

# Implementing Evidence-Informed Interventions for People with HIV who Have Histories of Trauma and Addiction

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**Coordinating Center for Technical Assistance** 

<u>University of California San Diego –</u> <u>Mother Child Adolescent HIV Program</u> Alaska Native Tribal Health Consortium

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### Disclosures



Presenter(s) has no financial interest to disclose.

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### Outline



- Learning Objectives
- E2i Project Overview
- Intervention Summary
- E2i Intervention Sites
- Q/A

## **Learning Objectives**



#### At the end of this session, participants will:

- Gain an understanding of how trauma and addiction adversely impact HIV outcomes among people with HIV.
- 2. Learn key components of two evidence-informed interventions for addressing trauma and addiction among people with HIV.
- Learn strategies for rapid implementation of culturally tailored and sustainable evidence-informed interventions addressing trauma and addiction among people with HIV



# E2i Project Overview

### **Project Overview**



Four-year initiative to facilitate the implementation of evidenceinformed interventions to reduce HIV health disparities and improve HIV-related health outcomes in four focus areas:

- Improving HIV health outcomes for transgender women with HIV
- Improving HIV health outcomes for Black men who have sex with men (MSM) with HIV
- Integrating behavioral health with primary medical care for people with HIV
- Identifying and addressing trauma among people with HIV

## **Project Aims**



- 1. Rapid implementation of effective and culturally tailored evidenceinformed interventions that address social determinants of health
- Widespread dissemination of findings, lessons learned, and implementation toolkits to promote replication of successful evidence-informed interventions across the Ryan White HIV/AIDS Program (RWHAP)

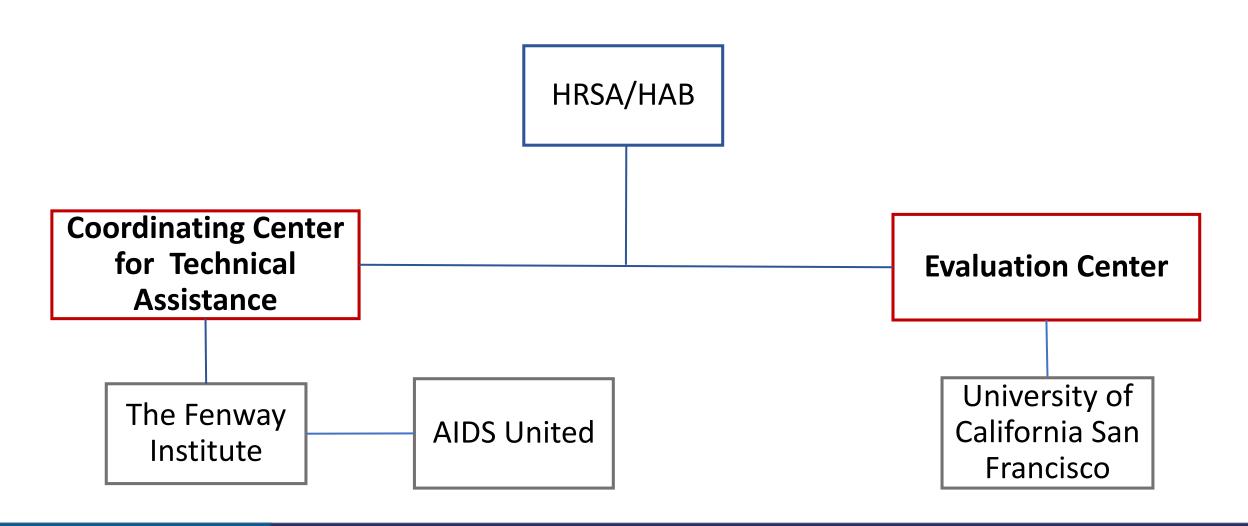
## **Project Goals**



- Provide technical assistance (TA) to 26 RWHAP sites to help facilitate the successful implementation of evidence-informed interventions
- Evaluate the impact of intervention implementation on HIV health outcomes

## E2i Program Structure





#### **E2i Intervention Sites**



#### **Transgender Women**

#### **Healthy Divas**

- CAL-PEP (CA)
- Rutgers New Jersey Medical School (NJ)
- Birmingham AIDS Outreach Inc. (AL)

# Transgender Women Engagement and Entry to Care Project (T.W.E.E.T.)

- CrescentCare (LA)
- Henry Ford Health System (MI)
- Centro Ararat (PR)

#### **Black MSM**

#### Client-Oriented New Patient Navigation to Encourage Connection and Treatment (CONNECT)

 AIDS Taskforce of Greater Cleveland(OH)

### Tailored Motivational Interviewing (Tailored MI)

- HOPE Center (GA)
- Broward House, Inc. (FL)
- University of Mississippi Medical Center (MS)

# Text Messaging Intervention to Improve Antiretroviral Adherence Among HIV Positive Youth (TXTXT)

- UNIFIED-HIV Health & Beyond (MI)
- SUNY HEAT Program (NY)

#### **Trauma Informed Care**

# Trauma-Informed Approach & Coordinated HIV Assistance and Navigation for Growth and Empowerment (TIA/CHANGE)

- Alaska Native Tribal Health Consortium (AK)
- Chicago Women's AIDS Project (IL)

#### **Cognitive Processing Therapy**

- Western North Carolina Community Health (NC)
- Positive Impact Health Centers (GA)

#### **Seeking Safety**

- Multicultural AIDS Coalition (MA)
- The Regents of the Univ. of Calif., U.C. San Diego (CA)

#### **Behavioral Health Integration**

#### Buprenorphine

- Consejo de Salud de Puerto Rico Inc. dba Med Centro (PR)
- Greater Lawrence Family Health Center (MA)

#### Collaborative Care Management (CoCM)

- La Clinica del Pueblo, Inc (DC)
- Oklahoma State University Center Health Sciences (OK)
- Health Emergency Lifeline Programs (MI)
- Our Lady of the Lake Hospital, Inc. (LA)

#### Screening, Brief Intervention and Referral to Treatment (S.B.I.R.T.)

- The Poverello Center Inc. (FL)
- North Jersey Community Research Initiative (NJ)

# The Coordinating Center for Technical Assistance (CCTA)





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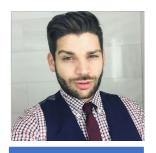


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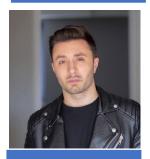
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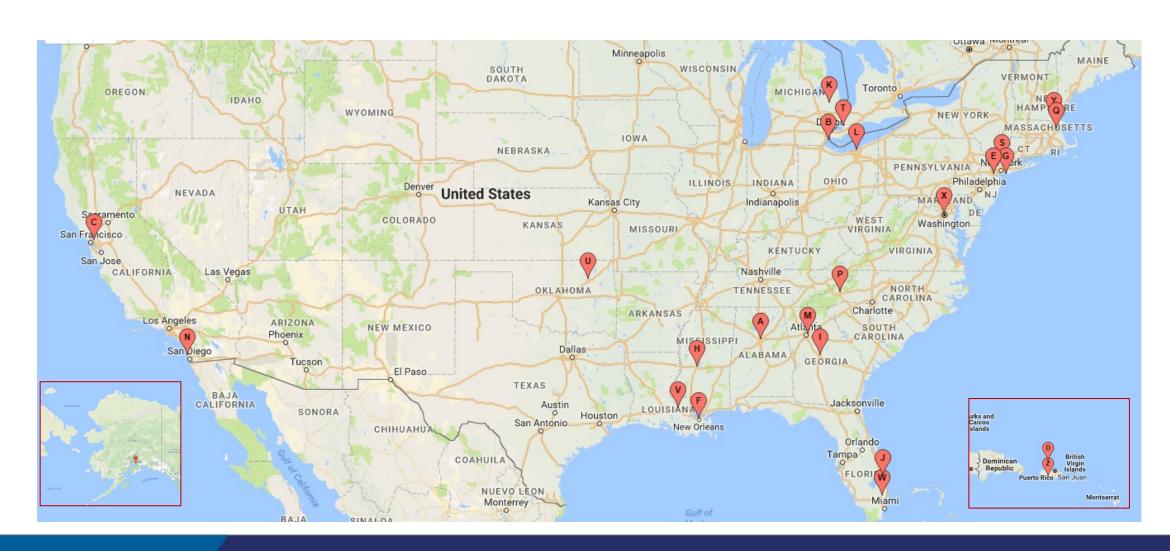


Starley Shade, PhD

Quantitative
Evaluator

## Geographic Distribution of Sites







# Intervention Summary

#### Seeking Safety (SS)



#### **Description & Core Elements:**

- Coping skills approach
- Offers 25 topics in four domains:
  - Cognitive
  - Behavioral
  - Interpersonal
  - Case Management
- Open/closed groups or individual sessions

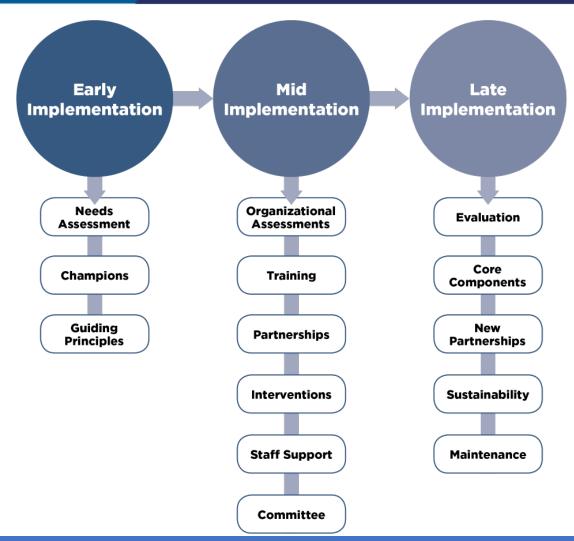


# Trauma Informed Approach & Coordinated HIV Assistance and Navigation for Growth and Empowerment (TIA/CHANGE)



#### **Description & Core Elements:**

- Resilience enhancement
- Strength-based approach
- Trauma-informed care





# University of California, San Diego

# Mother Child Adolescent HIV Program (UCSD MCAP)

San Diego, California Nicole Pepper, LCSW, Program Coordinator

## **Project Specific Aims**



#### **System Outcomes**

# 1. Integration of trauma-informed approach throughout the multidisciplinary team

- 2. Increase in knowledge and competence in trauma-informed skills through training and consultation
- 3. Creation and implementation of traumainformed policies and procedures
- 4. Adoption of systemic screening for trauma and Post-Traumatic Stress Disorder (PTSD) across primary care and social services

#### **Client Outcomes**

- 1. Increased adherence as demonstrated through a reduction of viral load.
- 2. Successful retention in care as measured by attending visits and time between visits
- 3. Reduction in PTSD symptoms and substance use severity
- 4. Increased peer skills in Seeking Safety intervention and group facilitation

# Model Intervention Delivery/ Process Flow



- Program-wide training on Trauma-Informed Care
- Trauma-Informed Work Group
- Adoption of universal screening for trauma

Intervention: 12-week cycles, 90-minute group sessions

- 2 women's groups (English/Spanish)
- Young adult group (18-30 years)
- Peer involvement
- Pre/post measures

#### **Process & Outreach Methods**



Referral (case managers, medical providers, community partners, self)

Assessment and Intake

Intervention

Post-Assessment

#### **Outreach**

- Increased provider referrals
- Strengthened partnership with substance use disorder treatment program
- Implementation of universal trauma screening
- Community outreach
- Peer

## Implementation Strategies



- Setting the stage: all-staff trauma-informed care training
- Quality training, consultation & ongoing supervision
- Population and community outreach
- Expanding eligibility
- Converted existing groups
- Tailoring for specific populations (youth and Spanish-speaking women)
- Adapting retention strategies

# Challenges & Barriers



- Active substance use disorder and/or relapse
- Developmental and phase of life issues for youth
- Translation
- Instability due to psychosocial stressors and unmet basic needs
- Geography and transportation

# Early Best Practices & Lessons Learned



- Weekly work group, including peer involvement
- Training
- Outreach
- Engagement in other services
- Meeting needs of your population
- Peer



# Alaska Native Tribal Health Consortium

Anchorage, Alaska Laurali Riley, Program Manger

# **Project Specific Aims**



- □ For TIA/CHANGE, develop process to harmonize Intensive Case Coordination (ICC) effort for rural outreach with Behavioral Health Aid Programs
- Explore practicality of ICC use of video teleconferencing equipment with clients living in rural areas
- Explore methods for incorporating traditional healing into ICC program
- Develop ICC program identification, recruitment, enrollment, and discharge policy & procedures

# Model Intervention Delivery/ Process Flow



- 1. Articulate criteria for patient participation and discuss with rest of team for feedback and approval. Lead person: ICC Coordinator
- 2. ICC will meet with 50% of patients with scheduled appointments in clinic on Tuesday morning sessions and Thursday afternoon sessions, with the purpose of gathering data on the patient population. Lead person: ICC Coordinator/ Program Manager
- 3. ICC will deliver training to providers on relevant topics with the purpose of integrating the position into the clinic culture and educating providers on psychosocial needs of patients. Lead person: Program Manager

# Challenges & Barriers



- Transportation
- Housing opportunities
- Access to rural clinics/telemedicine
- Historical/generational trauma amongst Alaskan Native communities

# Early Best Practices & Lessons Learned



- Integration of ICC into the clinical team in a meaningful and consistent way requires continued support from the multidisciplinary care team
- Include new programs as part of the menu of services offered to clients within an existing clinic
- Organizational resistance to change is real
- □ Involvement of community stakeholders is key for program buy-in and coordination of services (housing, employment, transportation)

#### Collaborators



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Q&A

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