ap inc.
Abounding Prosperity Incorporated

Community-Led Model for a Status-Neutral Approach Using Long-Acting Injectable ART (LAI ART)

Empowering communities to implement accessible, status-neutral LAI ART.
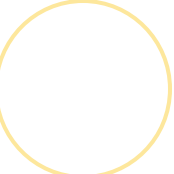
Facilitator

Melissa Curry, MBA/HCM, BSN, ACRN, RN
Director of Research & Clinical Services

Melissa Curry is the Director of Research & Clinical Services at Abounding Prosperity and the Owner and Senior Consultant at Healthful Helpers LLC, a healthcare-focused consulting firm. A Registered Nurse since 2010, she holds a Bachelor of Science in Nursing and a Master of Business Administration (MBA) with a concentration in Healthcare Management. She is currently pursuing her Doctor of Nursing Practice (DNP) with a Family Nurse Practitioner (FNP) specialization at Baylor University in Texas.
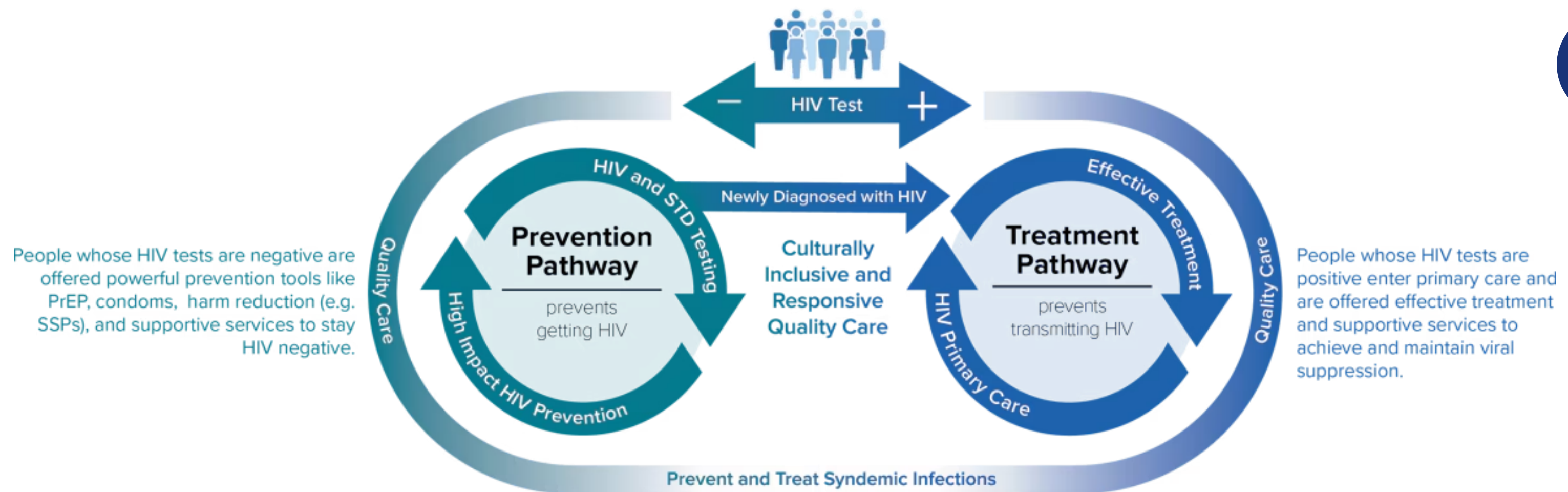
In 2021, Melissa became an HIV/AIDS Certified Registered Nurse (ACRN) through the HIV/AIDS Nursing Certification Board (HANCB), affirming her specialized expertise in HIV care.

Over the course of her career, Melissa has held progressive leadership roles across multiple sectors of healthcare. Her professional experience includes revenue cycle management, clinical operations, grant oversight, quality improvement, program development, and research implementation. She brings a holistic and strategic approach to improving healthcare delivery, especially in underserved communities.

Status Neutral Continuum
Status Neutral HIV Prevention and Care

People whose HIV tests are negative are offered powerful prevention tools like PrEP, condoms, harm reduction (e.g. SSPs), and supportive services to stay HIV negative.

People whose HIV tests are positive enter primary care and are offered effective treatment and supportive services to achieve and maintain viral suppression.

HIV Test − +

Newly Diagnosed with HIV

HIV and STD Testing

Effective Treatment

Prevention Pathway — prevents getting HIV

Treatment Pathway — prevents transmitting HIV

Quality Care

High Impact HIV Prevention

HIV Primary Care

Quality Care

Culturally Inclusive and Responsive Quality Care

Prevent and Treat Syndemic Infections

Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide people with the tools they need to stay healthy and stop HIV.
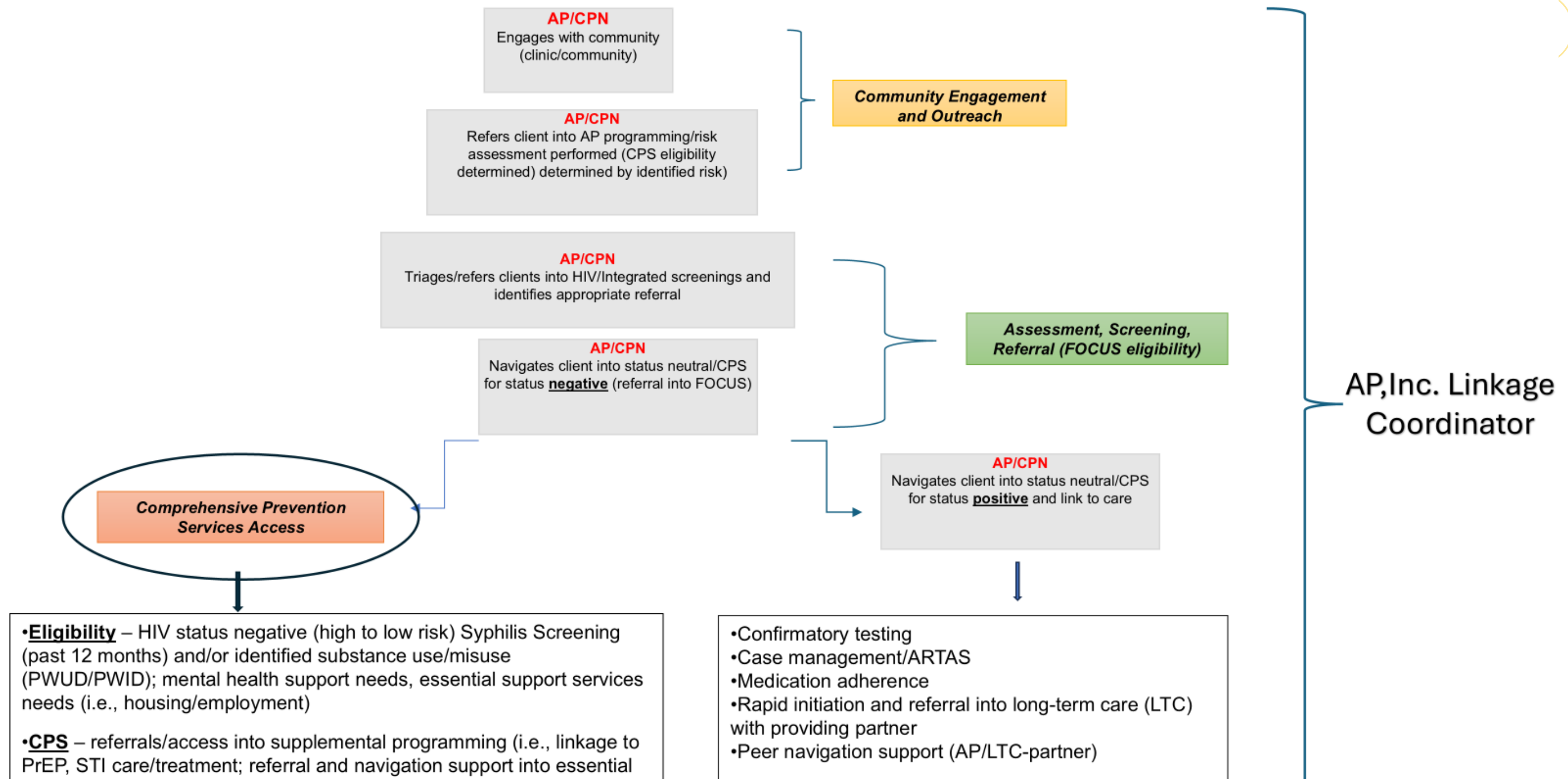
Comprehensive Prevention Services (CPS) Framework

AP/CPN
Engages with community
(clinic/community)

AP/CPN
Refers client into AP programming/risk assessment performed (CPS eligibility determined) determined by identified risk)

Community Engagement and Outreach

AP/CPN
Triages/refers clients into HIV/Integrated screenings and identifies appropriate referral

AP/CPN
Navigates client into status neutral/CPS for status **negative** (referral into FOCUS)

Assessment, Screening, Referral (FOCUS eligibility)

Comprehensive Prevention Services Access

AP/CPN
Navigates client into status neutral/CPS for status **positive** and link to care

AP,Inc. Linkage Coordinator

- **Eligibility** – HIV status negative (high to low risk) Syphilis Screening (past 12 months) and/or identified substance use/misuse (PWUD/PWID); mental health support needs, essential support services needs (i.e., housing/employment)

- **CPS** – referrals/access into supplemental programming (i.e., linkage to PrEP, STI care/treatment; referral and navigation support into essential

- Confirmatory testing
- Case management/ARTAS
- Medication adherence
- Rapid initiation and referral into long-term care (LTC) with providing partner
- Peer navigation support (AP/LTC-partner)
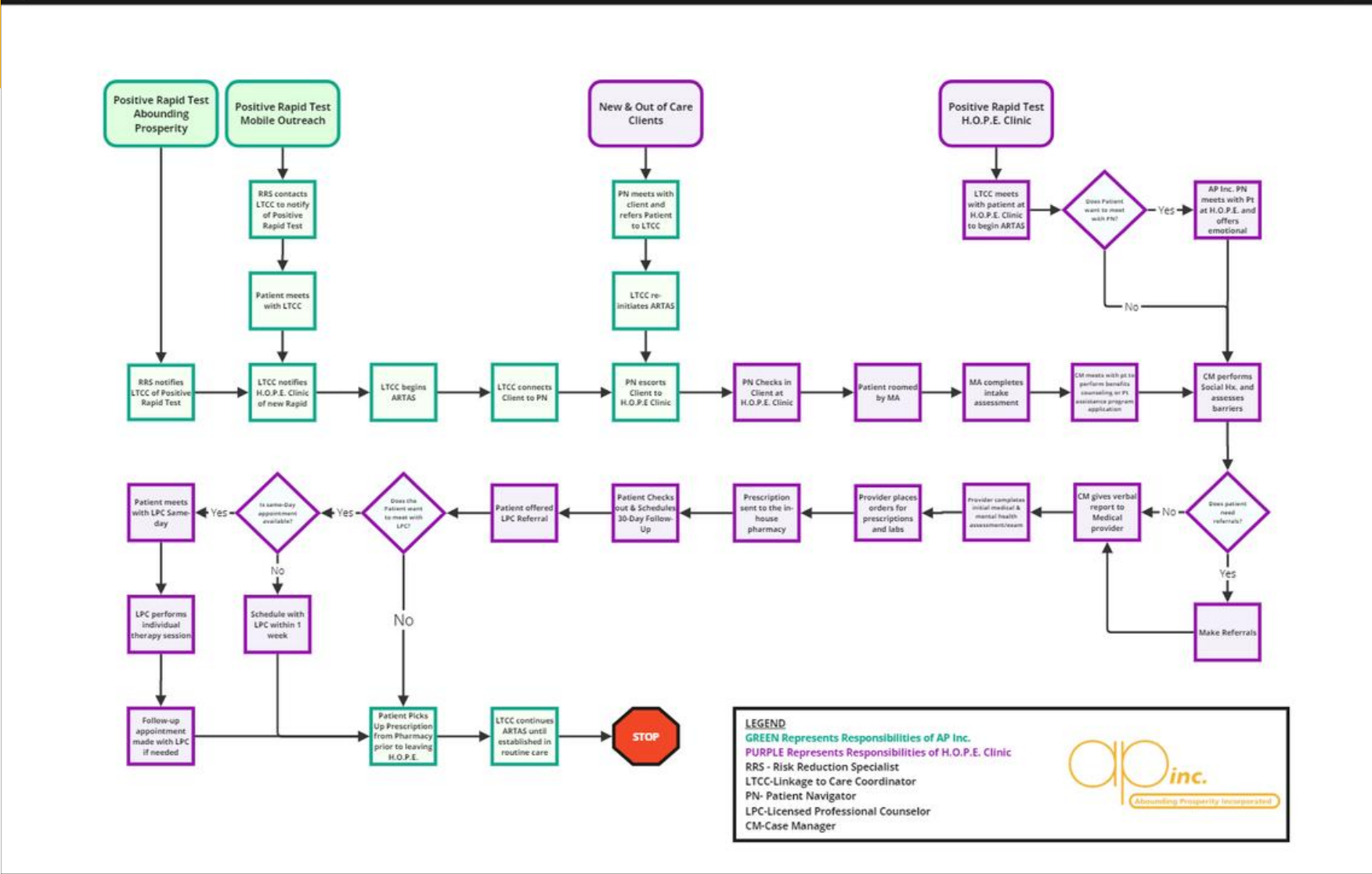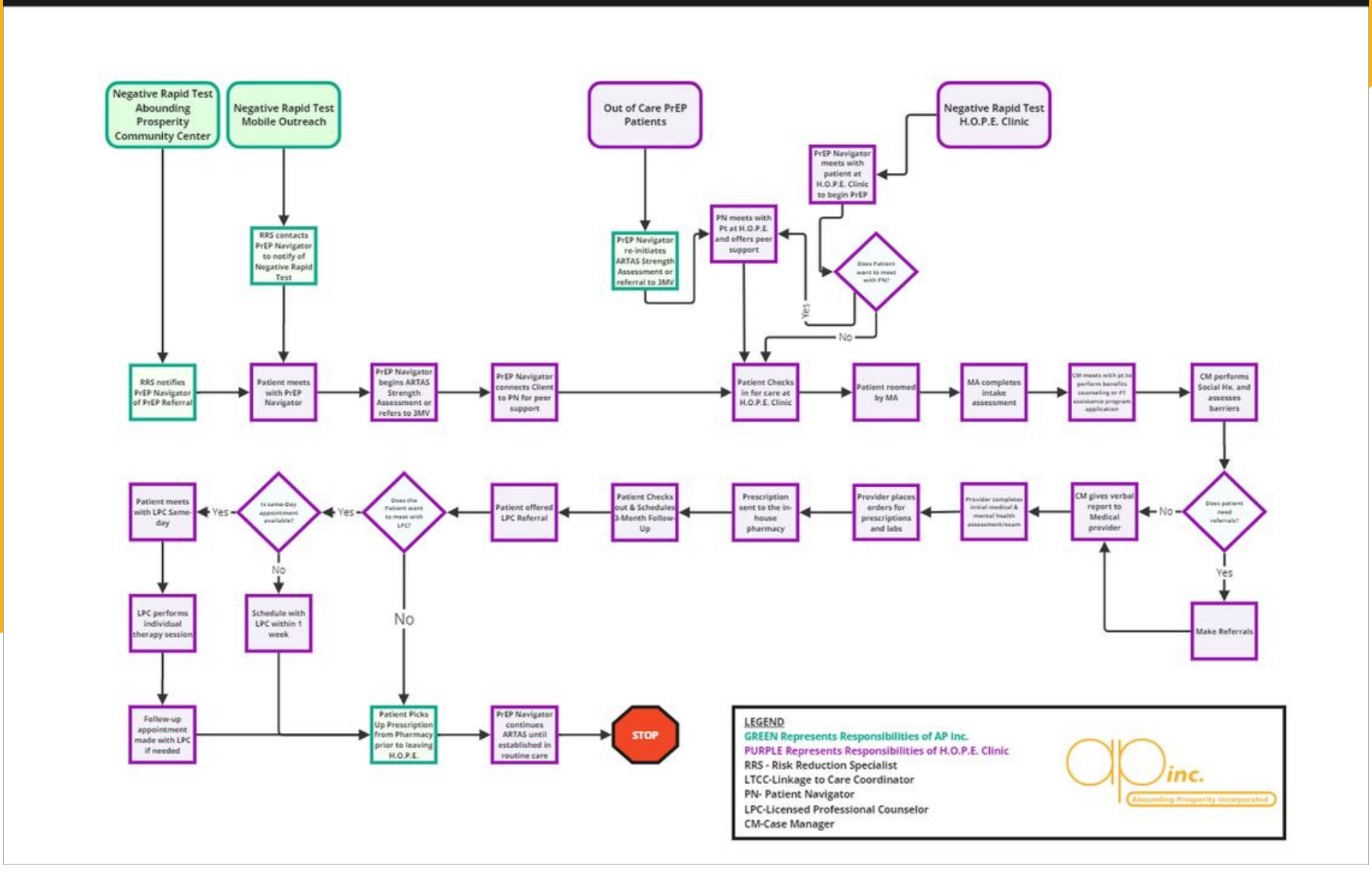
Process Maps

Figure 1.1 Linkage to Rapid ART Process Map

Figure 1.2 Linkage to Rapid PrEP Process Map

Process for LAI HIV & PrEP Care

Step	Description	Responsible Party	Frequency/Notes
1. Patient Identification & Screening	HIV+ (stable on ART) or high-risk HIV- patient identified and preliminarily screened for readiness, insurance, stability	Case Manager / MA	Once, during intake
2. SDOH Screening & Referrals	Social needs assessed (transportation, housing, food, mental health); referrals provided as needed	Case Manager	Initial visit & as needed
3. Initial Medical Visit	Clinical history, exam, education on LAI, informed consent, and 1st injection (no oral lead-in); labs ordered	Medical Provider	One-time at LAI initiation
4. Injection Scheduling	Injection calendar created; reminder systems engaged; standing orders prepared	MA / Clinic Admin	Every 4 weeks (Cabenuva) or every 2 months (Apretude)
5. Routine Injection Visits	MA confirms readiness, administers injection per protocol, documents in EMR	Medical Assistant	Per schedule (4-8 weeks)
6. Case Management Follow-Up	Monitor adherence, coordinate benefits, ensure retention, manage crises	Case Manager	Monthly or during injection visit
7. Behavioral Health Services	Referral to in-house/outside LPC for mental health, stigma, adherence, or substance use	LPC / CM	As needed
8. Provider Follow-Up	Clinical monitoring, review of labs, STI screening, medication reassessment	Medical Provider	Every 2–3 months (HIV) or every 4–6 months (PrEP)
9. Missed Visit Protocol	Patient contacted within 48 hrs; transport arranged; provider alerted if lapse occurs	MA / CM	Any time visit is missed
10. Reinitiation/Transition	If protocol window missed, oral meds resumed, or LAI reinitiated per clinical guidance	Multidisciplinary Team	As needed

Supportive Services for the CPS/Status Neutral Process at Abounding Prosperity

Abounding Prosperity offers a plethora of services to support our CPS/Status Neutral Approach. These services include but are not limited to:

- Case management
- Social support services
- Insurance/eligibility navigation
- Mental health, substance use, & harm-reduction therapy

- Transportation
- Yoga/Wellness studio
- Youth Drop-in space aka DA SPOT
- Dance studio
- Free comprehensive care support/referrals

- Training & Research center
- Televisit & home testing offered
- Mobile Testing & Outreach

How Do We Do This?

Braided Support Model

At Abounding Prosperity Inc., our program design is **rooted in community-identified needs.** When a specific need emerges—whether through **direct community engagement, health outcomes data, or client feedback**—we align our internal processes to respond strategically. Our **organizational leadership and staff**, many of whom **represent the same communities** we serve, play a critical role in validating and shaping our response through our internal representation table.

We then **pursue** appropriate funding streams—**federal, state, philanthropic, or private**—to support initiatives that address those needs. Our services are **designed to reach marginalized and underserved communities** across Dallas and the surrounding areas, particularly those most **impacted by social determinants of health, health disparities, and systemic inequities.**

Once funding is secured, **we develop or expand relevant programs** within our departments to deliver holistic, culturally competent services. This **braided, community-responsive model** allows us to build **comprehensive, unified programs that eliminate duplication, nurture cross-departmental collaboration**, and **improve health outcomes** across the populations we serve.
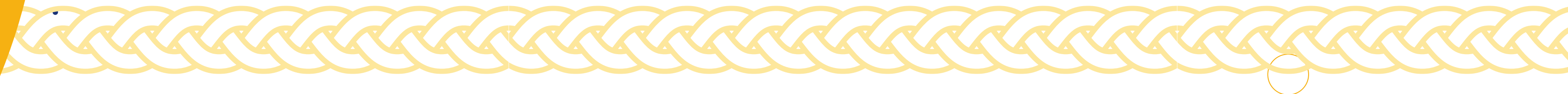
An Innovative Support Strategy for Holistic HIV Care & Prevention

Why We Use It:

At Abounding Prosperity Inc. in Dallas, we utilize this strategy to:

- Integrate HIV prevention, treatment, and supportive services
- Maximize impact without duplicating services
- Sustain programming beyond the limitations of a single grant
- Limited resources within the community created a need for an innovative funding strategy

Our Goal:

- To deliver comprehensive, equitable HIV care and prevention tailored to the needs of marginalized and underserved populations in Dallas and surrounding areas.

Holistic HIV Care & Prevention Model Funding

Funding Sources:	
HRSA Part C/F/HOPWA/EHE	medical case management, housing, research
CDC HIV Prevention Grants	outreach, PrEP/PEP navigation, HIV/STI testing
State HIV/STI Program	linkage to care, partner services, labs, medications
SAMHSA & Mental Health Grants	behavioral health, substance use counseling
Private Donations & Foundations	supportive services (housing, transportation, recreational activities)

Programs Supported
Long-acting injectable ART & PrEP (Cabenuva & Apretude)
Clinical care and treatment
Peer Navigation & Community Health Workers
Mental health and substance use services integrated with HIV care and prevention; social service support
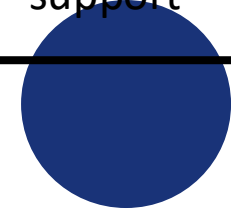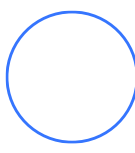
Impact of Braided Funding: What We've Achieved & What's Ahead

Key Achievements:

- 70% retention in HIV care for clients engaged in braided-funded programs
- 90% viral suppression among patients receiving wraparound case management
- Expanded access to LAI PrEP & ART through coordinated pharmacy partnerships

Challenges:

- Complex reporting requirements for each funder
- Maintaining service fidelity while customizing for community needs
- Ensuring staff are cross-trained across funding lines

Next Steps for Sustainability:

- Diversify funding portfolio (e.g., Medical billing, new philanthropic partners)
- Invest in data systems that support multi-funder tracking
- Use evaluation data to advocate for continued and expanded support

How to Launch This Type of LAI ART Program?

1. **Assessing Readiness**
2. **Building a Multidisciplinary Team**
3. **Training Staff on Status-Neutral Care**
4. **Engaging the Community**
5. **Ensuring Equitable Access**
6. **Sustaining the Program**
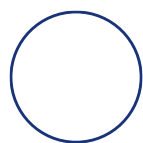
Engaging the Community to Lead

- Outreach, Outreach, Outreach
- Social media is a game changer
- Offer resources to help support the sustainment of patient engagement
- Develop a protocol for your process - people love consistency & stability.
- Representation matters - people need to see a physical manifestation of themselves.
- Address Stigma
- Raising the voices of people with lived experience.

Developing the Protocol

● ● ●

1. Introduction & Background
- Overview of the protocol's mission to improve HIV care and prevention through community leadership.
- The importance of a status-neutral approach, ensuring individuals receive appropriate care regardless of HIV status.

2. Model Structure & Implementation
- Details the operational framework for delivering long-acting injectable HIV treatment and prevention.
- Community-based implementation to increase accessibility and trust.
- Integration with existing healthcare services and local organizations.

3. Eligibility & Enrollment
- Define criteria for participation in the program.
- Screening and assessment process for individuals seeking long-acting injectable PrEP or ART.
- Referral pathways and linkage to care.

Additional Components of the Protocol

4. Administration of Long-Acting Injectables
- Best practices for administering injectable HIV medications.
- Injection schedules and follow-up care requirements.
- Management of side effects and adverse reactions.
- Storage and procurement of injectables

5. Monitoring, Evaluation, and Data Collection
- Methods for tracking patient adherence and outcomes.
- Metrics for evaluating program success, including retention and viral suppression rates.
- Confidentiality and ethical considerations in data management.

6. Community Engagement & Support Services
- Role of peer navigators and community health workers.
- Culturally competent education and outreach strategies.
- Addressing stigma and barriers to care.

Sample Protocol

D. PRESCRIBING AND ADMINISTERING

D1. Eligibility for iCAB/RPV

Assessment of patients' medical eligibility for iCAB/RPV is conducted during the initial intake or routine HIV care visit by the prescribing clinician in collaboration with the medical assistant and case manager. The clinician discusses eligibility criteria jointly with the patient at the time of consideration for long-acting ART or during care planning sessions, and documents the conversation in the patient's EMR under the treatment plan note, with additional tracking in the iCAB spreadsheet for care coordination.

D1a. Site-Specific Eligibility Considerations

A patient MAY be clinically ELIGIBLE for iCAB/RPV if they meet the following criteria:
- Are virally suppressed (HIV-1 RNA < 50 copies/mL) on current oral HIV regimen for at least three months
  - Can consider how often viral load is completed and whether at least 3 months should be included in these criteria
- For patients who have viral load > 50 copies/mL, see section D1b
- Ability and willingness to come to a designated location on a regular basis to receive two large volume intramuscular injections
  - Consider if enhanced support services are available to assist with injection visit adherence
- Have no co-infection with hepatitis B or no indication for active oral therapy for hepatitis B
  - Review hepatitis B history, immunity, and infection status
- At our site, all patients being considered for iCAB/RPV are screened for hepatitis B using a standardized serology panel, which includes:
  - Hepatitis B surface antigen (HBsAg)
  - Hepatitis B core antibody (anti-HBc), total
  - Hepatitis B surface antibody (anti-HBs)
  - Patients with a positive HBsAg or anti-HBc are referred to the prescribing clinician for further evaluation. If active HBV infection is confirmed, the patient will be retained on or initiated on an oral ART regimen that includes agents active against HBV (e.g., tenofovir disoproxil fumarate [TDF] or tenofovir alafenamide [TAF] with FTC or 3TC).
  - Patients with isolated anti-HBc undergo reflex testing for HBV DNA to rule out occult infection.
  - Patients who are non-immune (negative for anti-HBs) and not infected are referred for HBV vaccination prior to LAI ART initiation.
  - Serology is reviewed by the clinician and documented in the EMR and iCAB tracking spreadsheet. Eligibility for iCAB/RPV is confirmed only after HBV management is complete or deemed unnecessary.
- Are at least 12 years of age or older, weighing minimum of 35 kg (~77lb)
- Have no known or suspected resistance to CAB or RPV
  - Review resistance for known or suspected integrase strand transfer inhibitor (INSTI) or non-nucleoside reverse transcriptase inhibitor (NNRTI) resistance associated mutations (RAMs), excluding the K103N mutation in isolation
  - Suggested references:
    - HIV Drug Resistance Database
    - Muta Chart

E. SUPPORTING RETENTION

E1. Scheduling Follow-up Injection Visits

All communication will reflect non-judgmental, affirming language that supports the dignity, autonomy, and lived experiences of our clients. In alignment with Abounding Prosperity Inc.'s mission to serve marginalized communities with compassion and respect, staff will use patient-centered, culturally humble, and bias-aware communication. Positive and inclusive language will be prioritized to create safe, empowering spaces for all individuals, particularly those impacted by systemic inequities.

E1a. Scheduling and Communication with Patient Before and After Injection Visit
At our site:
- Case Manager is responsible for coordinating patient communication, checking iCAB/RPV tracking sheet and identifying which patients should be contacted every week.
- Staff members should proactively discuss barriers and offer enhanced supportive services to encourage visit attendance
  - During visit scheduling
  - During visit rescheduling
  - During follow up on missed visits
- If patient contacts the clinic:
  - Managing Concerns Related to iCAB/RPV
    - With concerns related to iCAB/RPV (e.g., experiencing side effects, wanting to switch dosing schedules or to oral medications, changes in medications, wanting to speak with a provider), the Case Manager or Medical Assistant will document the concern in the EMR under "Cabenuva Follow-Up Note" and the iCAB tracking spreadsheet, and notify the prescribing Clinician and Clinic Manager.
    - Internal process: The Clinician will contact the patient within 2 business days to assess the concern, schedule an in-person or telehealth consult if needed, and update the treatment plan accordingly. Documentation will be reviewed during weekly team huddles.
  - Contact or Insurance Information Updates
    - With changes to contact or insurance information (e.g., moving to another jurisdiction, changing phone number, changing insurance information or status), the Front Desk or Case Manager will document the updated information in the EMR demographic section and in the iCAB spreadsheet.
    - Internal process: The Case Manager will verify insurance coverage, update the patient's billing status, and coordinate within 3 business days. If moving jurisdictions, appropriate referrals and transfer of care will be arranged.
  - Scheduling Concerns and Responsibilities
    - With scheduling concerns (e.g., need for enhanced support services, need to reschedule, upcoming travel), the Medical Assistant will document the concern in the EMR appointment notes and the iCAB tracking spreadsheet.
    - Internal process: The Case Manager will review the concern and assess whether wrap-around services (e.g., transportation, behavioral health, housing support) are needed. If services are warranted, CM will follow procedures within Appendix. The Medical Assistant will reschedule the visit within the allowable injection window and ensure follow-up appointments align with the patient's travel or support needs.
    - The Medical Assistant is responsible for scheduling injection visits.
  - Injection Visit Scheduling Details
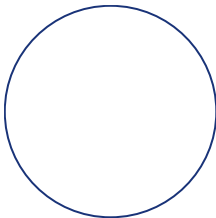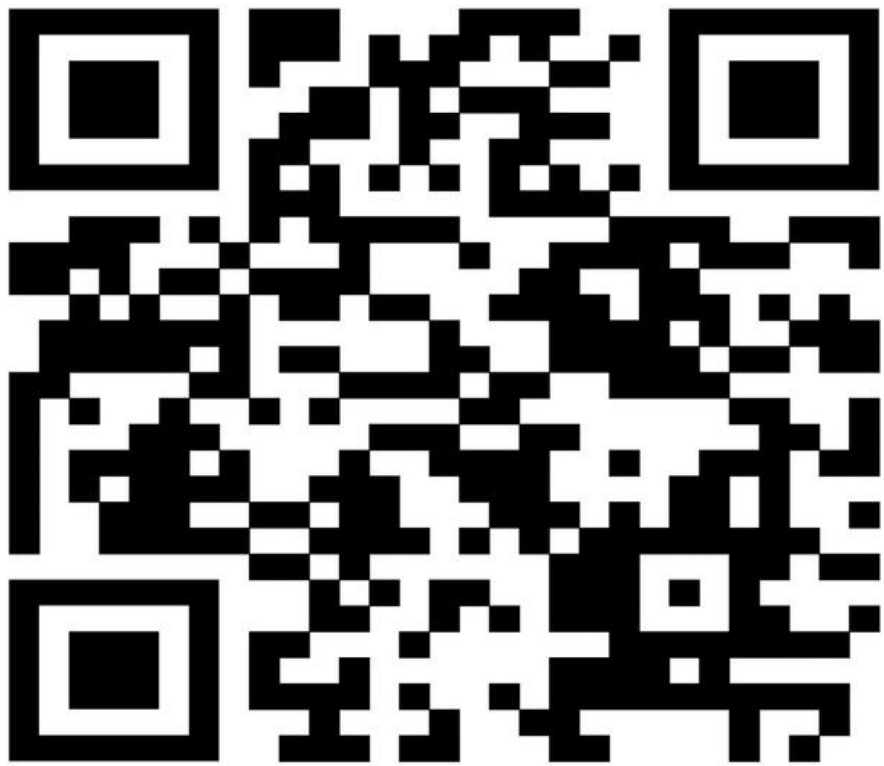
Tools & Resources

Thank You!

Melissa Curry

mcurry@aboundingprosperity.org