Developing and sustaining programs for hard to reach persons with HIV: Recommendations from the HRSA/SPNS Dissemination of Evidence Informed Interventions Initiative Institute: Part 2

How to strengthen RWHAP-funded programs and staff to implement and adapt an evidence-informed intervention: Introducing the HRSA/SPNS/DEII Care and Treatment Intervention Training and Implementation Manuals

Erin Nortrup, LCSW, Director of Program Operations, AIDS United; Alicia Downes, LMSW, Senior Program Manager, AIDS United; and Hannah Bryant, MPH, Program & Compliance Officer, AIDS United

Disclosures

Objectives

At the conclusion of this activity, participants will be able to:

1. Describe implementation tips and solutions for adapting an evidence-informed intervention and integrating it into your agency's standard of care
2. Identify training topics and supervision systems to strengthen staff skills to engage and retain people with HIV in care
3. Examine strategies to adapt organizational policies and procedures that enhance service delivery for people with HIV

How To Claim CE Credit

If you would like to receive continuing education credit
for this activity, please visit:

ryanwhite.cds.pesgce.com

DEII Initiative Overview

- Replicates updated/adapted versions of 4 previously-implemented SPNS initiatives at 12 RWHAP sites with the goal of creating Care and Treatment Interventions (CATIs).

- 5-year initiative (2015-2020) represents the first attempt to bring innovative SPNS-supported interventions to scale across the field.

- Two cooperative agreements:
  - ITAC: AIDS United
  - DEC: Boston University and Abt Associates

TRANSITIONAL CARE COORDINATION FROM JAIL INTAKE TO COMMUNITY HIV PRIMARY CARE

PEER LINKAGE AND RE-ENGAGEMENT FOR WOMEN OF COLOR LIVING WITH HIV

INTEGRATING BUPRENORPHINE TREATMENT IN OPIOID USE DISORDER IN HIV PRIMARY CARE

ENHANCED PATIENT NAVIGATION FOR WOMEN OF COLOR LIVING WITH HIV

Finding DEII Materials

https://targethiv.org/nextlevel

Tools for HRSA's Ryan White HIV/AIDS Program

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Home » Help » Technical Assistance Directory » Dissemination of Evidence-Informed Interventions

Dissemination of Evidence-Informed Interventions

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

Project Goals and Resources

The end goal of the initiative is to produce and evaluate four evidence-informed Care And Treatment Interventions (CATIs) that are replicable; cost-effective; capable of producing optimal HIV care continuum outcomes; and easily adaptable to the changing health care environment. The multisite evaluation of this initiative will take a rigorous Implementation Science (IS) approach, which places greater emphasis on evaluation of the implementation process and cost analyses of the interventions, while seeking to improve the HIV care continuum outcomes of linkage, retention, re-engagement, and viral suppression among client participants. Read the HRSA HAB Overview.

The four interventions are:

- Transitional Care Coordination: From Jail Intake to Community HIV Primary Care

- Integrating Buprenorphine Treatment for Opioid Use Disorder in HIV Primary Care

- Peer Linkage and Re-Engagement of HIV-Positive Women of Color

- Enhanced Patient Navigation for HIV-Positive Women of Color

Contact Information

Project Contacts:

Alexis Marbach
Senior Program Manager, Dissemination and Evaluation Center
Boston University School of Social Work, Center for Innovation in Social Work & Health / Abt Associates
Alexis_marbach@abtassoc.com
617-520-3909

Hannah Bryant
Program Associate, Implementation Technical Assistance Center
AIDS United
hbryant@aidsunited.org
202-408-4848 ext. 261

HRSA Contacts:

Corliss D. Heath
Corliss.Heath@hrsa.hhs.gov

Funding:

Funding Mechanism: Cooperative Agreement

Training Materials

Training Manuals

Module 1 ———————○ Peers

TARGET AUDIENCES
This intervention is intended for organizations, agencies, and clinics considering a short-term, peer-focused model to increase linkage and re-engagement of WoC living with HIV into HIV primary care to ultimately improve client health outcomes.

TRAINING DESIGN AND INSTRUCTIONAL APPROACH
The curriculum is broken into training modules. Each module tackles a key topic area related to the intervention. At the beginning of each module is a lesson plan that provides an overview. Modules include a PowerPoint training slide presentation, as well as a script, learning activities, and additional explanations.

Where possible, trainings encourage learning through interaction rather than lecture alone in order to familiarize participants more fully with the intervention. As such, there are a number of hands-on activities.

Where participants may need more information to reference or as a key takeaway, handouts are included as well as reference materials for further learning. All required handouts are found in the appendices of this manual.

ADDITIONAL RESOURCES
Additional resources from this project include an intervention summary, manual, and technical assistance (TA) agenda, all of which can be found at: https://nextlevel.careacttarget.org

A NOTE ON LANGUAGE
Participant refers to someone in this training.

Client refers to a person who is eligible for or receiving HIV primary care services.

MATERIALS AND EQUIPMENT
Trainers will need the following items:
- A computer or flat screen/projector that can play each of the PowerPoint presentations.
- A printer and/or copier to produce the handout materials being reviewed in the training (or send electronically to participants if they are able to review in real-time online (e.g., on a laptop).

MANUAL FORMAT
Each training module begins on a new page and is identified by a section title and module number. Throughout the manual are explanations of slides, talking points, and activities. Below are the symbols used throughout the manual:

- THE APPROXIMATE LENGTH OF TIME THE SESSION WILL TAKE.
- POWERPOINT SLIDE
- HANDOUTS
- TRAINER'S NOTE
- FLIP CHART SHEETS
- REFERENCE MATERIALS
- ACTIVITY MATERIALS

Technical Assistance Agendas

Linkage and Re-Engagement of Women of Color ——●

DISSEMINATION OF **EVIDENCE-INFORMED** INTERVENTIONS

START-UP PHASE

Goal 1 Preparation for Intervention Implementation

Objective 1.1 Establish Expectations and Working Relationships with the Implementation Technical Assistance Center (ITAC), Dissemination and Evaluation Center (DEC) Intervention Leads, and Technical Assistance (TA) Content Experts

Activity	Completion Date	Responsible Parties	Potential Barriers	TA Strategies
a) Review the intervention protocol.	5/15/16	ITAC, TA Content Experts, DEC	Scheduling conflicts	Conference calls/Webinars
b) Review and compile a list of tools to be used by Intervention Staff during the implementation phase, including acuity scales, care plans, case study templates, and a data dictionary.	6/15/16	ITAC, TA Content Experts, DEC	Scheduling conflicts	Conference calls/Webinars
c) Plan for the convening agenda and performance site trainings.	6/15/16	ITAC, TA Content Experts, DEC	Scheduling conflicts	Conference calls/Webinars
d) Schedule monthly ITAC and TA Content Experts "check-in" calls and/or meetings.	6/15/16	ITAC, TA Content Experts, DEC	Scheduling conflicts	Conference calls/Onsite meeting
e) Performance sites meet with ITAC and review implementation plan and TA Agenda, inclusive of site visit protocols.	7/1/16	ITAC	Scheduling conflicts; delay in funding agreement	Onsite meeting
f) Performance sites meet with DEC Intervention Lead and review multisite evaluation (MSE) plan; identify MSE data collection and reporting procedures; establish MSE reporting timeline; identify MSE TA needs.	7/1/16	DEC	Scheduling conflicts; delay in funding agreement	Conference calls/Onsite meeting
g) Onsite, multisite, and conference call meeting schedules are established between performance sites and ITAC, DEC, TA Content Experts.	7/1/16	ITAC	Scheduling conflicts	Conference calls/Onsite meeting

Training Manual

Patient Navigation

Enhanced Patient Navigation for Women of Color Living With HIV

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

Jails

Transitional Care Coordination
From Jail Intake to Community HIV Primary Care

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

Peers

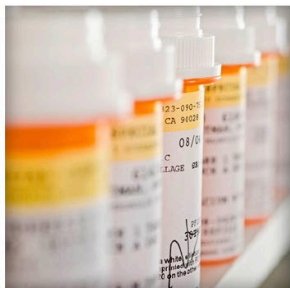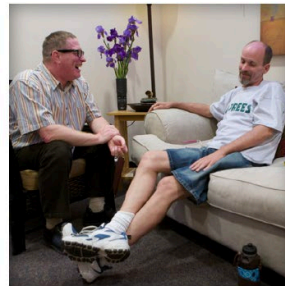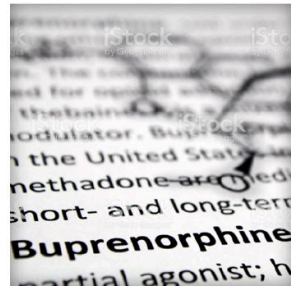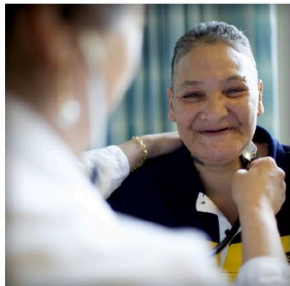**Peer Linkage and Re-engagement of Women of Color Living with HIV**

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

Buprenorphine

Integrating Buprenorphine Treatment for Opioid Use Disorder in HIV Primary Care

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

Intervention Manuals

CARE AND TREATMENT INTERVENTIONS

Integrating Buprenorphine Treatment for Opioid Use Disorder in HIV Primary Care

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS
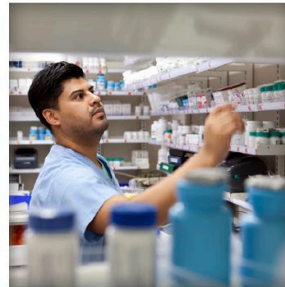
Contains step-by-step guidance on:

- Pre-implementation activities, including resources and infrastructure needed for successful implementation

- Intervention implementation

- Integrating and sustaining interventions

Contains resources to support replication such as:

- Logic models

- Job descriptions

- Client handouts

- Templates for care plans

Site Spotlights

Jails SPOTLIGHT

MEETING CLIENTS WHERE THEY'RE AT: Conducting Transitional Care Coordination in challenging physical and community environments.

From outreach in underground tunnels on the Las Vegas Strip, to Uber Health rides for medical appointments, learn how the Southern Nevada Health District saw opportunities in their physical and community environments to help clients living with HIV during and after release from jail.

SUMMARY

DISSEMINATION OF **EVIDENCE-INFORMED** INTERVENTIONS

Transitional Care Coordination: From Jail Intake to Community HIV Primary Care

Southern Nevada Health District

WHY THIS SPOTLIGHT?

Transitional Care Coordination (TCC) facilitates linkage and re-engagement with the health care system for people living with HIV following incarceration. TCC programs, like the one implemented at the Southern Nevada Health District, identify and engage clients during their time in jail and link them to appropriate community and jail-based services. Clients work with trained care coordinators to plan for life when they return to the community, a time when they may be especially

Site spotlights highlight the experience of implementation site-staff.

They provide practical, actionable tips that all Ryan White providers can use when working to support people with HIV.

Intervention Fact Sheets

Designed to provide an overview to the intervention, these fact sheets include:

- An intervention summary
- A review of the published literature related to the intervention
- The theoretical basis for the intervention
- Core intervention components and activities and programmatic requirements
- Staffing requirements
- Additional resources

Enhanced Patient Navigation for HIV-Positive Women of Color

DISSEMINATION OF **EVIDENCE-INFORMED** INTERVENTIONS

Intervention Summary

The Enhanced Patient Navigation for HIV-Positive Women of Color intervention is designed to retain HIV-positive Women of Color (WoC) in HIV primary care after receiving support, education, and coaching from a patient navigator. Patient navigators are critical members of the health care team focused on reducing barriers to care for the patient at the individual, agency, and system levels. While engaging with patients, patient navigators lend emotional, practical, and social support; provide education on topics related to living with HIV and navigating the health care system; and support both patients and the health care team in coordinating services. In this intervention, patient navigators will work with HIV-positive WoC who are experiencing at least one of the following challenges: have fallen out of care for 6 months or more, have missed 2 or more appointments in the prior 6 months, are loosely engaged in care (have cancelled or missed appointments),[1] are not virally suppressed, and/or have multiple co-morbidities.

This intervention is intended for organizations, agencies, and clinics considering integrating a structured patient-navigation model to increase retention of HIV-positive WoC to ultimately improve health outcomes.

HIV Care Continuum

RETENTION IN CARE

# Educational Session Videos

- Brief animated patient education videos tailored for women of color with HIV

- Corresponds to Patient Navigation Intervention

- Can be applied to virtual individual and group education

- Topics: HIV treatment, communication with providers, HIV lab tests, disclosure, harm reduction and substance use, as well as mental health

- Available in English and Spanish
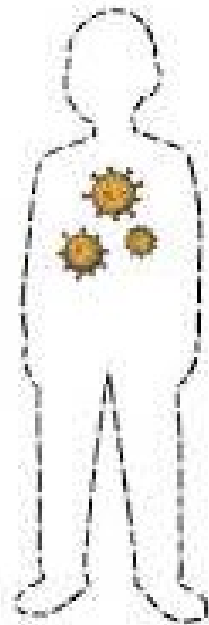
Tips for Selecting an Intervention

- **Assess what is available in your community**
  - Where are there decreases in your HIV Care Continuum? Are there organizations/programs working to fill these gaps?
  - What populations and interventions are the foci of your Ending the HIV Epidemic (EHE) or other strategic plans?
  - Who are the community stakeholders to engage? Can you organize a meeting?
  - Who in the community can you partner with and bring in as part of your team?

- **Assess what is available in your organization**
  - Are there existing staff who can integrate evidence-informed interventions into their practice?
  - Is there an internal champion who has knowledge in this area? Can your organization provide supervision?

- **Assemble a multi-disciplinary team who is invested in addressing the identified issue**
  - Establish norms around communication and coordination between primary care, case management, peers or patient navigators, and other staff who may work with clients
  - Identify appropriate partners in the community

Recommended Strategies: Pre-Implementation

Hiring

- **Considerations for hiring from within:**
  - Employees committed to the organization
  - Familiar with the patient population
  - Quick hiring timeline
  - Internal promotion

- **Considerations for hiring from outside:**
  - Brings in new talent and perspective with different skills

- Hiring the **RIGHT person** is more important than hiring *A* person. Staff members should reflect the patient population and community and have the "soft" skills that make them relatable to their clients.

- **Other considerations:**
  - *Peer readiness:* when hiring peers, they need to feel *comfortable* disclosing their status and understand how gainful employment can affect their benefits (SSDI, housing assistance, ADAP).
  - *Degrees and certifications:* Teams benefit by looking at experience beyond a certain degree (example: Clinical Coordinator can be an RN, addictions counselor, or LCSW).

Training & Onboarding

- Onboarding
    - Organizational policies and procedures
    - Electronical Medical Recording training
    - Technology/computer training
    - Inclusion of intervention staff within the organizational structure
- Training
    - Intervention specific training
    - Virtual trainings
        - Harm Reduction Basics
        - De-Escalation Techniques
        - Motivational Interviewing
        - Stigma & Person-first Language
        - HIV & Common Comorbidities
        - Outreach Strategies

Adapting the Intervention Protocol

- Adapt the intervention based on:

    - The community being served
        - Understand and gain community trust to ensure that what you are offering is what they need.
        - Do you need to tailor the content of the intervention to be culturally and linguistically appropriate to the focus population?
    - Time limited
        - Will you be able to meet the needs of your clients in the time specified by the intervention?
    - Location and method for intervention delivery
        - Will you conduct the intervention face-to-face or virtually? Do you have the space and/or technology needed?
        - What is expertise of your existing staff? How will you implement a supervision and communication structure? Can you task shift some existing staff, or will you need to hire new staff?
    - Hiring
        - How will you hire people who mirror and connect with your intended clients?
    - Funding availability
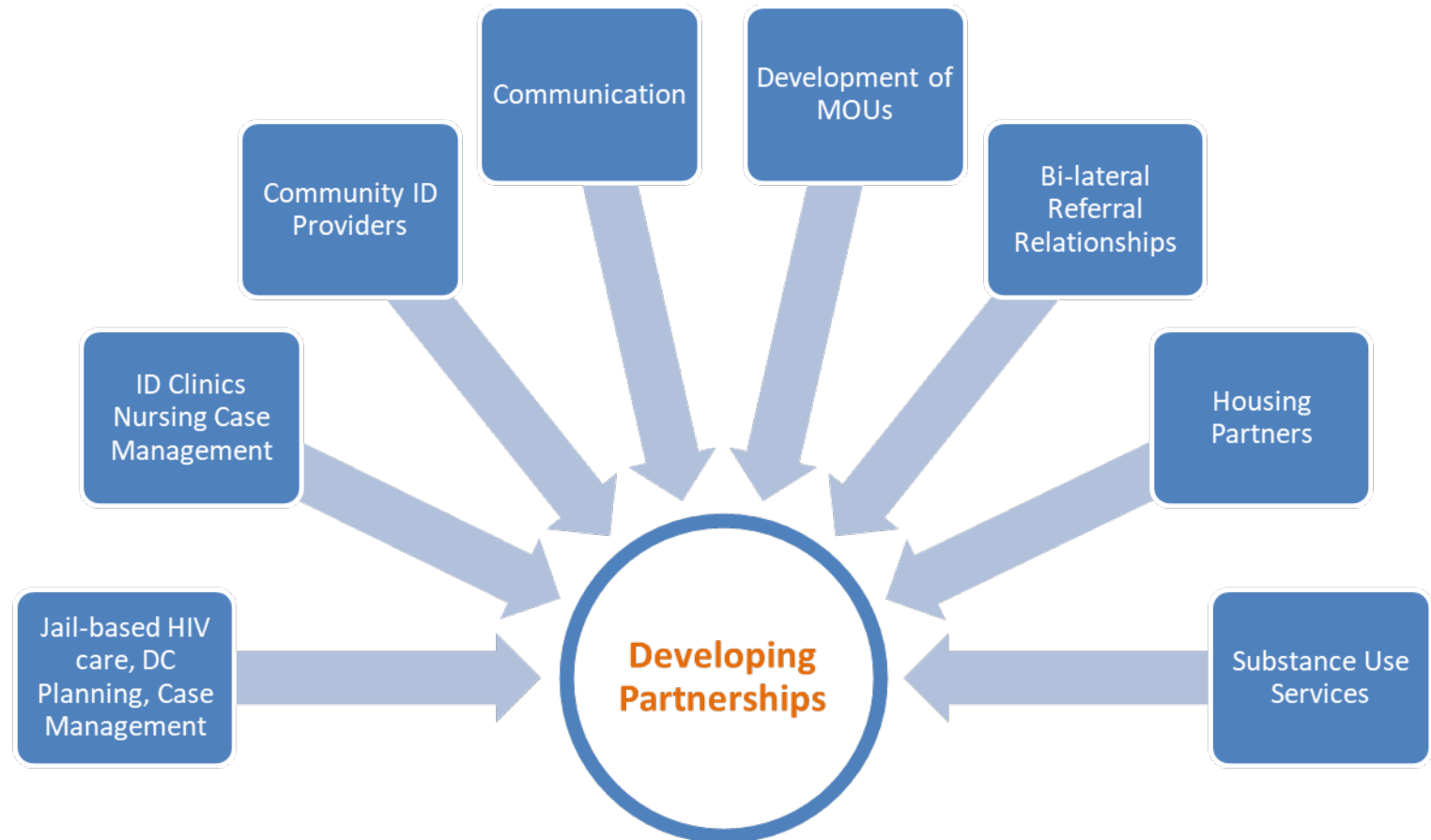   - What funding can be used to implement and sustain this model?

Developing Policies and Procedures

- Administrative Policies and Procedures
  - Human Resources policies related to job description
  - Compensation and balancing issues around disability benefits and disclosure
- Programmatic Policies and Procedures
  - Create intervention protocols that outline how the intervention will be implemented in your organization to set a foundation for both staff and clients
- Organizational Policies and Procedures
  - Define how the intervention fits into your wider scope of services

Developing Partnerships

- Collaboration with community organizations sometimes means navigating through different priorities and goals

- Promotes shared commitment to improving the health of people with HIV

- Communication is key, at onset and in sharing accomplishments

- Nurture partnerships over time

- Assess community gaps and reassess partnerships

Community ID Providers

Communication

Development of MOUs

Bi-lateral Referral Relationships

ID Clinics Nursing Case Management

Housing Partners

Jail-based HIV care, DC Planning, Case Management

Developing Partnerships

Substance Use Services

Case Study: Pre-Implementation

- Cooper University Health Care Early Intervention Program Camden, New Jersey

- Cheryl Betteridge, Transitional Care Coordinator

Case Study Pre-Implementation

- University of Southern California Keck School of Medicine

  Los Angeles, CA

- Lashonda Spencer, MD
  - Associate Professor, Clinical Pediatrics
  - Medical Director, Maternal Child and Adolescent Clinic

Building A Multi-Disciplinary Team

- All team members should understand the goal of the multidisciplinary team

- Understand the role of each team member

- Develop a process for how team members will refer clients to the program and how team members work together to support client needs over time
  - Determine best practices for communicating about client needs, such as:
    - daily or weekly huddles (how to integrate intervention in existing daily huddles)
    - case conferences (with both internal and external partners)
  - Discuss how documentation can impact client care and the value of all members documenting in the same EMR for enhanced communication and follow-up on client needs

- Develop a communications strategy to share team members work across departments and within the larger organization & community

Administrative & Clinical Supervision

- Administrative Supervision-operationalized oversight that includes:
  - Review of caseload; work hours, benefits, job satisfaction, interpersonal interactions with co-workers, professional development
- Clinical Supervision-a safe space for assessment of transference and counter-transference, discuss staff feelings about the work they are delivering to clients, secure additional emotional support for staff (EAP, mental health services)
- Routinize supervision
  - Frequency and re-occurrence
  - Agenda
- Collaboration between administrative and clinical supervisors supports the shared staff
  - Ensure that both are on the same page, offering the same message to staff
  - Support staff professional development

Case Study Implementation

- AID Care Group, Chester Pennsylvania
- Candace Irabli, PhD Psychologist

Recommended Strategies: Integrating & Sustaining the Intervention

Integrating the Intervention into your Standard of Care

- Each DEII intervention is one part of the package of RWHAP services provided to each client at your organization (based on client need)

- Post-implementation, continue to participate in organizational huddles or case conferencing, so that intervention is part of an organization's team-based approach and becomes routine service

- Build credibility for the intervention care team by building trust with clients who are out of care and referring them to needed services

- Showcase your program outcomes at staff meetings as it can promote collaboration with other internal programs and promote referrals

- Utilize your champion
  - Can they highlight the intervention with leadership or at cross-departmental meetings?
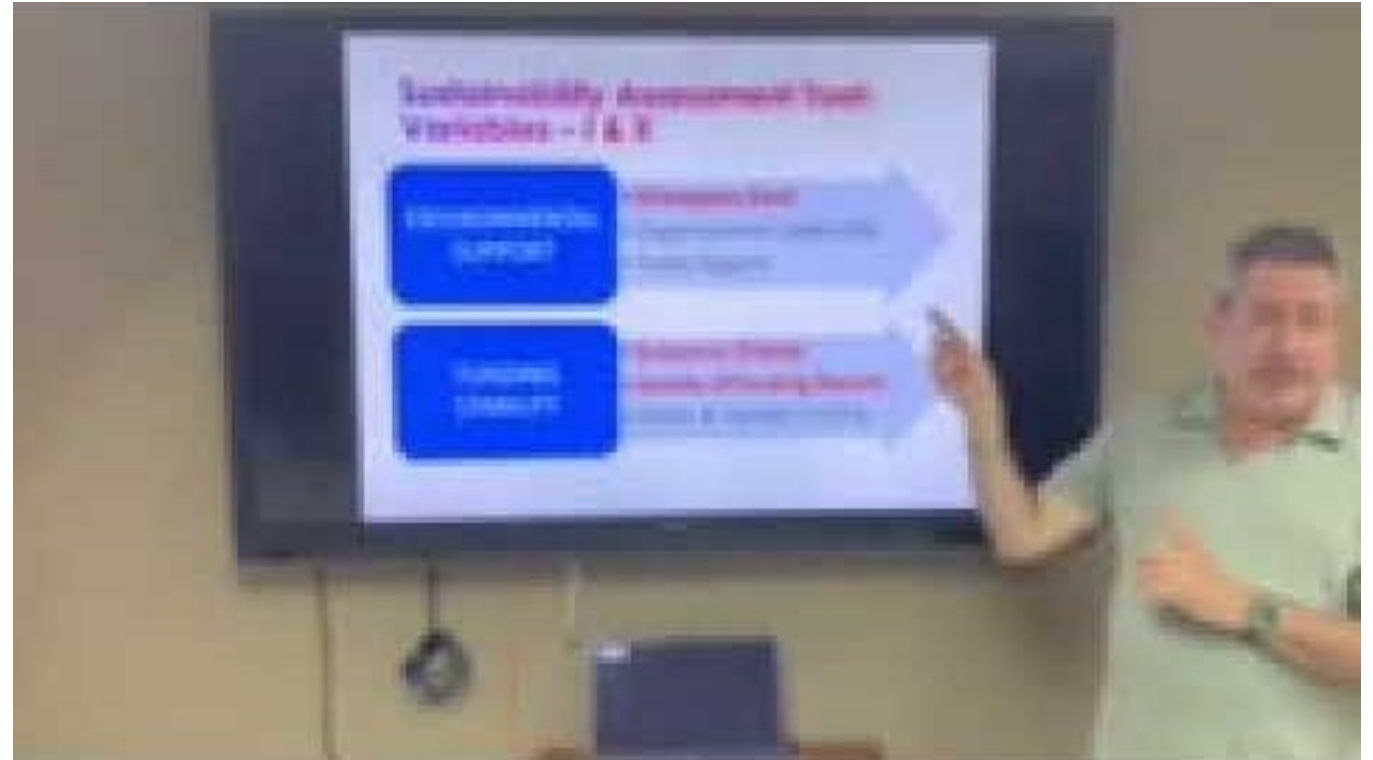 - Be sure to highlight the contributions of each team member.

Sustaining the Intervention as Part of your Standard of Care

- Explore new funding opportunities with community partners by highlighting data that demonstrates positive outcomes

- Showcase your program outcomes to planning councils who may identify RWHAP funding for program sustainability

- Highlight program impact to your Board, leading to program sustainability

- Engage with grant making institutions, private and federal

- Leverage program income

- Expand the focus population for the intervention, adapting based on existing strengths and lessons learned

Case Study: Sustainability

- Centro Ararat, Juana Diaz, Puerto Rico

- Carlos A. Carrero Rodriguez,
    Chief Finance & Development Officer

Other DEII Presentations

Site	Title	Type	Time/date	Presenters
Centro	Continuum of Care in the Wake of a Natural Disaster: The Role of Emergency Planning for Effective Opioid Treatment and HIV Care	Poster	August 12, 4:00 -4:25 pm ET	Hannah Bryant, Romano Baroni
Bup-Cohort	Clinical Coordinators: The Key to Your Medication-Assisted Therapy (MAT) Team in HIV Primary Care Settings	Presentation	August 13, 12:45-2:15 pm ET (first 30 minutes of grouped workshop)	Hannah Bryant, Alexis Marbach, Diana Ball, Jason McMinn, Delgia Cruz Torres, Ann E. Gonzalez, Kristen Meyers, Corliss Heath
Peer-Cohort	Implementing an Interdisciplinary Team Approach to Engage Women of Color in HIV Care and Treatment	Presentation	August 14, 12:45-2:15 pm ET	Serena Rajabiun, Alicia Downes, Allison Byrd, Lasheena Miller, LeSherri James, Tamiko Grimes
TCC-cohort	Outcomes of a Transitional Care Coordination Intervention Linking PWH in Jails to Community HIV Care and Services	Presentation	August 13, 9-10 am ET	Jane Fox, Hannah Bryant
TCC-cohort	Replication of the Transitional Care Coordination (TCC) Intervention to Improve Outcomes Across the HIV Care Continuum	Presentation	August 12, 12:45-2:15 pm ET *this is a grouped session; TCC will have 45 minutes of the time slot*	Jane Fox, Hannah Bryant, Claire Farel, Cheryl Betteridge

Intervention Specific Resources Currently Available

- The intervention and training manuals are available for download on the TargetHIV site
  - https://nextlevel.careacttarget.org/

- Training and Technical Assistance on the intervention available through 2020
  - Email hbryant@aidsunited.org to learn more

If you would like to receive continuing education credit for this activity, please visit:

ryanwhite.cds.pesgce.com

Questions?