

UC San Diego Health



**MOTHER CHILD  
ADOLESCENT  
HIV PROGRAM**

**HIV Planning Group Meeting**  
September 25, 2024



# Our Mission

- Through research, clinical care and education, to constantly improve the care and treatment of women, children and youth living with and affected by HIV and prevent new HIV transmissions
- Our mission is accomplished through a multidisciplinary team approach that provides high quality, comprehensive, culturally sensitive, accessible medical care, health promotion, HIV prevention and family centered social services in San Diego County



# MCAP Ryan White Programs & Funding

- Ryan White HIV/AIDS Treatment Extension Act Part D, Health Resources and Services Administration (HRSA)
- Medical & non-medical case management, transportation and HIV primary care is funded, in part, by the Health Resources and Services Administration (HRSA) through the County of San Diego, Health and Human Services Agency (Part A)
- AIDS United funding
- Research programs are funded through the National Institutes of Health, International, Maternal Pediatric Adolescent AIDS Clinical Trial Group (IMPAACT) Groups and Pediatric HIV AIDS Cohort Studies (PHACS)
- Fundraising (e.g., San Diego HIV Funding Collaborative, AIDS Walk)
- Generous donations from our community

# Clinics and Services



**Pediatrics**



**Obstetrics**



On-Call Support for  
OB/Perinatal Providers



**Youth (13-24 years)**



**Women**

# Support to Breast/Chestfeeding Patients and Families



- We are supporting a "shared decision making" approach and the use of gender-neutral language (e.g. pregnant people, chestfeeding).
- We will provide extensive education around the risks and benefits to the patient and newborn, acknowledging limited data in the U.S.
- Studies have shown the risk of HIV transmission while breastfeeding is  $<1\%$  (but not zero) for individuals on antiretroviral therapy with sustained undetectable viral load through pregnancy and postpartum.

# 2023 MCAP Demographics

**362** infants, children, youth and women

226 in our Women's program

75 in our Adolescent program

44 in our Pediatric program

30 in our Obstetric program

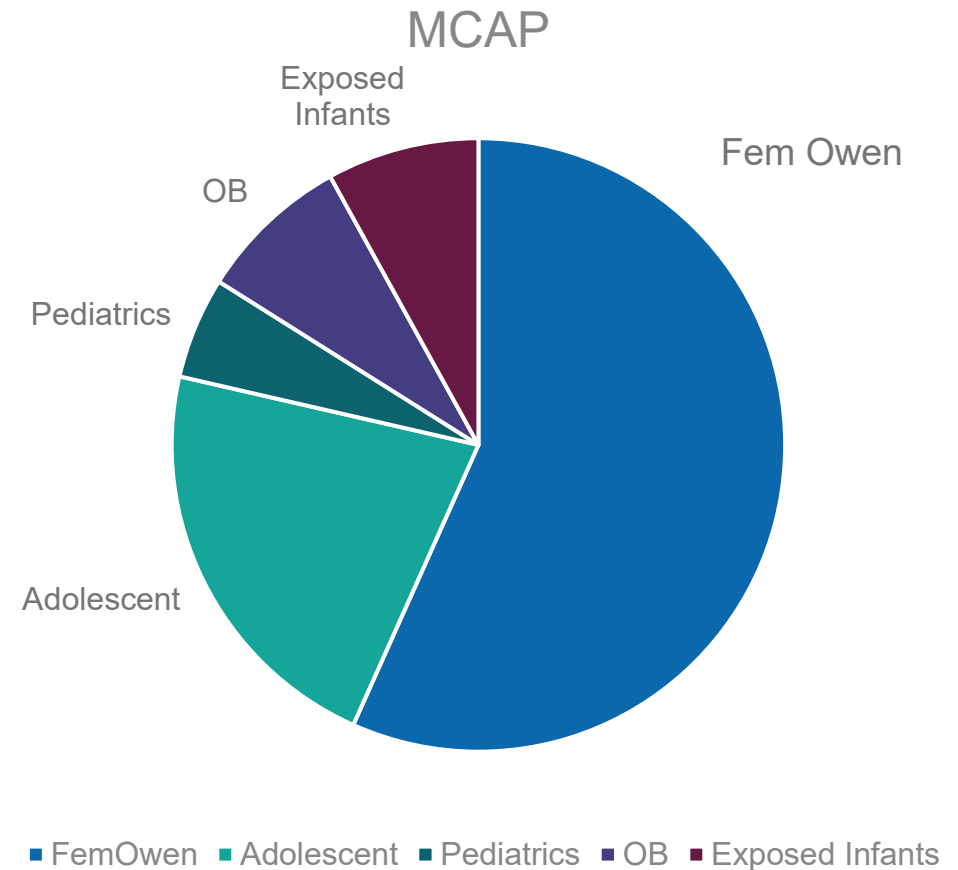
30 Exposed infants

13 Breastfeeding Dyads

72% Cisgender Female

27% Cisgender Male

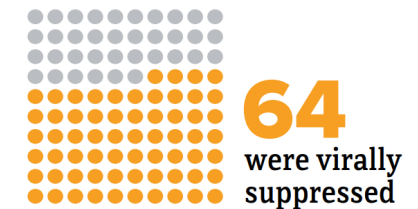
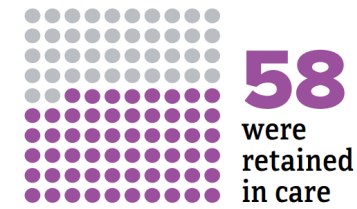
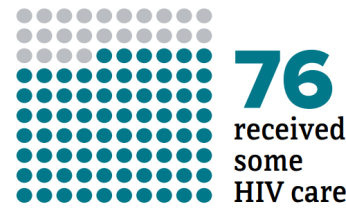
1% Gender Diverse/Transgender/Non-Binary



# Why is the work we do important?

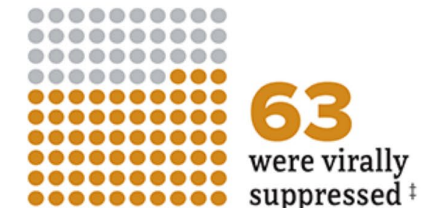
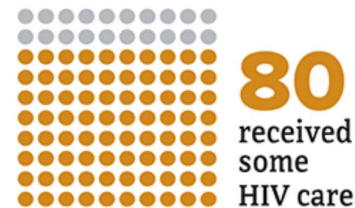
- Most people living with HIV in San Diego County are adults who identify as cisgender male
- Infants, children, youth/young adults, women, and pregnant people (WICY) have unique needs requiring tailored services to support sustainment in care
- MCAP is the only provider of pediatric and obstetric HIV care in the region and the only program offering integrated multidisciplinary medical care and support services for WICY

Compared to all people with diagnosed HIV, women have lower viral suppression rates. More work is needed to increase these rates. For every **100 women with diagnosed HIV** in 2019: \*\*\*\*



For comparison, for every **100 people overall** with diagnosed HIV, **76 received some care**, **58 were retained in care**, and **66 were virally suppressed**.

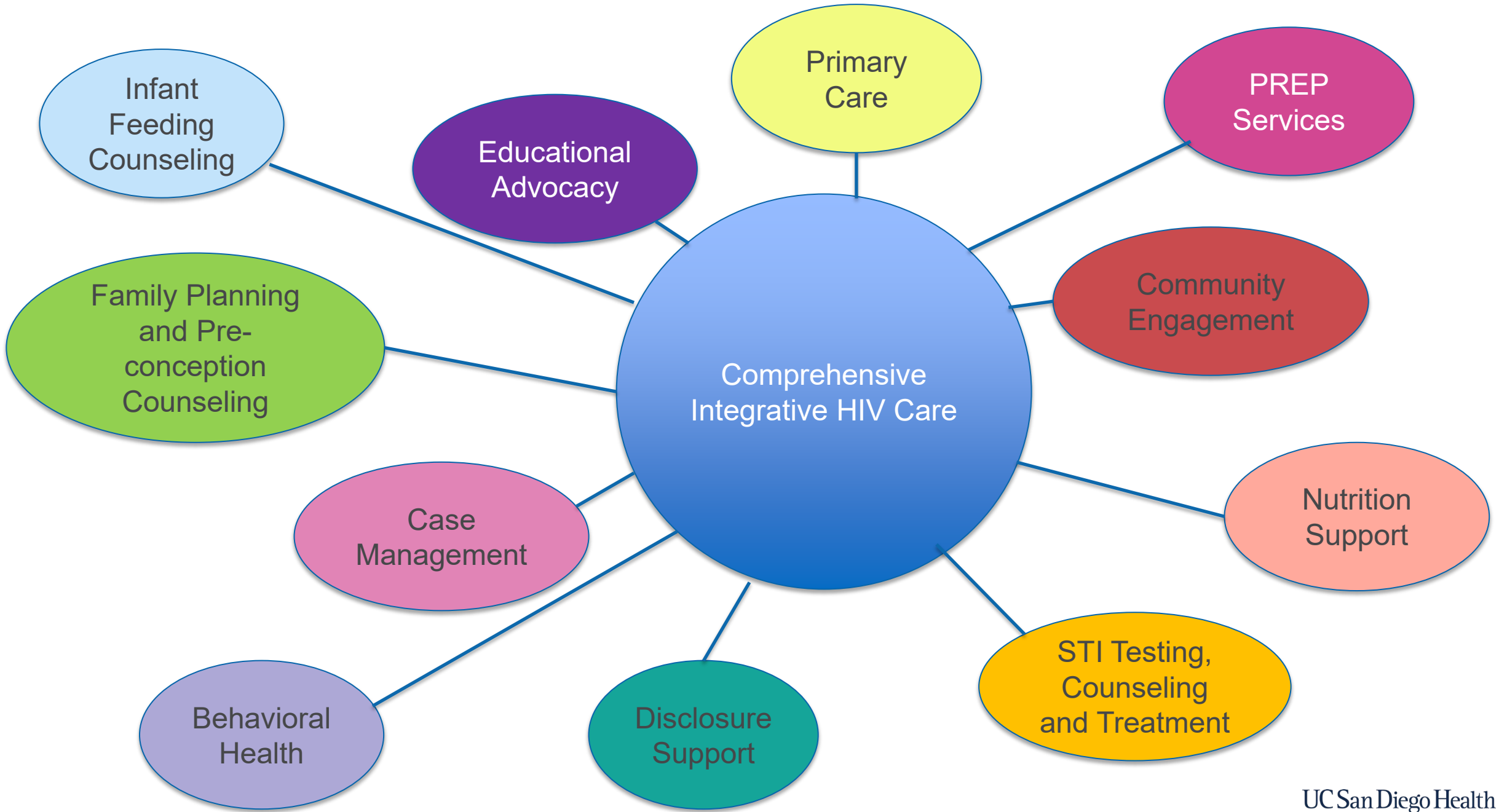
For every 100 people with diagnosed HIV aged **13 to 24**:



The number of new HIV diagnoses was highest among people aged 25 to 34.









# Our Model of Care: Medical and Social Services Under one Roof

- Integrated social services and clinical care
- Evidence informed approaches (e.g., Motivational Interviewing, Seeking Safety, LYF-HAC)
- Services to mitigate barriers to care (transportation, basic needs support)
- Bilingual Case Management and Providers
- Bilingual mental health therapy with licensed clinicians
- Peer navigation
- Client Support groups
- Social events
- Partner Agency Services: On-Site Childcare, Non-Medical CM, Therapy, Activities, Employment support, Doula Services, Lactation Support (In home and in-office), Donor Milk



# Multidisciplinary Team Approach

- Client
- Partners, family and support system
- Medical providers (physicians, nurse practitioners, nurses)
- Social workers and case managers
- Therapists
- Psychiatrist
- Substance use counselor



# Emerging Patient Populations



- Increase in Refugees and Asylum Seekers
  - Predominantly of Haitian origin
  - Asylum seeking
  - Lacking Housing, basic resources
  - Lack of Disclosure/Confidentiality
  - Need for interpreters, Case Managers, support staff to address specific needs
- HIV Exposed Infants
- Internationally Adopted Children

# Challenges

- Capacity
  - Case Managers capacity (Waitlist = 33 patients)
  - Provider capacity (3 providers at/over capacity)
  - On-site therapy services (Waitlist = 10 patients)
  - Rate of new Referrals (appx 2 per week, screened)
  - Lost to Follow up
- Limited/No funding for essential services
  - Psychiatry for Women's clinic
  - Limited capacity to reach people in more rural locations



# How Can HIV Planning Group Help

- Respond to emergent issues
  - Consider specific funding based on changing population demographics
- Support medical home models of care
  - Provider time
  - Intensive medical case management
  - Other support services: Psychiatry, Mental health, nutrition, nurses, peer support





# Thank you from the MCAP Team!

Karen Deutsch, FNP-BC, MPH  
[kgdeutsch@health.ucsd.edu](mailto:kgdeutsch@health.ucsd.edu)

Shannon Ransom, MSW  
[sransom@health.ucsd.edu](mailto:sransom@health.ucsd.edu)

