



BIENESTAR: TRANSACTIVATE

BIENESTAR HUMAN SERVICES:  
TRANSACTIVATE

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## AGENCY

BIENESTAR Human Services, Inc. is a grass roots, non-profit community service organization established in 1989. BIENESTAR originated as a direct result of lacking and non-existent HIV/AIDS services for the Latino community. BIENESTAR has been committed to enhancing the health and well-being of the community through education, prevention, and the provision of direct social support services. BIENESTAR provides services out of six offices located throughout Los Angeles: Hollywood, East Los Angeles, Pomona, San Fernando Valley, Long Beach and South Los Angeles. The TransActivate intervention is provided out of each office.

## LOCAL EPIDEMIOLOGY

Los Angeles County (LAC) is home to over nine million people, according to the 2010 U.S. Census; the 2015 estimate is 10 million. Los Angeles County covers a land area of 4,058 square miles. In terms of race, approximately half the population identifies as white, 8.7 percent Black, and 13.7 percent Asian; over 30 percent identify as multiracial or some other race; almost half identify as Latino or Hispanic of any race.

**According to the Division of HIV and STD Program’s (DHSP) most recent estimate, there are 13,788 transgender persons living in Los Angeles County; approximately 50 percent are transgender women (i.e., male-to-female transgender persons) and 50 percent are transgender men (i.e., female-to-male transgender persons).<sup>1</sup>**

<sup>1</sup> Los Angeles County Commission on HIV and LAC Department of Public Health, “Los Angeles County Comprehensive HIV Plan (2017-2021),” September 2016

Los Angeles Department of Public Health estimates that approximately 0.2 percent of the LAC population is composed of persons of transgender experience.<sup>2</sup> The racial and ethnic disparities found in the general population are reflected in the transgender population. Among PLWHA in LAC, Latinos make up 44 percent of the population and 55 percent of the PLWHA.

By any measure, HIV prevalence among transgender individuals is high in comparison to other populations. While data on transgender individuals is not collected in many jurisdictions across the US, the Los Angeles County public agencies have been leaders in transgender HIV surveillance. Nonetheless, a dearth of precise data on transgender populations means that most of our knowledge about the population is based on estimates drawn from limited samples.

**The current Los Angeles County Comprehensive HIV Plan (2017-2021) estimates that in 2013 HIV prevalence was 16.7 percent among transwomen (male to female) and 0.8 percent among transmen (female-to-male), compared to a population estimate between 0.1 percent and 0.2 percent for all transgender persons.<sup>3</sup>**

Other researchers have found even higher rates: the CDC's factsheet on HIV/AIDS among transgender individuals cites research that estimates HIV prevalence as high as 28 percent among transwomen in general, 56 percent among Black transwomen, 17 percent among whites, and 16 percent among Latinas.<sup>4</sup> The LAC Department of Public Health's (LDPH) surveillance in 2014 shows new cases varying from 20 to 40 annually, while AIDS diagnoses vary from 10 to 22. LDPH surveillance data from 2012 show that 50 percent of all new cases of HIV occurred among transgender persons between the ages of 20 and 29.<sup>5</sup>

BIENESTAR chose transgender Latinas for TransActivate's target audience. This decision was based on the epidemiology and BIENESTAR being one of the leading community-based organizations in the Latino community. BIENESTAR has a long and successful history of working with the Latina transgender community in Los Angeles. BIENESTAR has been providing services for the transgender community for 20 years giving us unique insights into the local transgender population. Currently, 16 percent of BIENESTAR's staff identify as transgender women and all are bilingual in English and Spanish.

## PROGRAM DESCRIPTION

BIENESTAR Human Services, Inc. in partnership with JWCH Institute, the Los Angeles Gay and Lesbian Center (LAGLC), Los Angeles Children's Hospital, AIDS Health Care Foundation, Rand Schrader Health & Research Center, Northeast Valley Health Corporation and AltaMed, implemented TransActivate, an 18-month

<sup>2</sup> Los Angeles County Department of Public Health, Division of HIV and STD Programs, Los Angeles County Transgender Populations Estimates 2012.

<sup>3</sup> Los Angeles County Commission on HIV and LAC Department of Public Health, "Los Angeles County Comprehensive HIV Plan (2017-2021)," September 2016

<sup>4</sup> CDC, HIV Among Transgender People, April 2016, <http://www.cdc.gov/hiv/pdf/group/gender/transgender/cdc-hiv-transgender.pdf>

<sup>5</sup> Los Angeles County Commission on HIV and LAC Department of Public Health, "Los Angeles County Comprehensive HIV Plan (2017-2021)," September 2016

comprehensive, innovative and much-needed program designed to improve the timely entry, engagement and retention in quality HIV care for Latina transgender women in Los Angeles County. We have designed our program to respond to the needs of this community by utilizing the best and most innovative practices in the field and by leveraging our own organizational capacity and expertise, along with those of our clinical and clinic partners. Since Latina transgender women of color experience a multitude of patient-level, provider-level and structural-level barriers to accessing and engaging in quality HIV care, our program is robust and multi-faceted.

## LOS ANGELES COUNTY AND BIENESTAR

BIENESTAR operates six different offices throughout Los Angeles County to meet the needs of the community across this vast area. TransActivate is offered to transgender Latinas in Los Angeles County. Due to the size of Los Angeles, BIENESTAR needed to partner with multiple Federally Qualified Health Centers in Los Angeles County to make sure the needs of all community members would be met. BIENESTAR originally only partnered with three medical clinics as part of this initiative (LA LGBT Center, Los Angeles Children’s Hospital and JWCH). Due to the size of Los Angeles and because clients were moving between neighborhoods, BIENESTAR established MOU with additional medical providers to assure geographically sensitive medical care could be provided for all those who enroll in the program.

## THE INTERVENTION

### Theoretical Foundations

The TransActivate program has two theoretical foundations: the **transtheoretical model** and a **strength-based perspective**.

The transtheoretical model, also known as the stages of change model, describes how individuals move through a series of stages of change as they progress in modifying behaviors that cause them problems. Each stage requires tasks to be completed in order to achieve the desired changes. Six particular stages are incorporated into this model: pre-contemplation, contemplation, determination, action, maintenance and relapse. From a stages of change perspective, a counselor addresses where the client currently is in the cycle of changes and assists that person to move through the stages toward successful sustained change.

A strength-based approach involves systematically examining survival skills, capacities, knowledge, resources and desires that can be used in some way to help meet a client’s goals. Furthermore, in a strengths approach, the major focus in practice is collaboration and partnership between the provider and the clients. TransActivate incorporates a strength-based service provision, meaning that we will implement all program-related activities and interventions in a manner that validates and calls upon the strengths of the clients themselves as well as the larger community. The strengths perspective first emerged as an approach to case management for people with severe mental illness, and has since gained ground within other disciplines, including HIV, as seen with its inclusion in the Antiretroviral

Treatment and Access to Services (ARTAS). Strength-based linkage to care interventions like ARTAS, when compared to a traditional case management models, found to be more effective at linking newly-diagnosed people living with HIV to care.

The Linkage Coordinator/Peer Navigators (LC/PN), using direct contact with the program participants, incorporate perspectives and techniques from both of these theoretical foundations into their work with the participants. For example, drawing upon the transtheoretical model, they assess at what stage a particular person may be in her decision of whether or not to enter the medical care system. The LC/PN will assist the client to move through the stages in order to enter medical care. Using the strengths-based approach, the LC/PN systematically examines the spectrum of a client's resources. These resources may involve client knowledge, capacities, past survival skills and desire to enter into medical care. The LC/PN will then use this information to help a client reach the goals of entering and staying in medical care.

### Key Components of the Intervention

- Social Network Testing:** The primary goal of Social Network Testing (SNT) is to identify persons with undiagnosed HIV infection within various networks and link them to medical care and prevention services. SNT is a strategy that enlists people living with HIV people and high-risk HIV-negative people to recruit people from their social, sexual, and drug-use networks for HIV-testing. To identify recruiters, we approach both our people living with HIV and HIV-negative transgender clients and explain the program to them. We share a brief description of the program's purpose; what their participation involves; their roles as a recruiter; potential benefits the program might have for them and the network associates (NAs) they recruit for testing, and what risks might be involve in participation. After we identify Latina transgender recruiters, we coach them on how to approach associates about getting tested; about disclosing (or not disclosing) their own HIV status; how to respond to NAs' questions about HIV transmission risks, and how and where each NA can get HIV testing at BIENESTAR.
- Mobile Testing:** Another strategy that we utilize to identify Latina transgender women living with HIV is mobile testing. We conduct testing via our mobile unit in the evenings, late evenings, and weekends, making it extremely convenient for our clients to get tested when they are frequenting their regular venues.
- Social Network Engagement (SNE):** The premise of Social Network Testing is to utilize people living with HIV and high-risk HIV-negative people to recruit from their social, sexual and drug-use networks for HIV testing. This is the same strategy to identify people living with HIV people who have fallen out of care, are accessing care infrequently, or who have never accessed care. The recruiters living with HIV that we identify for Social Network Testing would also be enlisted for Social Network Engagement. We coach them to discuss linkage and engagement in care with their network associates (NAs) who are living with HIV.
- Motivational interviewing based linkage and peer navigation:** In order to help our clients resolve their ambivalence about accessing care or engaging in care, our staff were trained in motivational interviewing (MI). MI, as defined by its founders, is a "person-centered goal-directed counseling method for helping people to change by exploring and resolving ambivalence" and draws

upon the transtheoretical stages of the change model described above. MI is meant to be applicable to a wide variety of problem areas and is able to be delivered by a broad range of helping professionals.

- **Linkage:** Once a transgender woman is diagnosed with HIV via our testing program, she immediately meets with one of two LC/PNs. The LC/PN will assess the client's emotional state and her readiness to enter medical care, drawing from the transtheoretical stages of change model. While the LC/PN will encourage the client to enter medical care as soon as possible, if the client is ambivalent, resistant or otherwise not ready, the LC/PN will not try to coerce her to do so. Instead, the LC/PN will address whatever needs the client may prioritize at that time.
- **Peer Navigation:** Once a client is successfully linked to care, we utilize our peer navigation service to ensure she is engaged and retained in care. In addition, to those clients that we link to care, we also work with clients who may have previously accessed care but have not been engaged in care to any meaningful extent or are already enrolled in care with any of our partners and want additional support. Our peer navigation intervention is designed to guide clients through Los Angeles County's complex medical system and facilitate their utilization of services in order to retain them in HIV care and increase their quality of life. Specific services provided by our LC/PNs include clinical appointment coordination and accompaniment; appointment coordination and accompaniment to social and other services at BIENESTAR and partner agencies; coaching clients to prepare them for their appointments; translation assistance; and the provision of HIV-related education and information. The success for our peer navigation strategy is dependent on our ability to build trusting relationship with our clients.

**Below is where each key component of the program intersects with the HIV treatment cascade.**

TREATMENT CASCADE	INTERVENTIONS WITH PROGRAM PARTICIPANTS					
	Recruitment			Timely Entry/Engagement and Retention in Primary Medical Care		
	Social Net- work HIV Testing	Mobile HIV Testing	Community Outreach	Social Net- work Engagement	Linkage	Peer Navi- gation
Diagnosed with HIV	x	x	x			x
Linked to HIV Care	x	x	x	x	x	x
Engaged or Retained to HIV Care	x			x	x	-
Prescribed Antiretroviral therapy					x	x
Viral Suppression					x	x

## Community Partnerships

In addition to clients that we recruited, BIENESTAR also created community partnerships to recruit for TransActivate and provide medical and support services. In order to obtain referrals from other agencies, we actively promote our program, work to strengthen our established partnerships and build new partnerships in the community. One barrier we face is that providers in the community may be reluctant to support a new linkage/navigation program if they believe that it is duplicative of their work. Therefore, to promote our program, BIENESTAR clearly communicates the purpose of the program and creates MOU with our partners to define the specific roles of each agency.

Partners- We learned thought this program it was better to have multiple clinical partners because each partner has its strength and weakness. The role of the LC/PN was to find the clinic that was right for each client based off the client's needs:

- **LA LGBT Center** Original Partner

**Strength-** Leading LGBT service provider in Los Angeles providing HIV Care, Hormone Replacement Therapy (HRT), legal services, mental health service and Transgender employment services and other services.

**Weakness-** Only provides medical services in the Hollywood area; at times during the program it had long waiting periods for medical appointments.
- **Los Angeles Children's Hospital** Original partner

**Strength-** Leading agency providing Transgender medical care for those under 25 years of age.

**Weakness-** TransActivate did not enroll anyone to Los Angeles Children's Hospital due to their age restrictions (12-25 years old).
- **JWCH Institute** Original partner

**Strength-** Provides HIV Care, Hormone Replacement Therapy (HRT), dental services and other support services. JWCH does a great job getting people into care within 72 hours and does not have wait times experienced at other clinics.

**Weakness-** JWCH HIV clinic is located in Skid Row. Some clients did not like attending the clinic due to the neighborhood. Skid Row has extensive drug use. In the last year, JWCH has opened new clinics in other neighborhoods that might work better for clients with past drug use.
- **AIDS Healthcare Foundation (AHF)** Partnership established in Year 2

**Strength-** The largest HIV provider in Los Angeles County. Has multiple locations throughout Los Angeles County. Provides HIV primary care and Hormone Replacement Therapy.

**Weakness-** TransActivate participants stated that some front desk staff lacked transgender awareness. AHF has struggled to retain medical providers which has frustrated clients.
- **Northeast Valley Health Corporation** Partnership established in Year 2

**Strength-** Provides HIV primary care and Hormone Replacement Therapy. Small clinic with staff clients recognized.



**Weakness-** Only provided service in one area of Los Angeles. Clients faced barriers with the clinic renewing their AIDS Drug Assistance Program (ADAP) paperwork.

- **Rand Schrader Health & Research Center** Partnership established in Year 3

**Strength-** County run HIV specialty clinic. County funded and provides medical services not covered with ADAP for those uninsured or undocumented. Offers late night hours on Tuesday and Thursdays.

**Weakness-** Only has one location. Wait times can be long due to some clients having to access care from the county.

- **AltaMed** Partnership establish in Year 3

**Strength-** Very easy to access linkage team and get people into HIV care quickly, provides Hormone Replacement Therapy (HRT), Spanish speaking front desk, office and medical providers.

**Weakness-** Took very long to develop a MOU.

### Core Intervention Staffing Requirements

The following staff have been used to implement this program:

- **Program Director (In-Kind):** The Director is responsible for intervention program fidelity, recruiting new staff and program monitoring activities, financial reporting back to the funder, and meets with linkage coordinator once a month.

**Training required:** Attend a national HIV conference and all meetings required by the funder; NIH certification for Protecting Human Research Participants.

- **Program Manager (.50 FTE):** Responsible for the overall daily coordination of the program activities; prepares reports and keeps accurate up-to-date records and documentation; acts as liaison with the program's medical providers to promote the goals of the program.

**Training required:** Social Network Engagement; Peer Navigation, all meetings required by the funder; NIH certification for Protecting Human Research Participants.

- **Linkage Coordinator/Peer Navigator (2.0 FTE) :** The LC/PN conducts outreach, recruits participants for intervention and facilitates the intervention. The LC/PN also conducts initial assessments, creates a plan to eliminates barriers to link and maintain participant in care.

**Training required:** HIV Test Counselor Certification; Basic II: HIV Test Counselor Certification; Motivational Interviewing; Social Network Engagement; Peer Navigation, NIH certification for Protecting Human Research Participants.

- **HIV Testing Counselor (.15 FTE)** The HIV Testing Counselor provides pre and post test counseling; assures compliance with all regulations and requirements of alternative test site programs and remains current with accurate information in the area of HIV/AIDS.

**Training required:** Basic I: HIV Test Counselor Certification; Basic II: HIV Test Counselor Certification, Motivational Interviewing, NIH Certification for Protecting Human Research Participants.

# PROGRAM PLANNING AND DEVELOPMENT

## YEAR ONE: IMPLEMENTATION

1. Hiring key program staff:
  - Two Linkage Coordinator/Peer Navigators
  - One Program Manager
  - Program Director (already in place)
2. Develop all initial local evaluation tools. Additionally, finalize all standard operation procedures (SOPs) and protocols.
3. Develop and enhance partnership with partner providers. Staff visit each clinic to notify them of the program and formalize the referral process when linking clients to medical care
4. Develop promotional material to be given out during outreach and to medical providers.
5. Discuss TransActivate with BIENESTAR Community Advisory Boards (CAB). Get the CAB's input on promotional material.

## YEAR TWO: PROGRAM BEGINS

- TransActivate begins HIV testing.
- TransActivate LC/PN begins to recruit for SNE/SNT recruiters.
- TransActivate enrolls their first client.
- Produces monthly reports of program progress.
- Holds monthly team meeting to review program progress and strategies.
- Continues to meet with medical providers to review linkage to care process.
- Continues to develop new MOU with other medical providers that can provide primary HIV-care to transgender women.
- Posts promotional material online and in print where Transgender women can access the program

## YEARS 3-5: PROGRAM CONTINUES

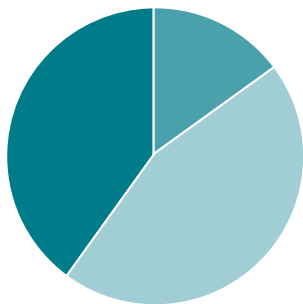
- Continues to provide services identified in Year 2.
- In Year 3, TransActivate holds the Transgender Women Health Conference. This conference was held based on the needs clients reported as part of TransActivate. This conference was also a recruitment tool for the program to bring new Transgender women to BIENESTAR.
- As client completes the program, they schedule a final face-to-face where all needed referrals and support services can be put in place.

## INTERVENTION OUTCOMES

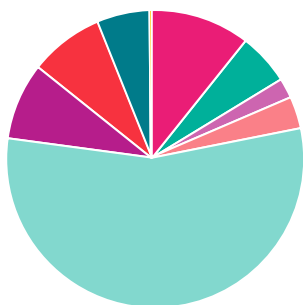
	Total to Date	
	n	%
<b>Total Enrolled:</b>	150	100%
<b>Age: MEAN</b>	44	
<18	0	0%
18-24	1	2%
25-29	3	6%
30-39	8	15%
40+	41	76%
<b>Ethnic:</b>		
Mexican, Mexican American, Chicano/a	105	70%
Another Hispanic, Latino, or Spanish origin	35	23%
Decline	4	3%
Don't Know	1	1%
<b>Place of Birth:</b>		
USA	9	6%
Mexica	106	71%
Central American Country	20	13%
Other	14	9%
Decline	1	1%
<b>Stage of Care Continuum at Enrollment</b>		
Newly Diagnosed	13	9%
Fallen out of care/never engaged in care	21	14%
In care but needed more support	117	78%
<b>Client passed away</b>	3	2%

## INTERVENTION COSTS

BIENESTAR spent \$192,109 annually implementing TransActivate. Below are tables documenting how this money was expended. Two items are missing from these estimates. First, BIENESTAR did not include its Indirect Charges that make up 22 percent of the total budget. Secondly, BIENESTAR did not include any of our incentives. As part of the evaluation, clients were given an incentive to come and complete a follow-up survey every six-months. The incentives increased for each follow-up survey completed. We included incentives in this description as this might have been a factor in some women enrolling.

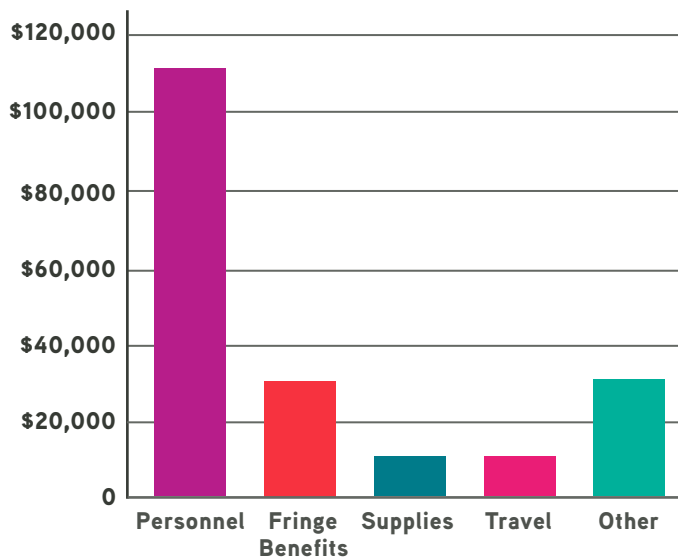


Office Supplies	\$1420
Program Supplies	\$4220
Testing Supplies	\$3800



Telephone	\$3281
Vehicle: Gas/Maint.	1731
Printing/Duplication	689
Program Promotions	1000
Rent	17304
Maintenance & Repairs	2630
General Liability & Vehicle-Related Insurance	2520
Utilities	1869
Postage	70

Incentive	Cost
Baseline	\$40
6 months	\$45
12 months	\$50
18 months	\$55
24 months	\$60
30 months	\$70
36 months	\$80
42 months	\$85



## LESSONS LEARNED

BIENESTAR has been working with the transgender community since 1997. During that time, we learned many lessons about how to best meet the needs of the transgender community. Here are lessons learned while implementing this linkage to care program.

## Meeting Client's Needs

- TransActivate would have developed MOUs with substance abuse treatment providers. Multiple clients suffered substance abuse needs during the program. TransActivate would also have trained staff on working with clients who suffer from addiction.
- TransActivate would have worked legal assistance into its program. A majority of TransActivate clients are not born in the US and a number do not have documentation. Multiple clients wished TransActivate directly would have been able to provide them with legal counseling.
- Housing was one of the biggest barriers clients had to retaining in care. Clients had to move to different clinics because their housing changed throughout the program. If we could do it again, TransActivate would have tried to secure beds for some clients before the program started.

## Medical Providers

- TransActivate started the program with only three medical partners. BIENESTAR would have developed additional MOUs as more clinics were needed to meet clients' needs.
- TransActivate only got three referrals from its medical clinics. Medical clinics had clients who dropped out of care, but stated they could not notify BIENESTAR of these clients to assist with getting them back into care because of confidentiality. TransActivate would have been more effective if before the program we reached agreements with these health clinics so that at enrollment clients agreed to let BIENESTAR contact them if they dropped out of care.
- TransActivate did not enroll anyone at the Los Angeles Children's Hospital because of their age requirement. TransActivate would not have spent so much energy on developing this relationship, but would have put it towards reaching other clinics.

## Agency Capacity

- TransActivate had three clients pass away during the program. BIENESTAR would have done more grief training for staff so their own needs were met.
- TransActivate offered additional incentives for those enrolled through Social Network Engagement. Network associates were given \$10 dollars for the enrollment and then \$50 dollars after their referred client was active in the program for 6-months. This led to a boost in program enrollments.
- BIENESTAR created other programming to recruit for TransActivate. In Year 3 of the contract, BIENESTAR held its first International Transgender Health Summit. This event was for transgender women and offered an array of speaks on transgender health issue, food and prizes. At the event TransActivate staff were able to do HIV testing, outreach and recruit for SNE and SNT. The International Transgender Health Summit is now an annual event offered at BIENESTAR. ■

# INTERVENTION APPENDIX

**Figure 1: TransActivate Logic Model**

## INPUTS → ACTIVITIES → OUTPUTS SHORT TERM → LONG-TERM OUTCOMES

