

CHICAGO HOUSE: TRANSLIFE CARE



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CONTENTS

Local Epidemiology	7
Program Description.....	8
Program Planning and Development	14
TLC Intervention Outcomes	19
Lessons Learned.....	21
Intervention Appendix.....	23

LOCAL EPIDEMIOLOGY

While local epidemiological data in Chicago for HIV infection among transgender (or “trans”) women are limited, a meta-analysis of 29 studies focused on U.S. transgender women found a prevalence of 27.7% laboratory-confirmed HIV infection (four studies).¹ New cases of HIV infection in the City of Chicago are concentrated among men (83.2%), and particularly men who have sex with men (MSM; 78.3%)². It is likely that a percentage of cases reported as MSM are trans women, who are incorrectly or inconsistently reported with regard to sex and gender identity. The City of Chicago has included “current gender identity” in its case report form since 2010, however these cases are widely believed to be underreported, which renders current surveillance data ineffective for tracking these cases. Two prior studies of HIV prevalence among young transgender women in Chicago, based on both self-reported and laboratory confirmed HIV infection, suggest that approximately one-fifth of young transgender women are infected with HIV ^{3,4}. These studies also report high rates of social and economic marginalization among trans women, including high levels of homelessness, unemployment and history of incarceration, which are noted as driving factors in the local HIV epidemic.

1 Herbst JH, Jacobs ED, Finlayson TJ, McKleroy VS, Neumann MS, Crepaz N. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. *AIDS Behav.* Jan 2008;12(1):1-17.

2 Chicago Department of Public Health (CDPH), HIV/STI Surveillance Report. Chicago, IL: City of Chicago, December 2015.

3 Garofalo R, Osmer E, Sullivan C, Doll M, Harper G. Environmental, Psychosocial, and Individual Correlates of HIV Risk in Ethnic Minority Male-to-Female Transgender Youth. *Journal of HIV/AIDS Prevention in Children & Youth.* 2006;7(2):89-104.

4 Wilson EC, Garofalo R, Harris DR, Belzer M. Sexual Risk Taking Among Transgender Male-to-Female Youths With Different Partner Types. *American Journal of Public Health.* 11/12 2010;100(8):1500-1505.

PROGRAM DESCRIPTION

THE ORGANIZATION

Geographical Makeup

The TransLife Care (TLC) Program, a project of Chicago House, is situated in Chicago, Illinois. The estimated population of Chicago and its surrounding counties is about 5.2 million people who represent nearly 66% of the population of the state of Illinois. The Chicago Eligible Metropolitan Area (EMA) encompasses about 1,600 square miles and reflects urban, suburban, and rural communities. Chicago, the largest urban center in the area, is the nation's third most populous city. In the beginning of the epidemic, HIV/AIDS cases were concentrated in the north side community areas of Chicago along the lake. Though prevalence in these areas remains high, the epidemic has now spread throughout Chicago and highly impacts African American and Hispanic populations living in community areas on the south and west sides of the city of Chicago. These high prevalence areas coincide with the city's distribution of both high-risk and impoverished populations.

The TransLife Care Program serves the transgender population living on the north, west and south side of Chicago, which encompasses about 235 square miles. The TLC programming is strategically located along public transportation to allow for easy access.

Organizational Context

The mission of Chicago House and Social Service Agency (Chicago House) is to serve individuals and families who are disenfranchised by HIV/AIDS, LGBTQ marginalization, poverty, homelessness, and/or gender non-conformity by providing housing, case management, employment services, HIV prevention and medical linkage and retention services, legal services, and other supportive programs. As a provider of HIV housing and social services since 1985, Chicago House has been at the forefront among Chicago's community-based AIDS service organizations in acknowledging the profound impact that social and economic factors such as housing, employment, and income can have on citywide HIV prevention efforts and the health of those living with HIV/AIDS. With non-medical factors accounting for as much as 40% of health outcomes, the provision of social services that help people prioritize prevention, engagement in medical care, and adherence to medication for those living with HIV must be central to comprehensive HIV prevention efforts. In 2016, Chicago House served more than 1,800 people – including nearly 200 adults and more than 40 children living in our residential and/or scattered site housing programs, and more than 1,000 adults accessing our prevention, case management and employment services.

While Chicago House has designed a comprehensive array of services to help address the many barriers to healthcare, housing, and employment that HIV-impacted individuals may experience, we recognize that no

one agency is able to provide everything that a person might need in order to achieve self-sufficiency and wholeness. Therefore, over the past 30 years, Chicago House has developed close working relationships with a broad network of agencies in order to provide our clients with a comprehensive array of support services. These partnerships create a strong referral network that allows us to not only reach vulnerable members of the community, but to provide our clients with the best possible care by offering them referrals for services not available at Chicago House.

The TransLife Care program is a “one stop shop” service center within Chicago House for the Chicagoland Trans community where life-saving services are provided, including help with housing, legal assistance, employment counseling and job readiness, social support and outreach-based health services.

THE INTERVENTION

Theoretical Basis and Guiding Principles

The TransLife Care (TLC) Program provides a transgender affirming environment and programming that addresses the social and structural determinants of health, which evidence suggests drive HIV infection in marginalized communities⁵ and are most commonly experienced as challenges within the transgender community. The project is rooted in a set of core clinical philosophies including: (1) Trauma-informed Services, (2) Client centered care, (3) Strengths-based approaches, (4) Systems theory, and (5) Harm reduction. Additionally, based on feedback from trans-identified staff members and individuals on our community advisory board, services were developed, organized, and delivered using the following guiding principles: (1) Trans specific, (2) Accessible and barrier free, (3) Stigma-free inclusive eligibility criteria, (4) Bundling of services, (5) collaboration, and (6) Relationship and connection.

Key Components of the Intervention

The intervention inputs, activities, outputs, and outcomes are detailed in the TransLife Care Project logic model (see Appendix, Figure 1). The TransLife Care Project creates multiple opportunities to meet the target population “where they are” and provides them with meaningful and necessary services, support, and access. The intervention is structured to provide trans women of color with “no wrong doors” to services and medical care. Participants may choose any of the services offered when they are ready in any order, through the TransSafe drop-in or directly through Chicago House and community service providers. The components of the intervention are detailed in the Flowchart for TLC (see Appendix, Figure 2) include:

⁵ Centers for Disease Control and Prevention (CDC). Social Determinants of Health among Adults with Diagnosed HIV Infection in 20 States, the District of Columbia, and Puerto Rico, 2010. HIV Surveillance Supplemental Report. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention;2014.

- **Community Outreach** – Event- and street-based outreach to engage the community in the meaningful services offered within TLC, specifically targeting trans women of color who are unaware of their HIV status, newly diagnosed, or out-of-care.
- **Drop-in Center** – Portal providing low-threshold access to services to engage members of the trans community women of color in services
- **On-site medical, housing, legal, employment, and HIV services** – Agency and subcontracted staff provide health education, medical care, housing linkage and referral, legal, and employment services in client-centered trans-specific environments. Housing, legal, employment, and HIV services are programming offered by Chicago House but not covered specifically under this SPNS-funded intervention.
- **Navigation** – Supporting trans individuals to access necessary, affirming, and inclusive services, particularly trans women of color connections to HIV related medical care.
- **Trans-competency trainings** – Systems level trainings with medical providers and support staff to provide affirming and inclusive HIV care.

TLC Program Model (Intervention Components)

Community Outreach

The TransLife Center employs community outreach strategies to engage trans and gender non-conforming individuals within the most marginalized communities. The purpose of this outreach is to inform potential participants about services offered through the TLC as well as to empower them to engage in these services. Each outreach venue is selected based on regular attendance of trans individuals within these settings in under-served communities. Examples include Cook County Jail, TaskForce Prevention LGBT youth drop-in on the west side of Chicago, and the south side sex work stroll popular with trans women. Each outreach venue is reviewed for potential outreach effectiveness as well as outreach worker safety.

The TLC utilizes Peer Outreach Coordinators to conduct outreach in many of these settings. The TLC conducts a Peer Outreach Training with all peer outreach workers, recognizing the need to provide professional development opportunities for these peers and members of the community served. Outreach efforts focus on two primary strategies.

1. **Building Relationships** - Outreach workers attend outreach venues on a consistent basis, in order to build trust with the host organization as well as the trans identified individuals who frequent these settings.
2. **Offering Access to Meaningful Services** – Outreach workers provide community members information about effective and easily accessed services that meet the needs and wants of many, including the most marginalized in the transgender community.

TransSafe Resource Drop-in Center

The TransSafe resource drop-in centers provide trans-affirming space where trans-identified and gender non-conforming individuals can find social support and safe harassment-free space, as well as direct access to housing resources, legal services, employment services, and trans-affirming health education and linkage to medical care. The drop-in is held once weekly from 1:00 to 5:00 PM. TLC participants self-select the services they desire to receive, following a client-centered approach. Additionally, alongside access to specific services in one accessible and flexible drop-in setting, trans and gender non-conforming individuals can also find access to HIV linkage to care for those new to care or fallen out of care, retention in care for those currently in care in need of assistance to adhere and remain in care, and HIV prevention services such as testing, counseling, and pre-exposure prophylaxis (PrEP) information, navigation, and provider linkage.

When TransSafe participants attend the drop-in for the first time, the TLC staff conducts an intake with the participant, gathering basic demographic information including preferred name and legal name, date of birth, preferred gender pronouns, racial and ethnic identity, estimated monthly income, and contact information. Staff also screens new participants for interest in the services offered as a part of the TransSafe Resource Drop-in Center and orients new participants to the space. All drop-in attendees sign in and select which services they are interested in receiving, and service providers use the sign-in list both to ensure they see all interested participants and to record that services were provided that day. Additionally, staff encourages drop-in participants to network with other participants while not with service providers.

TLC staff review client needs for all those who engage in services through TransSafe and a Peer Outreach Coordinator is assigned to assist with connection and follow through with resources.

TransHealth Services

TLC contracts with Heartland Health Outreach (HHO), a company of Heartland Alliance in Chicago, to provide medical services to TransSafe participants at our TransSafe drop-in. If a participant is seeking medical care for the first time and is interested in hormone treatment, qualified clinical staff first meet with the participant to complete an informed consent assessment and education prior to seeing the medical provider. An HHO medical tech registers each patient, and the Nurse Practitioner meets with each patient after that. While patient visits focus on the presenting complaint, the medical provider also conducts a general health assessment, including sexual health risk assessment and need for HIV prevention and treatment services as a part of the initial visit. The provider makes appropriate recommendations for any additional care, including HIV testing, HIV prevention care such as PrEP, or HIV treatment services.

TransHousing Services

Participants seeking housing services first meet with the TLC Project Coordinator to assess homelessness and housing instability and contributing factors such as physical health and mental health, substance use, HIV status, as well as risks to the individual's well-being related to housing instability and homelessness.

When appropriate, the Project Coordinator lists the client on the Chicago Central Referral System (CRS) List, which the citywide homeless services system uses to allocate appropriate housing opportunities as they become available. The Project Coordinator will make additional referrals as appropriate to the Trans Housing Case Manager or to Chicago House Housing Specialists as well. After assessing housing stability and taking appropriate action, the Project Coordinator also assists participants with linkage to other TLC service providers. If participants receive housing via the CRS List system, Peer Resource Navigators assist the client with obtaining the documentation needed for permanent supportive housing programs.

In addition to housing linkages and referrals, TransHousing provides 15 scattered site, community-based, permanent supportive housing (PSH) units for transgender and gender non-conforming individuals that are accessed through the CRS List. PSH clients pay a portion of rent equal to 30% of income. TransHousing clients receive intensive case management services from the Chicago House TransHousing Manager.

TransLegal Services

The Staff Attorney conducts an intake with all transgender individuals seeking legal services, including basic demographics, presenting concern, and legal services sought. Clients receive an overview of the scope of legal services offered through the TransLegal program, including name change and gender marker change on identifying documents, record expungement and sealing, direct representation in employment and housing discrimination, direct representation in seeking public benefits such as SSI and unemployment insurance, and misdemeanor defense. Based on intake information gathered, the TLC attorney informs the client of the program's ability to meet the client's legal needs. Clients receive information on next legal steps indicated by the nature of the legal case. If the client's legal concerns fall outside of the scope of the TransLegal program, they are referred to alternative legal counsel. In most cases, specialty legal services, often pro bono, can be arranged through the vast network of the TransLegal Advisory Council that meets quarterly and is comprised of attorneys and law firms from an array of practice specialties.

TransWorks Employment Services

The TransWorks Employment Program offers job readiness workshops, resume assistance, computer access, job search skill development, career counseling, and mentorship programming for transgender and gender non-conforming individuals. The TransWorks Coordinator meets with interested TransSafe participants to determine the level of employment services sought by the client, and to discuss the scope of employment services offered. Potential TransWorks clients at the TransSafe drop-in are offered assistance in the computer lab with more limited immediate resume and job search assistance as well as full participation in the job readiness workshop, and coaching with an employment specialist. Those who opt for participation in the full TransWorks program complete intake and assessment with the TransWorks Coordinator.

HIV Related Services

An HIV Prevention and Care Coordinator attends the TransSafe Drop-in, available to all TransSafe attendees. The HIV Coordinator provides referrals to CLEAR (Choosing Life: Empowerment! Action! Results!), an evidence-based health promotion intervention for persons living with HIV/AIDS or at high risk; HIV testing

or referral to testing services, risk reduction counseling, linkage to PrEP for those who are HIV negative and indicated for PrEP; and linkage to care for transgender individuals living with HIV who are newly diagnosed or out-of-care. The HHO medical provider can also provide HIV-related medical care, within the TransSafe Drop-in as well as at the HHO clinic sites, to those living with HIV who are newly diagnosed or out of care, and PrEP to interested negative TransHealth patients.

Transgender Cultural Competency Trainings

Transgender individuals face discrimination and marginalization in many systems, including legal, health care, social services, and employment. TLC attempts to positively impact these systems and the care of trans persons within these systems at a macro level by providing Transgender Cultural Competency trainings. The TLC Director and Care Coordinator provide trainings to medical systems and clinics, social service providers, schools, and universities. These trainings are evaluated with a pre- and post- test protocol. The TransWorks Coordinator and TransLegal Director provide trainings to employers and legal systems, respectively.

Collaborative Partners

The TLC operates with the support of community partner organizations, both medical and non-medical, that provide a range of complementary services to the core services provided at the TLC.

Our medical partners include Heartland Health Outreach (HHO) and Ann & Robert H. Lurie Children’s Hospital of Chicago (Lurie Children’s). They provide expertise in transgender medicine as well as on-site health services. Medical and mental health providers from HHO and Lurie Children’s helped shape the vision for the site-based health services and protocol for linkage to medical care. HHO conducts patient consultation, basic health triage, and linkage to medical care at HHO clinics or other local medical providers for transgender-specific medical care and hormone therapy, as well as HIV Primary Care and preventive health screening and services. Preventive health services include, but are not limited to, screening for sexually transmitted infections (STIs), with plans to expand services to include PrEP. On-site transgender-specific health education and consultation is provided for gender transition, hormone therapy, and access to transgender medical services. Basic triage services include assessment of current health complaints and referral to treatment, as needed.

Our non-medical partners are the Center on Halsted on the North Side of Chicago, University of Chicago The Villages on the South Side, and TaskForce Prevention on the West Side of the city. We partner with these organizations to provide education and outreach, support group sessions, and mobile versions of TLC services in their locations for transgender or gender non-conforming consumers.

Core Intervention Staffing Requirements

Staffing of the Core Intervention Consists of:

- **1 full-time Program Director.** Supervises Project Manager as part of Core Intervention as well as oversees operations and service provision for the TransSafe, TransLegal, TransHousing, TransHealth, and TransWorks components.

- **1 Project Manager.** Supervises Peer Resource Navigators as part of Core Intervention, as well as supervising part-time TransSafe Coordinator. Conducts outreach, provides services at TransSafe Drop-in, provides linkage to HIV care for transgender women who are newly diagnosed, new to care, or out of care.
- **4 part-time (1.25 FTE equivalent) Peer Resource Navigation.** Assists with operations of TransSafe Drop-in and assists participants in navigating services and linkage to HIV care for transgender women who are newly diagnosed, new to care, or out of care.

Additional Staffing through Internal or External Partnership:

- **TransHealth Medical Provider** (approximately 4 hours per week)
- **TransHousing Case Manager** (approximately 4 hours per week present to assist at TransSafe Drop-in with housing information and referrals)
- **TransWorks Employment Specialist** (present during TransSafe Drop-in and full time case load)
- **TransLegal Attorney** (present during TransSafe Drop-in and full time case load)
- **Part-time TransSafe Coordinator** (20 hours per week)
- **HIV Coordinator Testing/Navigation/Linkage-to-Care Specialist** (approximately 4 hours per week at TransSafe drop-in).

PROGRAM PLANNING AND DEVELOPMENT

START-UP STEPS

The initial steps taken to start up the program focused on hiring and training staff, development of Memoranda of Understanding (MOUs) with our collaborative partners, and identifying meaningful and effective recruitment strategies.

Hiring and Training of Staff

It is important to the project's success to hire staff members who are reflective of the community (trans-identified individuals) and who organically understand why the program is needed and can champion its mission. The Chicago House Community Advisory Board (CAB) was a vehicle for informing the community about the staff openings. Members of the CAB were also invited to participate in the interview process. Initial training of staff included the agency's core clinical philosophies: Trauma informed care theory, client centered care, and strengths based and systems theories. All new staff members were required to attend the agency's Harm Reduction Clinical trainings. Staff shadowed those in similar positions and were assigned a "Staff Mentor"

to monitor the onboarding process and promote staff retention. Finally, staff members were trained on the program process and outcome objectives. Weekly individual supervision of staff was maintained, and TLC departmental meetings were held bi-weekly to review the project's progress towards achieving outcomes

Development of MOUs

Project partners were specifically chosen because of their experience serving transgender individuals in a variety of disciplines. Partners were embedded in geographical locations that provide multiple points of access to services for transgender women of color on the North, South, and Central areas of Chicago. The project agreed to provide transgender-focused cultural competency training to any staff of the partner agencies that lacked necessary skill sets to provide trans affirming care/services. Formal MOUs were drafted and updated annually to make adjustments in the deliverables based on the previous year's output and success.

Development of Recruitment Strategies

Initially, the project met weekly to develop recruitment strategies. Staff attendees included key line staff directly responsible for recruitment and their managers. Recruitment was an activity that was believed to be the responsibility of all staff, no matter the staff position or title. The philosophy was that all staff members were stakeholders in the project and as such, all needed to leverage their connections and community to spread the word about the project and its benefits. This approach also helped to remove the pressures on the few and distribute it among all. Weekly meetings allowed for discussion on the successes and challenges for each strategy and whether or not staff should continue to implement a particular strategy. In general, the rule of thumb was to give strategies three months before abandoning them. Weekly recruitment meetings were also an important time for staff to support each other, and to offer positive affirmations for the good work they were doing.

MODIFICATIONS MADE TO ORIGINAL PLAN

The following are changes or modifications made to the original intervention design.

1. Drop in location

Originally, the TransSafe drop-in program took place in the lower level of one of the agency's housing residential buildings. Although accessible by public transportation, the building was in a traditional residential neighborhood and drop-in had to be a very intentional activity since there were no other reasons to be in the area. The lack of neighborhood activity contributed to a low attendance rate. In addition, there was inevitable tension between the housing residents and the drop-in participants who were experienced as intruding on the residents' living space. The TransSafe program was moved after about one year to the LGBTQ Center that allowed the program to grow by serving individuals who were reluctant to travel to a residential neighborhood as well as those who happened to be at the LGBTQ Center for other needs.

2. Program Expansion

The TransSafe program was situated on the north side of Chicago, a high prevalence community for HIV infection. Some transgender women lived on the south or west sides of town and would not travel to the north side for services. Even with the provision of transportation cards, some individuals did not feel safe traveling from one side of town to the other. Modifications were made by adding two new drop-in programs, one each on the south side and west sides of the city. The two additional resource drop in programs did not offer the full range of services as the north side program but served as an introduction to the TransSafe model with the open invitation to visit the larger program with more services, whenever the participant felt ready.

3. Increase in Peer Staff

Additional peers were added to further distribute workload as the program expanded as well as to ensure that program participants felt connected to more than one staff person, in case of staff turnover. Due to the high level of participant mistrust and fear of providers, developing trust with participants took time and dedicated effort. If the participant developed a trusting relationship with more than one staff, the likelihood of the participant dropping out of services in the event that a particular staff leaves decreased. Ideally, program participants would feel connected to both staff and program.

4. Peer Navigation

Participants' engagement waned once their initial expressed need was met. Since retention in care is something that occurs over a long period of time, maintaining a strong relationship with individuals over time was essential to support their long-term health. Towards this end, the role of the peers expanded from recruiter and linker to also navigator. As navigator, the peers are able to work with participants around their life-needs and priorities, connecting them to transgender-specialized resources at various points of their involvement with the program. This on-going involvement enables the peers to organically step in when an individual encounters challenges with care adherence.

FACILITATORS TOWARDS IMPLEMENTATION

The 6 primary facilitators that lead to successful implementation include:

1. Trans Specific

The TransLife Care intervention is transgender specific. Unlike many drop-in services where services are general or focused more broadly on lesbian, gay, bisexual and transgender (LGBT) individuals, the TLC intervention reflects trans-specific programming. TLC services are designed first and foremost for the trans community and by the trans community. Wherever possible, care is given to hire qualified professional trans-identified staff.

2. Accessible and Barrier Free

The TLC intervention is designed to be highly accessible and barrier free to participants. The TransSafe space is a “no appointment necessary” drop-in space where participants can access housing resources, and medical, legal, employment, HIV, and other referral services, when they feel ready and when they feel sufficient trust in relationships built. The TLC intervention has the service providers present and ready when the client is ready, as opposed to the client needing to be ready when the provider is available. Every effort is made to partner and co-locate TLC services with agencies in locations where trans identified individuals most in need have safe passage, transportation, and a familiar environment.

3. Stigma-free Inclusive Eligibility Criteria

The TLC intervention eligibility criteria are designed to be broad and inclusive in order to reduce the stigmas associated with gender, race, age, and HIV status. For many marginalized individuals and communities, restrictive program eligibility can be experienced as targeting, tokenizing, and stigmatizing. HIV status specific interventions often create issues around potential participants feeling like the program is only focused on HIV and that others will see them as HIV Positive or at risk simply by their participation. For the TLC intervention, the eligibility criteria are very simple:

- (1) age 18 or older; and
- (2) self-identified as transgender, transsexual, or gender non-conforming.

4. Bundling of Services

The primary portal to the TransLife Center intervention is through the TransSafe resource drop-in program. Most participants first engage with TLC in this space, where they find all of the TLC service components and providers immediately available and accessible to them. This bundling of services – the creation of a trans affirming “one stop shop” – maximizes individual participants’ agency and autonomy regarding when, where, and how they access services.



TransLife CARE Staff

5. Collaboration

The TLC intervention is collaborative in nature, relying on community partnerships to build the fullest array of trans affirming, accessible, and meaningful services in a “one stop shop.” Even with a significant array of service providers employed directly by the Chicago House TLC, we rely on partnerships with appropriately sized and located drop-in space, health services providers, and full network of housing, legal, medical, and employment providers.

6. Relationship and Connection

While the TransSafe resource drop-in centers serve as portals to TLC services, stigma, isolation, mistrust, and provider fatigue represent significant barriers to accessing services. Therefore, outreach efforts focus on relationship building as well as disseminating information about program services. TLC Staff provides persistent presence in outreach venues such as other drop-in spaces, clinics, events, and clubs. The strength of the relationships built through outreach activities brings highly vulnerable trans individuals into TransSafe and other services.

BARRIERS TOWARDS IMPLEMENTATION

The three primary barriers that impact implementation include:

1. Staff Turnover

Hiring and maintaining competent and talented staff greatly impacts the success of the intervention. Many individuals in the trans community have experienced stigma and discrimination from providers, been denied access to medical care, and/or report being verbally harassed or physically assaulted in social service or health care settings. These experiences traumatize the victims and they perpetuate fear among transgender women who remain wary of care providers. This mistrust of the care system and care providers in general leads to challenges with participant engagement, and necessitates a model of service delivery heavily reliant on relationship building built on trust and availability. When staff leave the program, that relationship between the participant and the program becomes vulnerable and at risk of disruption.

2. Accessible and Adequate Space

Successful programming is dependent on the location of the services being in an area that is accessible via transportation but also in an area of the city/town where trans individuals feel safe to travel without fear of harassment and abuse. Space that is located in an area frequented by the trans community is ideal as well as is space that is embedded in a location that is trans affirming and culturally competent.

Both will ensure greater program participation. The space must allow for program participants to fully express themselves in a manner that feels culturally authentic to them, which may include boisterous behavior and language that some might consider otherwise vulgar or crass, as long as such behavior is not threatening or violent and the language is not disrespectful to others. Program participants' need for space that allows and validates their socialization norms must be a value also shared by program staff. Space also needs to be large enough to hold one large meeting area and a minimum of three private meeting areas where private conversations can be held with the onsite providers.

3. Access to Hormone Therapy

A large majority of women (in one study, more than 80%) access hormone therapy during their lifetime. Many participants in the TLC prioritized hormone therapy over other needs, be that other medical care, mental health services, or even housing. Initially, the TLC program did not provide an easy pathway to hormone therapy. Attendance dropped off when transgender individuals learned that TLC was not a place to access hormones easily and seamlessly. Participation increased as soon as the onsite medical provider in the TransSafe space began adjusting their hormone protocols that reduced barriers to hormone prescriptions.

ONGOING STAFF TRAINING AND DEVELOPMENT

The Project Manager, whose original title was Program Coordinator, attended HRSA Grantee Meetings and Intervention related trainings and conferences in years two through five of the project. As staffing numbers and complexity increased, TLC capitalized on the opportunity to build the supervisory skills and experiences of the Project Coordinator and her promotion to the Project Manager Description.

Staff Training and Development focused on the professional development of contractual Peer Resource Navigators by providing an Outreach Training developed by the program director utilizing frameworks from other SPNS Grantee models, and training through Midwest AIDS Training & Education Center as appropriate. Where possible and appropriate, the Peer Contractual Staff were promoted to other TLC regular employee positions as they became available through attrition or additional grants. When budget permitted, Peer Resource Navigator compensation was increased to provide closer to a living wage.

TLC INTERVENTION OUTCOMES

Data regarding enrollment and uptake of the intervention over the evaluation period indicate it is both feasible and acceptable to the target population (HIV-positive adult transgender women of color). Over the course of the HRSA-funded TLC accrual period, December 1, 2013-August 31, 2016, program staff enrolled

122 participants in the program evaluation. Two participants were withdrawn from the evaluation due to duplicate enrollment at another site, resulting in a final sample size of 120. TLC participants range in age from 18-64 years old with a mean age of 30.6 (SD=9.5) and average length of time since HIV diagnosis of 5.8 years (SD=7.4). 94.2% of participants described their race as Black or African/American.. Participants were largely of low socioeconomic status, consistent with the target of the HRSA-funded TLC program: to reach transgender women of color living with HIV who experience social and economic marginalization. A total of 94% of participants reported being unemployed at baseline, 97% earned less than \$11,500/year, and 77% reported a lifetime history of homelessness. Findings indicate moderate engagement with TLC intervention components with 78% of the sample reporting exposure to at least one component of the intervention between baseline and 36-month follow-up. In multivariate analysis, receipt of the intervention was associated with engagement in care, total HIV care visits, retention in care and having a viral load test done. Thus, evidence suggests that the intervention is both feasible and efficacious to promote HIV care engagement among transgender women of color.



Additional TransLife CARE Staff



INTERVENTION COSTS

The following annual cost estimates are based on two years of operating the intervention after the model was finalized and in full operation.

Salaries		\$140,000
Admin	\$15,000	
Program Director	60,000	
Project Coordinator/Manager	40,000	
Peer Navigators	25,000	
Benefits		38,000
Travel – Local		500
Supplies		10,500
Program Supplies (includes office)	1000	
Program Food	500	
Drop-in Supplies	8000	
Computers (includes food and transportation)	1000	
Contractual		31,000
Drop-in Spaces	20,000	
Health Care Provider	10,000	
IT Support	1000	
Other Operations		4500
Rent – includes utilities		3000
Cell Phones		1500
TOTAL ANNUAL COST ESTIMATE:		\$224,500

LESSONS LEARNED

Relationship, Relationship, Relationship

At the outset of the program, there was an assumption that due to the high degree of marginalization and need for services by transgender women of color that distributing materials promoting the trans-specific nature of the services would result in a high level of engagement in the TLC program. This was not the case. Many trans women of color experience a high degree of distrust of systems of care and

service fatigue from having to negotiate burdensome systems. TLC had to acknowledge this distrust. The remedy for distrust was relationship building, which required a consistent and persistent presence at outreach venues throughout the intervention period. Hiring trans women of color who were from the target community (“Peers”) helped in relationship building, but was not sufficient, as Peers must also have professionalism and appropriate relationship building skills, such as a trauma informed approach, to be successful. Finally, relationship building cannot rely on a single staff person for long-term success. The program must foster and mentor multiple staff members and their relationship with the agency and program as a whole.

Integration with Community Partners

Relationship building with partnering agencies requires as much attention as relationships with program participants, which was facilitated by a patient, persistent, and consistent presence within the community partner systems. Often, community partners have as much distrust as trans women of color participants. Partnerships must offer clear benefits to the community partner and the clients they serve, whenever possible with minimal or no expectation or demand for outcomes and scopes in return, placing the emphasis on benefits to community over meeting of research or funder goals. While outreach is most effective in underserved communities, effective partnerships must also bring resources to the under-resourced partner organizations.

Meaningful Services

Another important factor in engaging participants involved providing services that trans women of color find meaningful to their lives. Within the TransSafe drop-in, housing, legal employment, and health care services are bundled so that participants can access desired services as well as learn about additional services offered without any pressure to engage in any particular programming. This entirely client centered approach included HIV services as a matter of participant choice and, as a result of not focusing on HIV as the primary service, participants became more willing to discuss and engage in HIV prevention and care services.

Short-term Intervention Fosters Engagement, Not Retention

With a client centered, choice driven drop-in intervention, participants often feel like they have “completed” the intervention once successfully linked to the service initially sought (e.g. housing or name change). This created short-term participant/provider relationships and lacked the longer term engagement often important for following retention in HIV care and medication adherence. While the trans-affirming safe space and networking opportunities offered at TransSafe lead some participants to continue drop-in attendance and program connections, introducing ongoing peer navigation services enhances duration of engagement in intervention for those wanting more limited services at point of initial program participation. ■

INTERVENTION APPENDIX

Figure 1: TransLife Care Logic Model

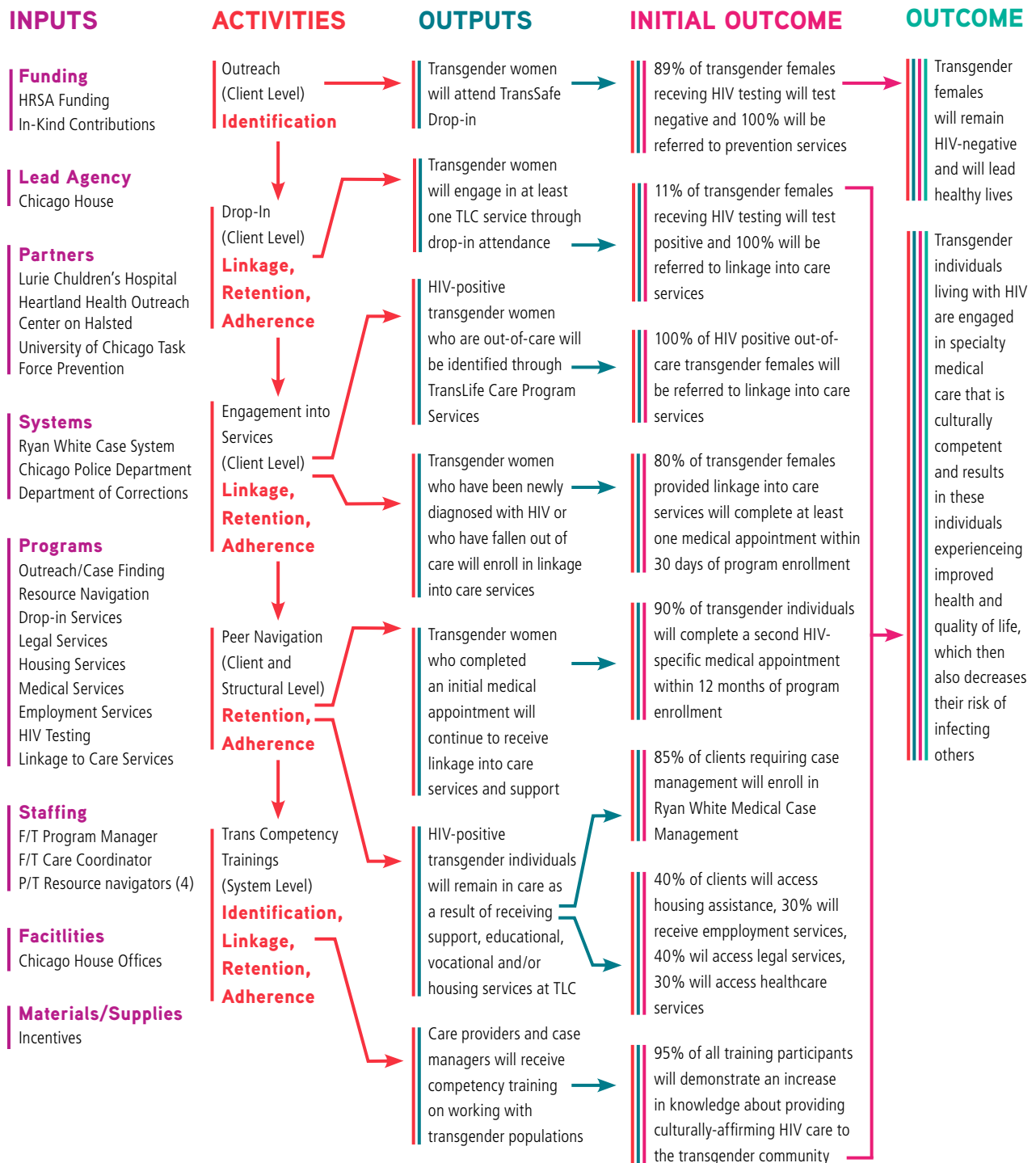


Figure 2: TransLife Care Program Flow Chart

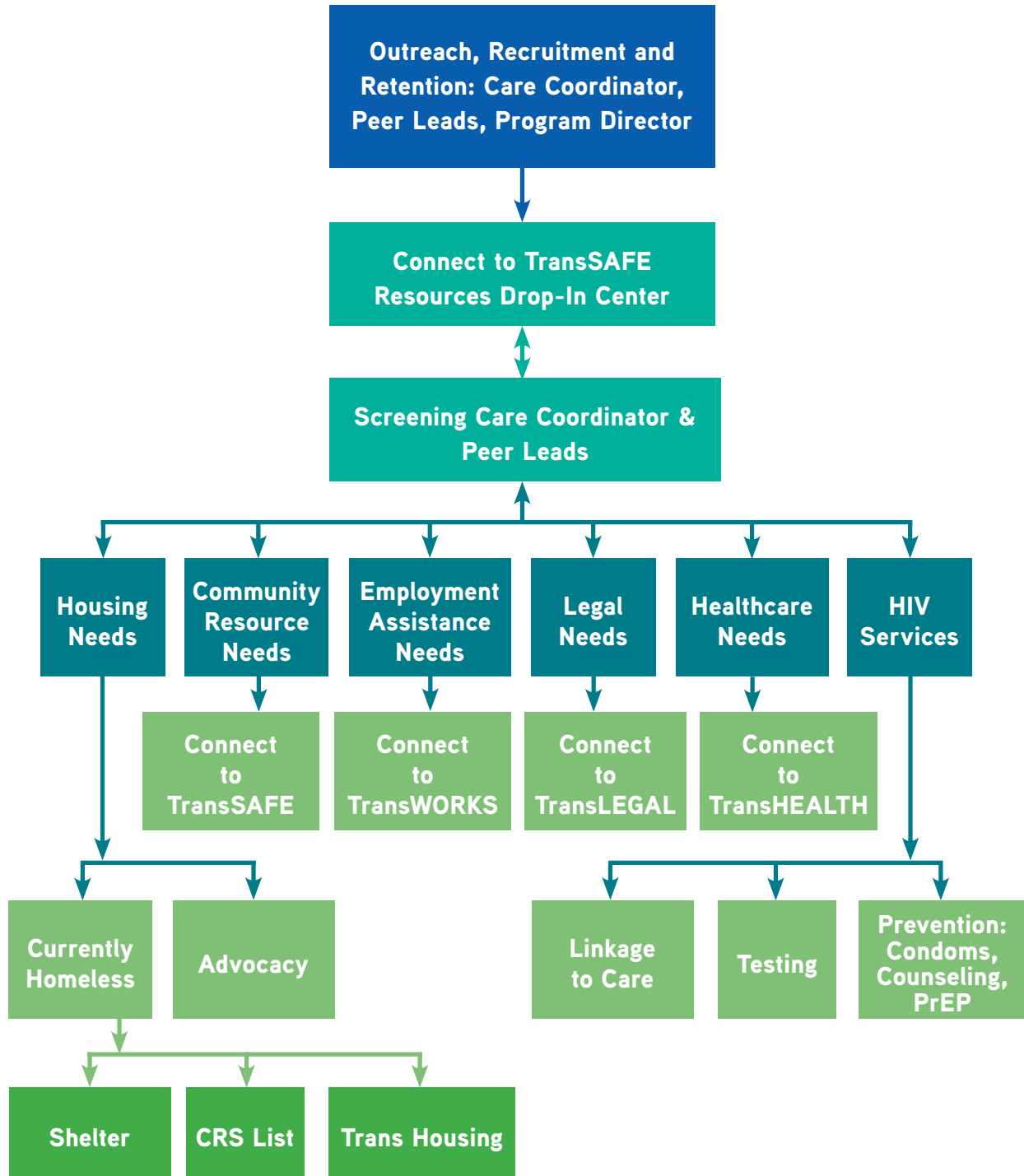
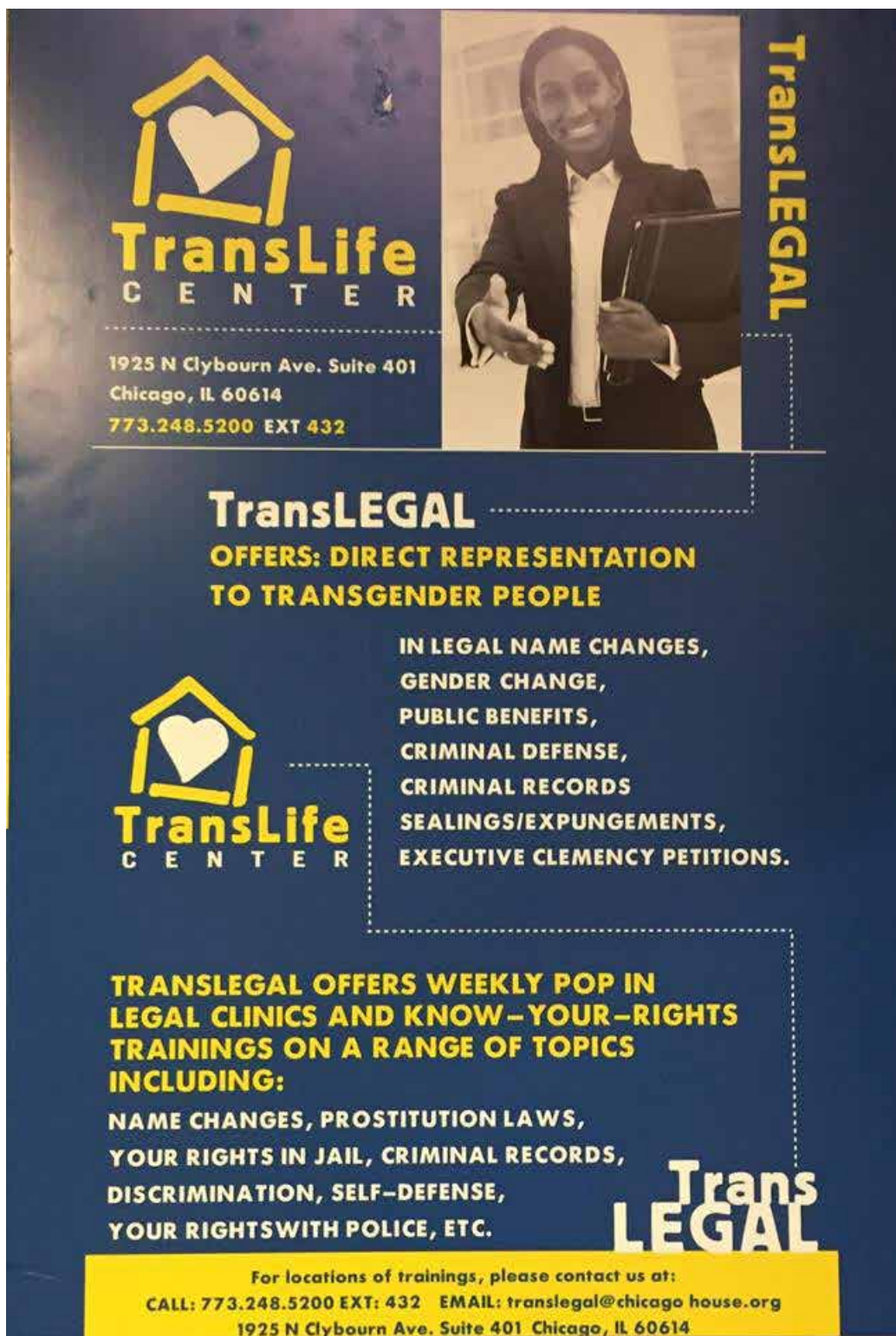


Figure 3: TransLife Center TransLEGAL Flyer



The flyer features a dark blue background with yellow and white text. At the top left is the TransLife Center logo, which consists of a yellow house outline with a white heart inside, above the text 'TransLife CENTER'. To the right of the logo is a photograph of a smiling Black woman in a black suit, holding a tablet and gesturing with her hand. The word 'TransLEGAL' is written vertically in yellow on the right side of the flyer. Below the logo and photo, the address '1925 N Clybourn Ave. Suite 401 Chicago, IL 60614' and phone number '773.248.5200 EXT 432' are listed. The main heading 'TransLEGAL' is in white, followed by the sub-heading 'OFFERS: DIRECT REPRESENTATION TO TRANSGENDER PEOPLE' in yellow. A list of services is provided in white text: 'IN LEGAL NAME CHANGES, GENDER CHANGE, PUBLIC BENEFITS, CRIMINAL DEFENSE, CRIMINAL RECORDS SEALINGS/EXPUNGEMENTS, EXECUTIVE CLEMENCY PETITIONS.' Below this, another section in yellow text reads 'TRANSLEGAL OFFERS WEEKLY POP IN LEGAL CLINICS AND KNOW-YOUR-RIGHTS TRAININGS ON A RANGE OF TOPICS INCLUDING:'. The list of topics follows in white text: 'NAME CHANGES, PROSTITUTION LAWS, YOUR RIGHTS IN JAIL, CRIMINAL RECORDS, DISCRIMINATION, SELF-DEFENSE, YOUR RIGHTSWITH POLICE, ETC.' At the bottom right, the word 'TransLEGAL' is written in a large, white, stylized font. A yellow banner at the very bottom contains contact information in black text: 'For locations of trainings, please contact us at: CALL: 773.248.5200 EXT: 432 EMAIL: translegal@chicago house.org 1925 N Clybourn Ave. Suite 401 Chicago, IL 60614'.

TransLife
C E N T E R

1925 N Clybourn Ave. Suite 401
Chicago, IL 60614
773.248.5200 EXT 432

TransLEGAL

TransLEGAL
OFFERS: DIRECT REPRESENTATION
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