



# Improving Health Outcomes

## Moving Patients Along the HIV Care Continuum

**May 16, 2018**

**Target Audience:** RWHAP and Other HIV Service Providers

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HRSA/HIV/AIDS Bureau



# Agenda

- **Overview**
  - About the Special Projects of National Significance (SPNS) Program & Integrating HIV Innovative Practices (IHIP) Project
- **Presenters**
  - Brendan O’Connell, Bienestar Human Services, Inc., Los Angeles
  - Dr. Luis Freddy Molano & Jessica Contreras, Community Healthcare Network, NY
- **Q&A**



# About the SPNS Program

- **Part F** of the Ryan White HIV/AIDS Program (RWHAP)
- Provides opportunities for the **development, implementation, and assessment** of system, community, and individual-level innovations designed to:
  - Meet the **National Goals to End the HIV Epidemic**
  - Address the demands of **changing health care delivery systems**



## The SPNS Program...

- **Advances knowledge** and **skills** in the delivery of health care and support services to underserved populations living with HIV
- **Evaluates** the design, implementation, utilization, cost & health-related outcomes of treatment models
- **Promotes dissemination** and **replication** of successful models of HIV care



# SPNS Demonstration Models

- 57 current SPNS grant recipients
- Provide clinical and supportive services to over 9,000 individuals living with HIV
- Contribute to the advancement of public health knowledge and help move toward the elimination of HIV in the United States by promoting models that:
  - Expand linkage to HIV medical care
  - Improve lifelong retention in HIV medical care
  - Support the delivery of antiretroviral therapy (ART) & achievement of viral suppression



# Advancing the HIV Care Continuum



## Advancing the HIV Care Continuum

SPNS has funded initiatives along the steps of the **HIV Care Continuum** including projects focused on:



**populations  
not in care**



**outreach**



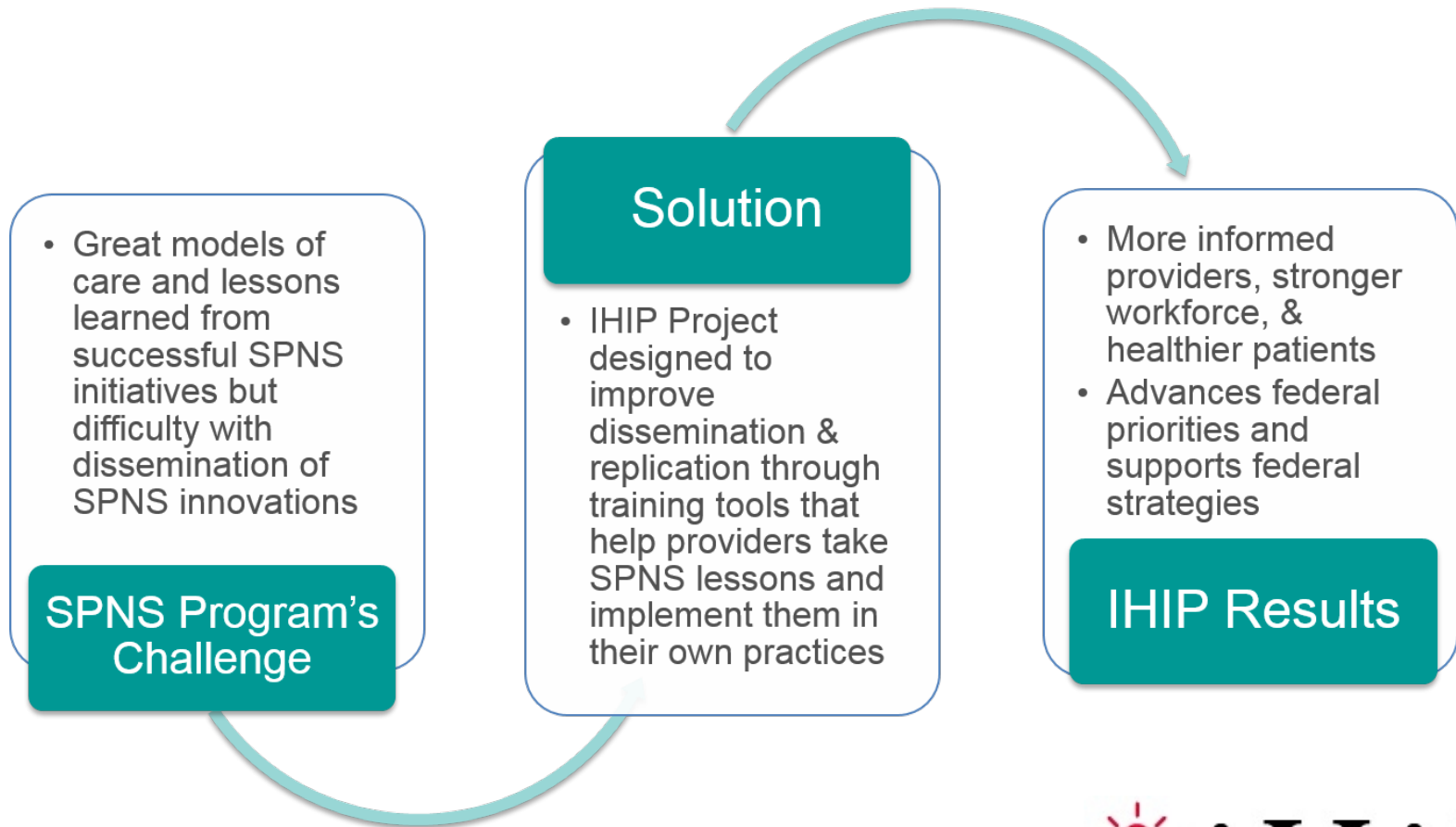
**linkage  
to care**

**medication  
adherence  
and viral  
suppression**



**retention/  
re-engagement**

# iHip: integrating HIV Innovative Practices





## In particular, IHIP

- Promotes, markets, and disseminates effective strategies and lessons learned to support optimal implementation of successful models of HIV care.

### Strategies include:

- Developing implementation tools and resources (e.g., manuals, intervention guides, curricula, and pocket guides) specific to evidence-informed SPNS initiatives and grant recipient interventions
- Disseminating information to various stakeholders to raise awareness about tools and resources
- Providing capacity building assistance to enhance implementation of evidence-informed SPNS interventions among care providers



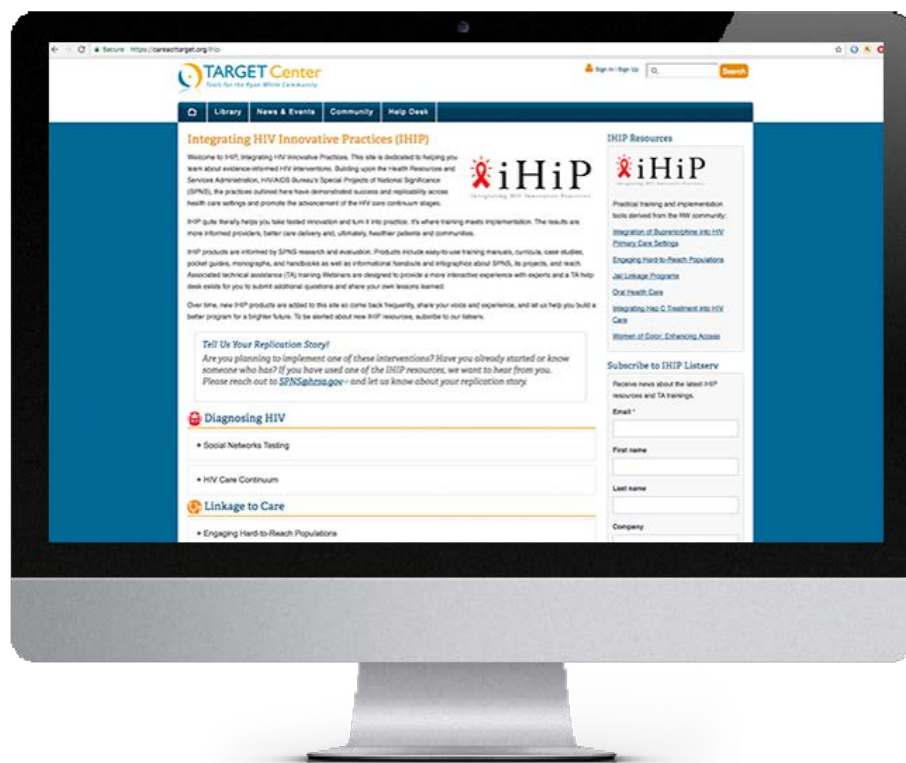


# Approaches to Capacity Building Assistance (CBA)

- **IHIP Listserv** to market tools, resources, forthcoming SPNS webinars, and other presentations
- **Knowledge exchange** through partners (e.g., AETCs) that support information sharing of effective HIV care delivery models with RHWAP and other HIV service providers
- **Webinar trainings** on best practices in developing and disseminating SPNS-focused publications & resources
- Engaging Ryan White-funded grant recipients with SPNS intervention implementation experience to be involved in **peer-to-peer sharing** of best practices
- Participating in **conferences** and **meetings** to introduce SPNS interventions and accompanying tools and resources



# IHIP Resources @ the TARGET Center



<https://careacttarget.org/ihip>



# Latest IHIP Resources

## Moving Patients Along the HIV Care Continuum

Implementation  
Manual

Intervention  
Guides

Pocket Guides

INTERVENTION OVERVIEW & REPLICATION TIPS

### Hepatitis Treatment Expansion Initiative

University of California, San Francisco, San Francisco General Hospital HIV Clinic

Diagnosing HIV  
Linkage to Care  
Retention in Care  
Prescription of ART & Medication Access  
Beyond the Care Continuum

The table below provides a general overview of the Hepatitis Treatment Expansion intervention so readers can assess the necessary steps required for replication.

Intervention at-a-Glance	
<b>Step 1</b>	<b>Consult on HCV Coinfected Client Health Record</b> Upon HCV diagnosis, the HIV primary-care physician sends client electronic health record to the internal physician lead at the HCV coinfection clinic. Internal HCV physician lead provides technical review of proposed treatment plan and complexity of client case.
<b>Step 2</b>	<b>Conduct Electronic Review of Client Health Record</b> HCV physician lead reviews client health record: <ul style="list-style-type: none"> <li>More complicated cases are referred for in-person evaluation in HCV coinfection clinic for more involved oversight, lab work, and ART regimen change.</li> <li>For more straightforward cases, the HCV physician lead sends an e-script to the pharmacist for a 12-week treatment regimen.</li> </ul>
<b>Step 3</b>	<b>Conduct Lab Work</b> At 4 weeks into the treatment regimen, conduct lab work to verify beneficial impact to date.
<b>Step 4</b>	<b>Provide Pharmacist Adherence Monitoring</b> Pharmacist continues adherence monitoring and counseling with the coinfecting client.
<b>Step 5</b>	<b>Monitor Clients on Ribavirin</b> Clients on ribavirin have lab visits every 2-4 weeks and nursing visits, if necessary, to monitor for anemia until treatment is complete.

and Webinars!



## Connect with SPNS

Sharing Information & Strategies

For questions, Email  
[SPNS@hrsa.gov](mailto:SPNS@hrsa.gov)

To join the IHIP listserv, visit  
<https://careacttarget.org/ihip>



## Connect with HRSA

To learn more about our agency, visit  
[www.HRSA.gov](http://www.HRSA.gov)



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**Enhancing Engagement and Retention in  
Quality HIV Care for  
Transgender Women of Color Initiative  
TransActívate**

**Brendan O'Connell, Program Director  
Bienestar Human Services  
May 16, 2018**



## Disclaimer

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H97HA24964 SPNS Transgender Women of Color Initiative, awarded at \$1,485,860 over 5 years, with no non-governmental funds used to finance the project systems. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.





# Presentation Outline

- Overview
- Capacity
- Implementation
- Lessons Learned
  - Sustainability
- Recommendations
  - Resources



# Overview

## **BIENESTAR Human Services, Inc.**

- A grass roots, non-profit community service organization established in 1989
- Created due to a lack of and non-existent HIV/AIDS services for the Latino community
- 6 service sites in Los Angeles
- Transgeneros Unidas began in 1997
- Current services provided:

HIV/STI screening ● mental health treatment ● outpatient substance abuse treatment ● linkage to care ● support groups HOPWA case management ● food bank ● syringe exchange ● HIV prevention programming and research



**BIENESTAR**



# SPNS Initiative

- Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color
- Project funded during fiscal years 2012-2017
- 9 demonstration sites
- To identify and successfully engage and retain in care transgender women of color:
  - at high risk of HIV infection
  - infected with HIV but unaware of their HIV status
  - aware of their HIV infection but never engaged in care
  - aware of status but refused care
  - or dropped out of care



# TransActívate

- ***TransActívate***: A comprehensive and innovative program to improve the timely entry, engagement and retention in quality HIV care for Latina transgender women in Los Angeles County
- **Based on two theoretical foundations:**
  - Transtheoretical model
  - Strength-based perspective
- **Key components:**
  - Social Network Testing (SNT)
  - Social Network Engagement (SNE):
  - Mobile Testing
  - Motivational interviewing
  - Peer Navigation
  - Linkage to Care





# Goals and Objectives

- TransActivate Eligibility
  - Latina Transgender
  - Newly diagnosed with HIV
  - 18+ years of age
  - Lives In Los Angeles County
  - Aware of their HIV diagnosis but have refused care, or dropped out of care
  - In care but could benefit from more support



# Goals and Objectives (con't)

- Goals and Objectives
  - Enrollment - 150 enrollees
  - Timely Linkage to Care - 85% linkage rate
  - HIV screening - 1160 Transgender tests

**BIENESTAR  
TRANSGENEROS UNIDAS**

**CELEBRA  
20 AÑOS  
DE TRAYECTORIA**

**SÁBADO, 30 DE SEPTIEMBRE DE 2017  
7:00 PM - 2:00 AM  
FLORENTINE GARDENS**

5951 Hollywood Blvd, Los Angeles, CA 90028  
**BOLETOS : (866) 590 - 6411  
Ext. 205 - 503**

VENTA DE VIP MESA Y 4 SILLAS \$175.00 SILLA VIP \$50.00 ENTRADA GENERAL \$15.00



# Capacity

- Physical locations to provide the initiative across Los Angeles
- Medical Provider
  - BIENESTAR partnered with 7 Federally Qualified Health Centers (FQHC)
- Staffing
  - Linkage Coordinator/Peer Navigator
  - HIV testing counselor
  - Program Manager
- Community trust
- Wrap around services
- Evaluation





# Implementation: Referrals

List of Referral Type	# of Referrals
BIENESTAR Referral from CRCS/Housing/Case Management	14
BIENESTAR Referral from Support Group	42
Outreach	19
Promotional Material	9
Partner Organization	5
Self-Referral	7
Social Network Engagement	45
Social Network Testing	2
Storefront/MobileTesting	8





# Implementation: Successes

- Program enrollment timeline: January 1, 2014-August 30, 2016
- Program Enrollment : 150 enrollees
- Timely Linkage to Medical Care : 96% linkage rate
- HIV tests : 1,075 test with a (1.6 positivity rate)

HIV Care Continuum	Number of Clients
Newly Diagnosed	13
Re-Engaged in Care	20
In need of additional support	117



# Implementation: Challenges

- Self-reported barriers at intake:
  - 27% some type of housing instability
  - 31% drug use (not including marijuana)
  - 33% sex trade
  - 94% born outside the USA
  - 9% incarceration
  - 50% violence from primary partners
- Provider related barriers:
  - Lack of medical providers at the start of the program
  - Clinical partners unable to share data of those fallen out of care
  - Three clients passed away



# Modifications – Adjusting to Challenges

- Expanding support services:
  - Creating MOU's with new clinical partners
  - Developing agreements with other agencies such as legal services
- Expanding support programming for recruitment
  - HIV-positive support groups
  - Starting Trans Health Conference
  - National Transgender Testing Day
- Modifying Social Network Strategies

In commemoration of International Women's Day and HIV/AIDS Awareness Day for Women and Girl  
BIENESTAR Presents:

## "Angels on Earth"

Trans Health Care Conference

**Saturday March 7, 2015**  
10:00AM to 4:00 PM

East Los Angeles Center  
3326 E. Beverly Blvd.  
Los Angeles, CA 90022

Event will be conducted in spanish

**Transform Your Life**  
"Be firm in your attitudes and persevering in your ideal"

- Health care and hormone treatment
- Skill building and employment opportunities
- Immigration and legal services
- Spiritual Healing
- Mental Health

Raffles, food, incentives and more  
Registration information: (866) 590-6411

Brenda Gonzalez	Ext. 205	Karla Thalia	Ext. 408
Sandra Esquivel	Ext. 203	Leslie Frias	Ext. 210
Elisa De la Cruz	Ext. 402	Ava Juarez	Ext. 100
Silvia Valero	Ext. 107		



**BIENESTAR**  
CELEBRATE / CELEBRA

National Transgender HIV Testing Day  
April 18, 2017

Día Nacional de la Prueba Del VIH en Mujeres Trans  
18 de Abril 2017



We will conducting HIV testing All week

Estaremos haciendo pruebas de VIH toda la semana

**Monday / Lunes 17**  
Sur LA/SF Valley  
10:00AM-7:00PM

**Wednesday/Miércoles 19**  
Hollywood / East LA  
10:00AM-7:00PM

**Tuesday / Martes 18**  
El Monte  
4:00-7:00PM

**Thursday / Jueves 20**  
Long beach / Pomona  
10:00AM-7:00PM

**Friday/Viernes 21**  
Hollywood  
10:00AM-7:00PM

INCENTIVES / INCENTIVOS



INFO: (866) 590-6411



# Sustainability

- Successes
  - Acquired CDC funding to continue linkage to care work with Transgender women
  - Have continued HIV-positive support group, transgender health conference and other recruitment activities
  - Opportunities for publication and dissemination
  
- Barriers
  - Reduced program staff for linkage
  - Cannot provide same duration of follow-up
  - Decreased communication with FQHC partners



# Recommendations

- Staff at the agency and medical providers must all be Trans competent
- Community trust is vital for recruitment
- Don't be afraid to modify something if it isn't working
- Participants will have many needs
  - Find internal and external supports
- Staff retention



## Resources

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## **T.W.E.E.T**

# **Transgender Women Engagement and Entry To Care Project**

**Dr. Luis Freddy Molano**

**VP of Infectious Disease and LGBTQ programs**

**Jessica Contreras, H.I.P.P Program Manager**

**Community Healthcare Network**

**May 16, 2018**



## Disclaimer (2)

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H97HA24967 SPNS Linkages and Access to Care Initiative, awarded at \$300,000 per year over 5 years, with no non-governmental funds used to finance the project systems. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.





## **Presentation Outline (2)**

- Background
- Engagement and Retention
- Program structure
- Success and Outcomes
- Lessons Learned



# Overview

- This grant was awarded to Community Healthcare Network in 2012
- A multi-site demonstration project
- Transgender Women of Color Initiative to improve timely entry, engagement, and retention in quality HIV care, for transgender women of color living with HIV



# Background

- The program operated out of our Jamaica Health Center, located in Jamaica, Queens.
- The T.W.E.E.T Care Project provided the following services to individuals 18 years of age and older:
  - a. Identify newly diagnosed transgender women of color and link them to care.
  - b. Identify HIV-positive transgender women of color who are currently out of care and link them to care.
  - c. Enroll identified clients into the TL-Teach Back Intervention
  - d. Identify and utilize Peer Leaders,
    - i. Peer Leaders are members of the target population that receive the requisite training in the identification, engagement, and linkage



# Program Structure

## Staff

- Project Investigator (PI)
- Program manager
- Patient Services Specialist
- Retention Specialist
- Peer Educator

## Location

- Facility should include a conference room big enough to hold 10-20 people
- Equipment: computer modem connected to TV or projector to display PowerPoint's.
- Budget for incentives: light snacks, transportation (metro cards), gift cards for Peer Leaders



# Engagement & Retention

## **Exceeded Target Participation Rate Of 150 Patients**

- 163 HIV-positive transgender women were successfully enrolled by the end of the project.
- Participants ranged in age from 24-55 years old, with an average age of 35 years old.
  - 30% identified as African American
  - 65% identified as Hispanic
  - 9% identified race/ethnicity as “other”
- Patients from: Mexico, Ecuador, Peru, Dominican Republic, Puerto Rico, El Salvador, Honduras, and Columbia



# Program Implementation

## **The staff took an aggressive approach to engagement and retention**

- Consistently followed up with each patient.
  - Weekly check-ins via phone and messages through social media (face book).
  - Individual level intervention sessions during medical visit (monthly, quarterly).
- Followed up with home visits for patients who were difficult to engage due to substance use challenges.
- Brief discussions in the street – meet the people where they are.
- Condom give-away program.
- Reassurance that we are here to help.



# Successes and Challenges Community Partners

## **Successes**

- The LGBT community had a strong presence in the Jackson Heights, Queens area.
- The night club establishments were supportive of the T.W.E.E.T Care Projects' mission.

## **Challenges**

- Police raids, unjust false arrest, violence, physical, sexual abuse, and harassment.
- Tenants not being accepting of trans-community renting apartments in the community.



# Successes and Challenges

## Intervention TL Teach Back

### **Successes**

- Participants felt empowered to give back to the community and have an important role.
- Graduations had a high turn-out.

### **Challenges**

- Program reached maximum capacity, space became a concern.
- During group sessions, conversations became intense and judgmental.





# Successful Outcomes

## Comprehensive Medical Care

### **Primary Care Services Include:**

- HIV Care
- ART Adherence
- Dental ● Podiatry ● Nutrition
- Hormone Therapy
- Health Homes Coordination

### **Preliminary Clinical Outcomes**

- **83%** (135/163) were either in active care or had pending appointments
- **17%** (28/163) were either non-compliant or lost to follow-up due to substance abuse, depression and/or other social factors
- **79%** (107/135) participants who were either in active care or had pending appointment reached viral load suppression
- **>4%** rate of sexually transmitted infections



# Supportive Services

- Legal is an important key component to the intervention.
  - a. Staff were able to connect with not-for-profit legal agencies that assisted with:
    - i. free name changes
    - ii. legal representation for loitering or misdemeanor charges.
- Asylum
- Work authorization
- T and U visa application



# Lessons Learned

- Community dialogue is fundamental to the response to HIV.
  - Must understand the needs and respond to the concerns, questions, and doubts from the community.
  - “Keep an open mind and an open heart.”
- Essential that participants feel that they are part of the initiative and the impact it makes.
- Promote Community Empowerment: Participants were able to become their own advocates and were able to disseminate and replicate the information to their peers within the community.
- Important to create more programs that are trans-specific, trans-inclusive and trans-directed.



# Best Practices

- Assess sexual behavior in a professional manner, differentiating between medical necessity and curiosity.
- Discuss safety in the clinical setting.
- Provide behavioral health referrals if needed.
- Discuss survival sex, HIV, and its transmission.
- Assess transition plan and aid in the planning process.
- Remember that behavior does not equal identity
- Think about the patient as a person not as another number or rare case.
- Create corresponding policies and procedures.



# Sustainability (2)

- Since program ended we were able to retain 70% of patients enrolled in the program.
- Weekly group sessions continue.
  - Funding is provided by the Human Trafficking Intervention Court city grant.
- Community Healthcare Network received an High Impact Prevention AIDS Institute grant, all staff members were able to transfer and remain employed.
- During the five years, staff focused and ensured patients have:
  - Medical Insurance
  - Stable Housing
  - Resources



# Recommendations/Key Takeaways

- Community assessment including gate keepers, places of congregation and target population.
- Community leadership must include members of the target population who will contribute to local demographic and community knowledge.
- Develop a strong resource tool with outside providers such as legal, housing, mental health, and substance use facilities.
- Create a planning committee for social activities to maintain participant engagement and retention.
- Identify a space that provides a safe environment to all participants.
- Establishing a team that is motivated by the same focus is important to implement an intervention of this magnitude.
- Ensure support and buy-in from leadership which includes:
  - Senior Management
  - Medical Providers
  - Frontline Staff



## Resources (2)

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Center of Excellence for  
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<http://transhealth.ucsf.edu/>



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