Assistance Amount**	**Service Provider**	**Services Provided**	**HIV Care Continuum Step**
Patient Assistance Program	Gilead Advancing Access Program	$177,993.14	Walgreens	Prescription Services	Prescribed ART Viral Suppression
	ViiV Healthcare Patient Assistance Program	$47,754.80	Walgreens	Prescription Services	Prescribed ART Viral Suppression
Copay Assistance Program	Gilead Copay Coupon Card	$231,719.57	Walgreens	Prescription Services	Prescribed ART Viral Suppression
	ViiV Patient Savings Card	$64,981.20	Walgreens	Prescription Services	Prescribed ART Viral Suppression
	Isentress Multiuse Savings Coupon	$15,440.51	Walgreens	Prescription Services	Prescribed ART Viral Suppression
	Abbvie Patient Assistance Foundation	$14,211.82	Walgreens	Prescription Services	Prescribed ART Viral Suppression
	Bristol-Myers Squibb Co-Pay Assist	$19,863.97	Walgreens	Prescription Services	Prescribed ART Viral Suppression
	Janssen Therapeutics Patient Savings Program	$25,702.18	Walgreens	Prescription Services	Prescribed ART Viral Suppression
	Patient Access Network	$57,448.92	Walgreens	Prescription Services	Prescribed ART Viral Suppression
	Other: Non-HIV medications for PLWHA	$7,974.56	Walgreens	Prescription Services	Prescribed ART Viral Suppression
Total		**$663,090.67**			
349 patients received assistance, approximately 50% reside in Marion County					

Source: Walgreens Community Pharmacy (335 Massachusetts Ave. location), Indianapolis, IN, 2016

Table 14: PREVENTION/DEFA DETAIL FY2016 THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INDIANA, INC.				
Fund Source/Amount		**Funded Service Provider**	**Funded Services**	**HIV Care Continuum Step**
HIV/AIDS Prevention	**DEFA***			
$17,000	$3,000	AIDS Ministries/AIDS Assist of North Indiana South Bend/Elkhart, IN	HIV prevention, education, and testing to MSM and IDU. Focus on African American MSM and rural communities for IDU & DEFA	HIV Diagnosis Linked to Medical Care
$21,200	$7,500	AIDS Resource Group of Greater Evansville, Inc. Evansville, IN	Increase HIV and HCV testing, purchase and distribute harm reduction resources, and increase high risk counseling to 11 counties served by agency & DEFA	HIV Diagnosis Linked to Medical Care
N/A	$5,000	AIDS Task Force of LaPorte/Porter Counties d.b.a. The Aliveness Project Merrillville, IN	DEFA	Retained in Medical Care Prescribed ART Viral Suppression
N/A	$5,000	Aspire Elwood, IN	DEFA	Retained in Medical Care Prescribed ART Viral Suppression
$52,700	N/A	Brothers United Indianapolis, IN	Linkage to care and outreach to MSM of color and transgendered population & DEFA	Linked to Medical Care Retained to Medical Caare Viral Suppression
$163,000	$127,000	Damien Center Indianapolis, IN	Coordinated HIV services and linkage to care & DEFA	Linked to Medical Care Retained in Medical Care Viral Suppression
$90,100	N/A	Eskenazi Health-Bellflower Clinic Indianapolis, IN	Expand Sex Worker Project in Marion County	HIV Diagnosis Linked to Medical Care Retained in Medical Care
N/A	$10,000	Eskenazi Health-Infectious Disease Clinic (IDC) Indianapolis, IN	DEFA	Retained in Medical Care Prescribed ART Viral Suppression
$63,750	$60,000	LifeCare-IU Health Indianapolis, IN	Emergency room testing and linkage to care, case management for PrEP clinic clients & DEFA	HIV Diagnosis Linked to Medical Care Retained in Medical Care Prescribed ART Viral Suppression
N/A	$10,000	Positive Link-IU Health Bloomington, IN	DEFA	Retained in Medical Care Prescribed ART Viral Suppression
$57,000	$7,500	Northeast Indiana Positive Resource Connection Ft. Wayne, IN	HIV counseling and testing to high risk communities, locate clients who have fallen out of care & DEFA	HIV Diagnosis Linked to Medical Care Retained in Medical Care Viral Suppression

Fund Source /Amount		Funded Service Provider	Funded Services	HIV Care Continuum Step
$51,000	N/A	Shalom Health Care Center Indianapolis, IN	Integrated HIV testing in FQHC environment, with emphasis for African American and Hispanic patients	HIV Diagnosis Linked to Medical Care Retained in Medical Care Prescribed ART Viral Suppression
$80,750	$15,000	Step-Up, Inc. Indianapolis, IN	Multilayered testing/outreach program to focus on MSM & DEFA	HIV Diagnosis Linked to Medical Care Retained in Medical Care Viral Suppression Retained in Medical Care
$15,000	N/A	Jameson Camp Indianapolis, IN	Summer camp program for development and enrichment of HIV+ youth	Retained in Medical Care Viral Suppression
$611,500	**$250,000**			

*Gregory R. Powers Direct Emergency Financial Assistance Program, administered by The Health Foundation of Greater Indianapolis. Services provided to meet emergency needs include: Nutrition, transportation, rent or mortgage assistance, insurance co-payments, and medication assistance.

Source: The Health Foundation of Greater Indianapolis, Inc., 2016

1. Workforce Capacity

In accordance with HRSA's Guidance, the AETC's findings regarding clinical workforce needs and gaps were to be provided to Part A and B programs for them to use when preparing their integrated prevention and care plans. To this end, at MATEC's 2016 Policy Training Advisory Council (PTAC) meeting, representatives from all Part A and B programs in MATEC's region were invited to discuss (among other issues) MATEC's plans to approach the assessment of the HIV workforce and to reach consensus regarding the definition of "workforce". At the PTAC meeting, the group agreed to define the HIV workforce: Physicians, Physician Assistants, Nurse Practitioners, Registered Nurses, Dental Providers and Clinical Pharmacists. For the purpose of this report, workforce is also referred to as the *clinical workforce.* However, given the nature of the data sets used to describe the findings, in some cases other HIV professionals (e.g., social workers, case managers, public health providers, etc.) were also taking into consideration.

2. HIV Workforce in Indiana

There are a wide range of professional and non-professional workers who are part of the healthcare team of people living with HIV/AIDS in Indiana. Their roles vary in the degree of patient contact and level of responsibility. This section focuses on healthcare professionals who are licensed to provide medical management of patients living with HIV in Indiana.

Dentists:

According to a 2014 Indiana Dentist Workforce Report,[108] dentists are the primary provider of oral health care to Indiana residents. Data from this report notes that there were 3,982 licensed dentists in Indiana in 2014. However, reaching them to complete a survey was difficult and resulted in a 13.4% response rate. The following section is based on the outcome of those surveys. The overall mean age of survey respondents was 53.0 years of age. The mean age for males (55.0) was higher than the mean age for females (48.0). No other demographic data were collected. The most common specialty reported among respondents was general dental practice (79.2%). The majority of respondents worked 25 or more hours per week (79.2%). Few respondents (4.7%) indicated working 40 or more hours per week. Less than half (40.6%) of respondents indicated that they were currently accepting new Medicaid patients. Four out of every five respondents (80.7%) listed a primary practice location in an urban county. Only 38.6 percent of respondents with practices located in urban counties reported that they were currently accepting new Medicaid patients compared to 48.8 percent of rurally located respondents. The majority of respondents (85.6%) did not report having a second practice location. Identifying dentists willing to provide care to those living with HIV/AIDS can be a challenge, especially in rural areas. In Indianapolis, the Indiana University School of Dentistry is a great resource for affordable dental care services. The Midwest AIDS Training and Education Center (MATEC) provide training to dental professionals on topics related to HIV/AIDS care.

Nurses:

Defining the nursing workforce in Indiana is complicated. Indiana's nursing workforce consists of nurses trained at various levels including Registered Nurses (RN), Licensed Practical Nurses (LPN), and Advanced Practice Nurses (APN). RNs have completed an associate or baccalaureate degree in nursing and have successfully passed national board and state licensing examinations. LPNs, which provide basic nursing care under the direction of registered nurses and physicians, generally complete a one or two year training program and receive a certificate or diploma. LPNs typically serve supportive roles within the healthcare team. APNs are registered nurses who have

completed additional training, commonly a master's degree, which gives them prescriptive authority and prepares them for advanced practice.

According to a 2013 Nursing Workforce Policy Report, a total of 99,545 RNs renewed their license to practice in Indiana 2013.[109] Of those surveyed, only 53,135 reported that they were practicing in Indiana and actively working in patient care. The supply of licensed RNs in Indiana has been steadily increasing, with an increase of 14,414 RNs from 1997 to 2013. Indiana's nursing workforce is primarily comprised of non-Hispanic (99%) and White (93%) professionals. In 2013, the majority (94%) of professionals working as registered nurses were female. However, the percentage of males in the nursing workforce has almost doubled over the last 16 years. The MATEC is very involved with providing training and support to this provider group due to collaboration with the Association of Nurses in AIDS Care. Most of the large HIV clinics in Indiana have one or more APNs on staff. In Indianapolis, two of the three large practices have more nurse practitioners than physicians managing HIV care.

Pharmacists:
According to a recently published 2012 Indiana pharmacist workforce report,[110] 10,553 pharmacists renewed their license in 2012. When surveyed, only 4,790 of these pharmacists reported that they were practicing in Indiana. Of these 4,790, the majority were female (58%), White (89.9%), and non-Hispanic (98.4%). When compared to a 2004 report, there was an increase in the proportion of females in 2012, and the group is slightly more racially diverse. The mean age for all included pharmacists in 2012 was 43.4 years old. Female respondents (mean age 40.9 years old) were, on average, younger than males (mean age 46.9 years old). As treatment of HIV disease has evolved, so has the role of the pharmacist. In Indianapolis, all of the large HIV practices have one or more clinical pharmacists assisting in the management of HIV disease. Their role in HIV care is expanding due to an increase in the number of pharmacists with collaborative practice agreements with physicians.

Physicians (MD and DO):
According to a recently published 2013 Indiana Physician Workforce report,[111] there were 25,800 physicians who renewed their license to practice medicine in Indiana; however only 9,460 physicians reported providing direct patient care. In 2013, the majority of physicians were White (77.6%), male (70.8%), and not of Hispanic origin (97.5%). Of those physicians that were 65 years of age and over, the majority of them were males (89.4%). Gender distribution in the physician workforce is changing. In 2013, women accounted for approximately 48% of physicians under the age of 35; whereas, women account for only approximately 11% of physicians over the age of 65 during the same period. Physicians play a huge role in HIV care in Indiana. Even in clinics with a strong APN presence, physicians contribute to the care of patients through collaborative practice agreements with these nurse practitioners.

Physician Assistants (PA)
A data brief published in 2014 notes that the physician assistant (PA) workforce in Indiana is growing quickly.[112] Since 2004, the estimated number of non-government employed PAs actively working in Indiana has more than doubled, from less than 400 in 2004 to nearly 900 in 2012. The Indiana PA workforce is slightly younger than the PA workforce nationally. In 2012, approximately 80% of all US physician assistants (90% in Indiana) were under the age of 55, and the median age of PAs in clinical practice was 41 years (35 years in Indiana).

Among both US and Indiana physician assistants, 65% were female. Gender distribution reversed with age: younger Indiana PAs were predominantly female (79% of respondents under 35), while older PAs were predominantly male. Racial and ethnic diversity in the Indiana PA workforce was largely unchanged over time and remains low (93% were White).

Since 2004, the master's degree has been the most common credential among PAs in Indiana, reflecting the evolution of the profession and its educational requirements. To date, the MATEC is not aware of any PAs who provide HIV care in Indiana. PAs practicing in primary care, STD care, or emergency medicine attend HIV trainings, but they are not providing HIV care. This is likely tied to the fact that PAs were only recently granted prescriptive authority, and their practice is still evolving in Indiana.

3. Beyond Licensed Healthcare Workforce in Indiana

In addition to members of the healthcare workforce described above, there are a variety of other licensed and unlicensed professionals who are part of the healthcare team for people living with HIV/AIDS in Indiana. Patient care responsibilities vary based on education, licensure, training, and funding. This section focuses on this additional segment of the healthcare workforce.

Disease Intervention Specialists (DIS):
DIS are highly trained specialists that are able to investigate confirmed cases of reportable sexually transmitted infections (STIs), including HIV, syphilis, gonorrhea, and chlamydia. Disease Intervention Specialists, conduct voluntary interviews with patients who test positive for STIs and offer to confidentially notify, test, and preventatively treat any of their sexual and/or needle sharing contacts. Disease Intervention Specialists attempt to break the chain of disease transmission and protect the community's health by reducing the spread of infections and prophylactically treating those who could have been exposed. DIS are vital to linking Indiana residents with resources and HIV care. Indiana has approximately 30 trained DIS stationed across state.

HIV Case Managers:
As with nursing, defining the HIV Case Manager workforce in Indiana is complicated. Indiana's HIV Case Manager Workforce consists of workers trained at various levels including Licensed Clinical Social Workers (LCSW), Licensed Social Workers (LSW), and a variety of other Masters and Bachelors prepared professionals. Beyond the various levels of education and training of case managers, there are also two types of HIV case managers in Indiana. Non-medical Case Managers provide advice and assistance in obtaining medical, social, community, legal, financial, and other needed services, while Medical Case Managers provide services including coordination and follow-up of medical treatment and treatment adherence support. In 2015, the Marion County Public Health Department paid for 2,233 units of Non-medical 5,728 units of Medical HIV Case Management. A unit of service is defined as the provision of one hour of either medical or non-medical case management. These services were provided by a number of HIV Case Managers throughout the Indianapolis TGA. The Indiana State Department of Health (ISDH) funds sixty-seven HIV Care Coordination positions statewide that serve twelve regions of the state. These HIV Care Coordinators provide both medical and non-medical HIV Case Management. In Indiana, HIV Case Managers are the gateway to accessing services.

Unfortunately, caseloads are often high and pay for the positions are low, which results in high turnover.

However, some agencies have supplemented salaries and managed to retain staff for many years. These staff has become valuable resources for the state. Although specific demographic information about HIV Case Managers is not currently available, attempts are made to have them reflect the communities they serve.

HIV Prevention Specialists:

Mental Health Providers:
A 2012 report on Indiana mental health providers explained that psychiatrists are a shrinking part of the mental health workforce in Indiana, declining since 2009 to only 356 in 2013.[113] There were 43 counties in which no psychiatrist reported practicing, and nearly 20% of psychiatrists indicated that they do not accept Indiana Medicaid patients, and more than 50% did not offer a sliding fee scale. This same report notes that only 76 APNs identified as practicing in psychiatric/mental health in Indiana. The number of licensed psychologists actively practicing in Indiana rose from 2010 to 2012 by about 25%, to 1,064. Between 2004 and 2012, the total number of social workers, clinical social workers, marriage and family therapists, and mental health counselors with an active license also increased, but the number of these professionals practicing in Indiana has remained roughly constant. These professionals were concentrated in urban areas, and there are five counties in which none of these professionals reported practicing. In Indiana, clinical social workers, marriage and family therapists, and mental health counselors provide much of the mental health services accessed by people living with HIV/AIDS. Many of these providers have formed partnerships with a supervising psychiatrist or an APN with a psychiatric specialty. Many of the rural HIV Care Coordination programs are co-located within community mental health centers that facilitate entry in those services.

Findings:
The findings described in this section are based on the analysis and interpretation of the existing data listed in the introduction. These data begin to inform us on current needs and gaps that may affect the overall capacity to provide HIV clinical care in Indiana. This section of the Workforce Development was completed by Midwest AIDS Training and Education Center, University of Illinois at Chicago.

Geographic Gaps of HIV Clinical Workforce Prevalence data *(See appendix 4)*
Although HIV cases have been reported in every county in Indiana (although 8 counties have a prevalence of <5 cases), it is important to highlight the following counties with an HIV prevalence between 193 and 1150 people living with HIV (non-AIDS) in 2015: Lake, St. Joseph, Allen, Hamilton, Vigo, Monroe, Clark, and Vanderburgh counties**.** In Indiana (outside the Indianapolis TGA) the area of Lake County, which borders the Chicago area, is where the highest HIV prevalence rate is found. Marion County, which is home to the Indianapolis TGA, has a prevalence of 4816 people living with HIV. Scott County, which experienced an HIV outbreak among Injection drug users in 2015, saw 157 new cases of HIV during this year.

The following 10 counties ranked in the top 5% on the County-Level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Among Persons Who Inject Drugs: Crawford,

Dearborn, Fayette, Henry, Jennings, Ripley, Scott, Starke, Switzerland and Washington. Except for Scott County, all of them currently exhibit a very low HIV prevalence.

Providers/Facilities who reported CD4 and Viral Load (VL) values in 2015
MATEC did not receive a list of Indiana providers who reported CD4 and Viral Load values in 2015. There are no findings to report in this section of the report.

Community Health Centers currently providing HIV clinical care *(See Table15)*

A total of 20 Community Health Centers (CHCs) —some of which also receive Ryan White funds—are currently providing HIV clinical care according to HRSA's Data Warehouse. All 20 CHCs are in or close to counties with high reported prevalence of HIV. St. Joseph County (with a prevalence of 584 persons living with HIV), Hamilton County (218 PLWH), Vigo County (263 PLWH) and Monroe County (215 PLWH) do not have a CHC currently providing HIV clinical care services. Scott County has centers nearby in Clark County which has high HIV prevalence. None of the 20 CHCs currently providing HIV clinical care; no community health centers providing HIV clinical care is located in any of the 10 counties at high risk for rapid dissemination of HIV or HCV among persons who inject drugs. Some of these CHCs are not on MATEC's distributions lists and may not be aware of the training and TA services available through MATEC. The following two health care centers in Indiana are the current recipients of intense assistance from MATEC under its HIV Practice Transformation Project: Shalom Health Center and Eskenazi Health Center at Grassy Creek. Both are located in Indianapolis.

Needs of the HIV Clinical Workforce Based on MATEC's Data (See appendix 6)
Except for Floyd County, all other counties with HIV prevalence above 72 persons living with HIV have been the target of MATEC's training efforts. Among the counties with HIV prevalence between 5 and 71 persons living with HIV, MATEC's efforts have reached providers to date in at least half of these mainly rural counties. Steuben and Spencer Counties are the only two rural counties that have not been reached by MATEC's training efforts that are not sharing a border with a county where MATEC's efforts have reached providers. Of the 10 counties identified as an at-risk for Hepatitis C and HIV (Scott, Crawford, Dearborn, Fayette, Henry, Jennings, Ripley, Starke, Switzerland and Washington) providers have not been reached by MATEC's efforts in Crawford, Starke and Switzerland. Specific training and technical assistance needs in the counties mentioned above are unknown. High volume clinicians who provide HIV care (most frequently, clinicians in urban and/or Ryan White settings) have the highest level of knowledge and low-volume clinicians (frequently rural and private practice clinicians) have the lowest level of knowledge.

As low volume providers are more likely to refer HIV-positive patients for HIV care, there is an opportunity for MATEC to increase their knowledge and skill levels so that they are able to provide more advanced HIV care and retain HIV positive patients in their practices. The data from Table 15 suggest that trainings of low volume providers need to focus on initiating Anti-retroviral treatment (ART), monitoring adherence, and treating drug resistance.

Across MATEC's region, PrEP and Treatment as Prevention was mentioned as the highest priority topic, following by Clinical Management of HIV and Testing/Routine Screening.

Additional topics that were mentioned but did not make the top of the list are: Cultural Competence with special populations (transgender clients, LGB, MSM, women), STI's, Adherence, and Primary Care/Co-Morbidities. These identified needs are addressed in the goals and objectives section of this document.

According with new HRSA guidelines for funding allocations for the AETC grantees, a significant proportion of funds have to be allocated to new projects (i.e., HIV Practice Transformation and HIV Inter-professional Education). Hence, the funding level for AETCs to fulfill other training and technical assistance needs has significantly decreased for Fiscal Years 2016 through 2019.

Results from The Black AIDS Institute HIV Work Survey (Table 16) the following was noted in reference to the workforce development. Although no fact sheet was included in the report for the state of Indiana, several of the national findings are worth mentioning here. At the national level, over 3,600 HIV workers scored an average of 61% of the questions correct. Broken down by question category, these percentages correspond to 73% correct for basic knowledge questions, 54% correct for treatment questions, and 45% correct for clinical knowledge questions. It is noted in the report that the Midwest fared better than the national average, and that HIV workers from Indiana who were included in the survey scored an average of 63% of all questions correct.

At the national level, there is an 8-11 percentage point gap between Whites and non-African Americans across all categories. This indicates the need for all states to focus its training and capacity building assistance on increasing the HIV science, treatment, and prevention knowledge among African Americans clinicians.

A number of studies have examined issues of racial concordance in clinical care and training programs. A multicenter study that examined the role of cultural distance between HIV-infected patients and providers in perceived quality of care found that patients who rated lower perceived cultural similarity with their providers rated significantly lower quality of care and lower trust in their providers. Cultural concordance was assessed in terms of speech and language, reasoning, communication style, and values, which, based on the findings of the study, indicated the importance of positive patient-provider interactions and cultural competency in provision of HIV care.[114] Given these realities, the need for culturally competent clinicians, particularly from the communities most affected by HIV, is crucial.

Based on data from the report on familiarity with and belief in biomedical interventions, HIV workers are less familiar with the topics of Topical Microbicides and HIV vaccines; only 37% indicate that they are familiar with PrEP, and 42% are familiar with Treatment as Prevention, suggesting a need for training in these topics.

Retirement Creating Workforce Gaps

The Institute of Medicine, in examining workforce needs for HIV screening and access to care, acknowledged that the HIV/AIDS workforce is aging.[115] They estimated nationally that 33% of physicians, 24% of pharmacists and 45% of nurses will likely reach retirement age by 2020. Meanwhile the population is increasing, and the age of the population is increasing, both of which place greater demands on health professionals.[116] A 2008 survey of American Academy of

HIV Medicine (AAHIVM) members (N=400) found that about one-third planned to retired within 10 years.[117] A survey of Infectious Diseases Society of America members, a physician group specializing in infectious disease care, found in 2011 that 56% of responding members (N=655 of 1,169) were 50 years of age or older; 23.7% (N=277) were 60+ years of age.[118] In 2006, a Center for Health Workforce Studies report projected that 45% of registered nurses (RN) would reach retirement age, and that the demand for APRN-certified RNs would exceed 61,000, by the year 2020.[119] The National Alliance for HIV Education and Workforce Development made recommendations regarding this issue:[120]

> "The early cohort of experienced HIV-care clinicians, who brought passion and commitment to patients early in the epidemic, entered the field 20 or more years ago and are nearing retirement. As they leave, a service gap will be created, and these providers will need to be replaced with well-educated, skilled clinicians who are able to provide comprehensive HIV care."

MATEC efforts such as the HIV Inter-professional Education Project (HIPEP) and the Clinician Scholars Program are programmatic activities which specifically aim to prepare the next generation of skilled and dedicated HIV practitioners.

HIPEP is a regional collaborative that includes six University-based Inter Professional Education programs to develop, implement and evaluate inter-professional team-based training programs for health professions students to prepare a workforce which is ready and able to optimize care and outcomes for persons living with HIV/AIDS.

The MATEC Clinician Scholars Program is a 12-month training program specifically designed for minority or predominately minority serving, front line clinical care providers (Physicians, Physician Assistants, Nurse Practitioners, and Pharmacists), who are interested in the diagnosis, treatment, medical management, and prevention of HIV/AIDS.

Greying of Workforce – As you review the Healthcare Workforce data for Indiana you note the mean or median age of our healthcare providers. Specifically, the number of physicians aging into retirement will likely impact the Indiana workforce. It is suggested that the impact of workforce aging will be most profound in rural communities, which currently struggle with the primary care physician capacity.[121] The resulting lack of availability of experienced clinicians could prove to impact patient care and prevention.

Counties Vulnerable for Rapid Dissemination of HIV or HCV Infections among Persons who Inject Drugs in Indiana:

The recent Scott County HIV outbreak prompted MATEC to explore the literature about rural counties in our region which may be vulnerable to similar outbreaks. In doing so, an article was found in which the authors identified U.S. counties potentially vulnerable to rapid spread of HIV, if introduced, and new or continuing high rates of HCV infection among persons who inject drugs.[122] In Indiana, the following 9 counties, in addition to Scott, County were identified: Crawford, Dearborn, Fayette, Henry, Jennings, Ripley, Starke, Switzerland and Washington. Although, this does not mean an outbreak is imminent in these counties, it does represent a plea to the Indiana State Department of Health, the respective local health department, and MATEC to further explore vulnerability and target interventions to prevent transmission of HIV and HCV

among persons who inject drugs. These concerns are addressed in the goals and objectives section of this document.

The impact of HIV prevention and service delivery in Indiana is dependent on human resources, healthcare providers, to make health care happen. As described above, the HIV Healthcare Workforce in Indiana is made up of nurses, pharmacists, physicians, physician assistants, dentists, mental health providers, disease intervention specialist, HIV prevention specialist and HIV case managers. These people are important because the existence and quality of services to promote health, prevent illness or to cure and rehabilitate depend on the knowledge, skills and motivation of these workers. Indiana, like many other states, faces some HIV Healthcare Workforce challenges that have the potential to impact HIV prevention and service delivery.

Summary:
This report summarizes findings related to the HIV clinical workforce in Indiana. The focus includes the need for additional training and technical assistance to enhance the current and future workforce. Specific findings include: HIV cases have been reported in every county in Indiana with Marion County, the home of the Indianapolis TGA, being an outlier with 4816 cases. Efforts are under way to enhance the workforce in Scott county, which showed a high number of new HIV cases in 2015 and currently does not have a CHC that provides clinical HIV care; Crawford, Dearborn, Fayette, Henry, Jennings, Ripley, Scott, Starke, Switzerland and Washington have been identified as counties with high HIV risk; St. Joseph, Hamilton, Vigo, and Monroe counties may need attention due to lack of CHCs providing clinical HIV care. ; MATEC has provided programs to enhance the workforce in most of the counties with higher HIV prevalence, however there may be a need to focus attention on Floyd County; given shifting national priorities for the AETCs, close collaboration and resource sharing may be needed to expand programs, especially in rural areas. There may be a need to focus attention on Steuben and Spencer Counties and; Topics needing attention include PrEP, Treatment as Prevention, Clinical HIV Management and routine testing and screening.

Table 15: Community Health Centers Providing HIV Care in Indiana			
Health Center Name	**City**	**Zip Code**	**HIV**
Community Healthnet, Inc.	Gary	46402	0.20%
Echo Community Health Care	Evansville	47713	0.12%
Family Health Center Of Clark County, Inc.	Jeffersonville	47130	0.07%
Healthlinc, Inc.	Valparaiso	46383	0.10%
Healthnet, Inc.	Indianapolis	46203	0.13%
Heart City Health Center, Inc.	Elkhart	46517	0.05%
Indiana Health Centers, Inc.	Indianapolis	46250	0.07%
Jane Pauley Community Health Center, Inc.	Indianapolis	46229	0.11%
Madison County Community Health Center	Anderson	46016	0.02%
Neighborhood Health Clinics, Inc.	Fort Wayne	46802	0.03%
Northshore Health Centers, Inc.	Portage	46368	0.05%
Open Door Health Services, Inc.	Muncie	47305	0.02%
Purdue University	West Lafayette	47907	0.04%
Raphael Health Center	Indianapolis	46205	0.19%
Riggs Community Health Center, Inc.	Lafayette	47904	0.12%
Shalom Health Care Center, Inc.	Indianapolis	46222	0.07%
Southlake Community Mental Health Center, Inc.	Merrillville	46410	0.20%
The Health And Hospital Corporation Of Marion County	Indianapolis	46205	0.17%
Valley Professionals Community Health Center, Inc.	Clinton	47842	0.01%
Windrose Health Network, Inc.	Trafalgar	46181	0.09%
Source: Data Warehouse, Health Resources and Services Administration.			

Table 16: Knowledge Scores by Question Category, Whites and African Americans 2012-13 HIV Workforce Survey					
		All Questions	**Basic Knowledge and Terminology**	**Treatment**	**Biomedical Interventions**
USA	**All respondents**	61%	73%	54%	45%
	African American (n = 68)	57%	69%	51%	41%
	White (n = 69)	67%	80%	59%	49%
Source: The Black AIDS Institute HIV Work Survey: When We Know Better, We Do Better: The State of HIV/AIDS Science and Treatment Literacy in the HIV/AIDS Workforce in the United States. Blank AIDS Institute, 201					

Integration/Interaction of Funding Sources

The successful completion of current programmatic and fiscal goals and objectives within the jurisdiction is due in large part to a concerted effort to coordinate funding streams within the jurisdiction. This collaboration includes public and private funding. It is the intent of the Plan to continue this collaboration to ensure services and funding for those services are not duplicative and are used in the most efficient and effective manner possible, while maintaining the integrity of Ryan White as the payer of last resort mandate. As a result there continues to be an expansion of programming to address the emerging needs of newly infected and underserved populations and to

help to ensure that clients who are out-of-care have increased access to points of entry into care and services. Coordination of funding from the various funding streams allows for the maintenance, implementation and expansion of a comprehensive continuum of care for PLWH within the jurisdiction, and those at risk for HIV infection. The result is increased access and utilization of counseling, testing and prevention services, medical and core services, clients entering and remaining in care which optimizes health outcomes. This combination of funding has positively impacted the goal of early HIV identification and enhanced entry into care and strengthens its compliance with the National HIV AIDS Strategy and enhancing all elements of the Continuum of Care.

The Indianapolis TGA Ryan White/HIV Services Program (RWSP) is comprised of Part A, MAI, and Part C funding. MCPHD has received Part C funding since 1991 and Part A and MAI since 2007. The Indiana State Department of Health's Division of HIV/STD/Viral Hepatitis (Part B and ADAP) has been funded since 1991. The successfully achievement of programmatic and fiscal goals and objectives has been achieved by blending several funding streams, including the TGA's Ryan White Part A, Part C, and MAI and partnering with the Indiana State Department of Health's Ryan White Part B Program and State-funded Care Coordination Program. The result has been the ability to continue to expand programming that addresses the emerging needs of newly infected and underserved populations and help to ensure that clients who are out-of-care have increased access to points of entry into care and services. Combined funding from Part A, B, C, and MAI allows for the maintenance, implementation and expansion of a comprehensive continuum of care for PLWH within the Plan's jurisdiction. The result is increased identification and informing of individuals living with HIV (counseling, testing and prevention), referral to care and linkage and retention in care.

This combination of funding has positively impacted the goal of early HIV identification and enhanced entry into care. For example, the RWSP Part A program utilized Part C funds to enhance Counseling Testing and Referral programs; MAI funds for HE/RR and Outreach and Part A funds to increase funding for Early Intervention Services (EIS) and Outreach to meet the requirements of Early Identification of Individuals Living with HIV (EIIHA) and to be aligned with the National HIV AIDS Strategy and to enhance the Continuum of Care. The partnership with the EIIHA programs continues to provide care/services designed to identify clients unaware of their status, assist in individuals remaining negative, and providing access to care for clients who are not in care.

Primary activities that proved successful as a result of combined funding and collaboration remain in place for the current Plan. The first is to continue to disseminate HIV health care/resource information focusing on the importance of early diagnosis, access to and early entry into care, and retention in care. In order to reach non-English speaking persons, this information is being made available in both English and Spanish. Dissemination of information includes the use of brochures, appearances by RWSP and Planning Council members at several community events, use of Health Education and Risk Reduction (HE/RR) and outreach and peer to peer involvement. A second activity involves expanding access to rapid testing through increased funding to EIS and HIV CTR sites that have access to DIS to identify, inform, refer and link clients to care. The Federal recipients continue to partner with Disease Intervention Specialists to locate individuals testing positive for HIV and not returning for the results or those who tested HIV-positive but may not have received post-test counseling; DIS also provide partner notification services, follow-up, and referrals to care. The Part A program also continues

working with MAI Outreach and its Part A sub-recipients to locate individuals who tested positive but were not in care and to facilitate their entry into care. On an administrative level, the Part A continues to fund EIS and to utilize Part C to fund HIV Counseling and Testing Services (CTS), works with other HIV testing and referral programs, and continued to collaborate with ISDH's Division of HIV/STD/Viral Hepatitis to coordinate CTR services and CDC- funded prevention sites.

Finally, programs continue to work with health care providers to offer routine HIV CTS and increased Outreach and funding to access to testing locations frequented by members of the identified populations. The Health Foundation of Greater Indianapolis, the state's largest HIV/AIDS philanthropic granter, significantly increased funding to Eskenazi Health Services to provide HIV/Testing in their system of Federally Qualified Health Centers. This grant allowed staff of these centers (5) to receive training in counseling and testing, administering HIV testing protocols and to providing CTS. The protocol, policies and procedures for this program were developed in concert with the EIS program funded by the RWSP to the Eskenazi Emergency Department. This coordination allowed for continuity of services provisions at all levels including: identifying, informing, referring and linking to care. These activities continue to address the following goals of the NHAS: 1) Reducing new HIV infections; 2) Increasing access to care and optimize health outcomes for PLWH by increasing early disease intervention to increase the percentage of persons that enter care at a stage of HIV non-AIDS; 3) Decreasing the number of people in the TGA who are positive and unaware of their HIV status.

These jurisdictional resources – coupled with the long and successful partnerships between the Part A, B, C, and F grantees – have helped to ensure that HIV programming is comprehensive and coordinated for both prevention and care. Additional collaborations between the Ryan White recipients and CDC-funded prevention programs under the direction of the HIV Community Planning Group have also resulted in improved assess for clients to points of entry into the HIV care continuum. In compliance with the National HIV/AIDS Strategy and HIV Continuum of Care Initiative, the grantees strive to implement programming that increases access to and utilization of medical and other core services; helps clients remain in care in order to optimize health outcomes; decreases disparities in access; reduces individual and community viral loads; and improves the overall quality of life for persons living with HIV. Community partnerships such as those mentioned previously help to ensure that the grantee can achieve these desired results as it continues to enhance its HIV care continuum.

Cross funding allows for the continued partnering with community agencies to meet the identified needs of the jurisdiction. The strategy to identify individuals who are unaware of their HIV status is composed of multiple components: 1) universal screening through inner city hospital EDs, a FQHC focused on meeting the needs of individuals whose first language is Spanish and agencies providing services tailored to at risk populations; 2) co-location and utilization of DIS to assist in locating and notifying individuals who are unaware of their positive status and facilitating with partner service notification; 3) utilization of outreach and HE/RR components of the RWSP; 4) collaboration with CBOs and prevention agencies providing rapid testing; 5) HIV surveillance programs; 6) agencies facilitating immediate entry into care through EIS funding; 6) agencies using peer based outreach to encourage HIV testing for those unaware and to assist in the location of those who present positive and do not return for results and to assist in linking those who are positive into care; and 7) counseling, testing and referral programs

(CTR); 8) Correctional facilities to establish a standard for pre-release HIV eligibility screening, and post-release transition to care; 9) RWSP also maintains a partnership with traditional HIV CTR sites in which core services such as partner notification, referral to care coordination, and notification of test results are offered; 10) STD Clinics to provide direct partner service notification, partner testing, and linkage to care; and 11) Non-traditional testing sites at various social service agencies.

Through subcontracts with Eskenazi Emergency Department, AIDS Services Organizations, Community Based HIV Organizations routine testing has been expanded resulting in a noticeable increase in the TGA of the number of people entering care with and HIV non-AIDS diagnosis. Through these partnerships the jurisdiction targets high risk populations such as, MSM, Hispanic, African Americans, the African American GLBT community, and persons at high risk due to mental health illness, substance abuse and homelessness. These collaborations also provide HE/RR services to individuals who test negative to aid in their remaining negative by offering or referring to HIV prevention programs.

Collaboration also continues between grantees and HIV/AIDS Surveillance to assist the early identification of people living with HIV in Indiana. Surveillance uses *eHARS* data and HIV/AIDS case reports to facilitate collaboration with DIS and the outreach programs. These cooperative efforts enable the recipients and their partners to locate, complete risk assessments, and notify individuals who test HIV positive, but did not receive post-test counseling or return for their results. All newly reported cases of HIV are referred to DIS for follow up to ensure knowledge of HIV status and to offer assistance to access care. Surveillance notifies DIS of individuals who have been lost to follow-up, and/or those who may require partner notification services. Additionally, surveillance works with the Ryan White Part A Quality Management (QM) in identifying persons who have no documentation of a CD4 count or viral load within 6-12 months of a confirmatory Western Blot, allowing for further follow-up and linkage to care. These cases are referred to the outreach staff and/or Bell Flower DIS for follow up.

Coordination between programs within the ISDH Division of HIV/STD/Viral Hepatitis has produced positive impacts on service delivery in Indiana. Coordinating one ISDH staff member to serve as the liaison for both statewide planning groups has created efficiencies in monitoring the planning groups and in escalating issues to Division leadership. ISDH has also hired a Quality Management Consultant to work on quality management and quality improvement projects across the Continuum of Care, specifically for HIV Prevention and Ryan White services. To address the needs of PLWH in rural areas, the Division has partnered with the ISDH Division of Chronic Disease, Primary Care, and Rural Health on strategies to engage providers in rural areas.

Needed Resources

Based on findings from the Human and Financial Resources narrative, there are areas in which additional resources would be helpful to the success of Indiana's Integrated Plan. The most impactful of those for prevention would be to provide funding that would increase access to prevention programs including PrEP, expansion of syringe exchange programs, increasing the number of Disease Intervention Specialists throughout the State, increasing the number of CTR sites in the rural areas of the state, educating the medical workforce on HIV Counseling, Testing and Referral, especially in rural primary care settings. There is also an identified need to increase

the number of culturally and linguistically appropriate prevention providers, including those providing HIV counseling and testing.

To address these prevention concerns the following steps are being recommended. The primary source of funding for HIV Counseling and Testing Services in Indiana comes from the ISDH through a Cooperative Agreement with the CDC. According to ISDH, CDC funding for HIV prevention programming has remained level over the last several years while the demand for Counseling, Testing, and Referral (CTR) services and other prevention programs has only increased. Exacerbating the issue is that the state of Indiana directs minimal funding for CTR services. To supplement this lack of funding, the TGA has in the past and continues to allocate funding for targeted testing through its EIS funding through Part A and HIV Counseling and Testing through Part C. However, any amount of funding that the RWSP dedicates to case-finding efforts lessens the amount of funding that can be used to provide direct services to existing cases. To aide in filling this gap one strategy is to continue current partnerships with community agencies and to work to locate additional agencies willing to provide this service. Paramount among these partnerships is the continued collaboration with the Health Foundation of Greater Indianapolis which has granted a substantial amount funds to providers to implement new or enhance existing prevention programs including those designed to link status-unaware and return status-unaware individuals to the HIV service delivery system.

Beyond the limits of available funding, other prevention challenges include the lack of coordination between various prevention and CTR programs, the lack of resources to fully integrate the prevention strategies into the system of care, the inability to blend care and prevention funding in a manner that would increase effectiveness and efficiency, and geographic challenges of providing prevention services outside of Indiana's urban centers. To address this issues their needs to be continued outreach to agencies to develop standard operating procedures and specific parameters to ensure consistency in services provision.

In the area of care, Indiana's HIV workforce would benefit from being more diverse and trained in the area of infectious disease. This is especially true in rural areas, Federal Qualified Health Care Centers, and in the offices of Primary Care Physicians. Additionally, funding to increase case management, both medical and non-medical, would improve the overall access to care for individual not living in the urban areas, are undocumented or for which English in not their first language. It is also clear that the HIV workforce in Indiana in aging and recruiting medical professionals will be vital.

To address the concerns regarding continued improvement in the workforce in Indiana the following are recommended. A part of the solution lies with the continued partnership and utilization of training provided through MATEC. The Part A, B, and C recipients should continue collaborations with the Part F grantee in an effort to increase the training opportunities targeted to mental health providers to expand the number who are willing and equipped to serve those with HIV. The Part A grantees should continue collaborations with the Part F grantee in an effort to expand the capacity of its funded mental health service providers

To address the issue or a lack of resources the in service delivery the following steps are being taken to secure them. Medical transportation continues to be problematic throughout the jurisdiction. Although current programming strives to identify agencies that can deliver the

priority services in the most efficient and effective manner possible, it remains a concern. Recognizing that capacity will never be fully sufficient to meet demand due to funding limitations, the two practical directives intended to enhance the reach and quality of services are being utilized: increasing the number of medical transportation options for consumer who live outside of the City of Indianapolis, including access to vehicular transport, gas cards or vouchers, and bus tickets.

Although there have been improvements in access to mental health services in the TGA, access remains a problems outside of that jurisdiction. One step that is being taken is to increase the number of consumers who receive mental health services by requiring all case management providers to systematically screen all enrollees for mental health concerns twice yearly. Additionally, the recipients are continuing to seek providers that will offer services in non-traditional settings and at non-traditional times. The Plan also continues to seek and establish partnerships with agencies that provide in-patient services and a means by which clients can access and receive assistance in covering the cost of that service.

Access to comprehensive health insurance is a need for clients in the jurisdiction and for which additional resources would prove beneficial. To facilitate this need and to ensure clients are familiar with insurance availability that meets their needs, there needs to be continued collaborations with service providers providing care coordination/case management to ensure that case managers are well-trained to provide health insurance navigation services that reduce the potential for provider network restrictions to negatively impact access to the most appropriate or preferred physicians.

To lessen reliance on facility-based indigent programs for primary care, the grantees are continuing to expand a network of Outpatient and Ambulatory Medical Care service providers. The Part A, B, and C grantees are establishing complementary eligibility criteria that are as generous as possible while remaining compliant with federal guidelines. The Part A and B recipients continue collaborations with service providers to ensure that consumers are able to retain any state and federal benefits for the maximum allowable duration but are also encouraged to reduce reliance on such benefits by re-entering the workforce whenever possible.

Additionally the Grantees are continuing to minimize cost-sharing requirements for primary medical care to the extent allowed by the federal guidelines. The recipients are continuing to work with its sub-recipients to increase the availability of primary medical care during hours more convenient for employed consumers (e.g., early morning, evening, or weekend hours).

To address the overall lack of affordable, accessible, adequate, and safe low-income housing in the jurisdiction, the collective recipients are continuing to support and assist the Indiana Housing and Community Development Authority in its efforts to implement the recommendations described in the Indiana HIV/AIDS Housing Plan.

To lessen reliance on time-limited housing assistance programs, the Part A, B, and C recipients will continue collaborations with service providers to ensure that case managers include budget management in the care plans for low-income clients and promote program like the Social Security Administration's *Ticket to Work* that transition consumers to employment without the loss of benefits or entitlements. The Part A, B, and C grantees will also continue collaborations

with service providers to improve access to adequate housing assistance for marginalized populations such as the mentally ill, substance users, those without citizenship status, and ex-offenders and to improve access to "appropriate" housing for the disabled and women with children.

D. ASSESSING NEEDS, GAPS, AND BARRIERS

The following discusses the process used to develop a collaborative and coordinated needs assessment that serves to 1) identify and describe HIV prevention and care services that currently exist and those that are needed within the jurisdiction; 2) enhances the quality of services for persons at higher risk for HIV and PLWH; 3) incorporates stakeholder and community partner feedback; 4) incorporates feedback and recommendation of PLWH; 4) identifies barriers that impede access to existing services and offers guidance on the means by which to address those barriers. This section focuses on addressing the Healthy People 2020 goals and objectives and those of the National HIV/AIDS Strategy for the United States in order to develop a plan that will improve the health status of those served by this Plan. The goals that serve as the impetus for this Plan are: 1) reducing new HIV infections; 2) increasing access to care and improving health outcomes for PLWH; 3) reducing HIV related disparities and health inequities and; 4) achieving a more coordinated national response to the HIV epidemic.

The Process used to identify HIV prevention and care services needs of people at higher Risk for HIV and PLWH (diagnosed and undiagnosed).

People living with HIV and those at high risk for HIV were involved at all stages of the plan development and will be integral to its successful implementation. The three Planning Bodies, which are comprised of PLWH and/or are representative of PLWH or those at high risk for HIV were continually updated on the progress of the Plan throughout it development. To help ensure maximum involvement and input, the planning body members formalized their commitment to participation in the development and implementation of the Integrated Plan during their meetings in early in 2016. At each of the three meetings the guidance, requirements and importance of and for the Plan were explained, including the concept of utilizing working groups to focus on each section of the Plan that would need to include members from each of the Planning groups. The members of each group were asked to consider serving on one of the workgroups. Finally, each group was presented with the concept of providing a comprehensive training on the Plan that would include all three of the planning groups, and to which they were invited and strongly encouraged to attend. They were informed that the training would be conducted by HRSA consultants and would be integral to the development and implementation of the Plan.

As a part of the pre-planning process the Federal recipients (ISDH and the MCPHD) established a Steering Committee to oversee the development and implementation of the Plan. The Committee reflected equal representation for all three Planning Bodies, the two Federal recipients, PLWH and those at risk for HIV and to reflect the disease in the state of Indiana to the extent possible.

To engage the Planning Bodies in this process ISDH received technical assistance from HRSA to provide Integrated Planning pre-planning and to conduct a one day training session for the jurisdiction that included all three Planning Groups. Invitations were extended to members of the Planning Bodies, Grantee Staff and PLWH that were not a part of the Planning Bodies or Grantee Staff. The result was that 75 individuals were present at the training held on March 3, 2016.