

Using Part A and Part B funds for peer services

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St. Louis TGA

- Getting Started (Fall 2006)
 - Missouri All Grantee Meeting
- Next Steps (2007)
 - St. Louis Planning Council
 - Support Staff
 - Committees
 - Consumer
 - Case Management
 - Primary Care

St. Louis TGA

- Process
 - Presentations at Meetings
 - Face to Face/Phone TA
- Common Themes
 - Confidentiality/HIPAA
 - Boundaries
 - Buy-in from Staff
 - Prior problems

St. Louis TGA

- Resources
 - Sample program plans, job descriptions, workplans etc
 - Peer Training Curriculum
 - Content related to concerns
 - Meet/phone with current peer program managers, supervisors

St. Louis TGA Grantee Implementation

- Develop Standards of Care
- Conduct a Request for Proposal (RFP)
- Contract with selected provider(s)
- Set implementation plan goals

St. Louis TGA Standards of Care

- Written policy manual
- Peer Orientation
- Cultural competence
- Client Intake, Evaluation and Service Plans
- Co-Location with Ryan White contracted medical providers

St. Louis TGA Request for Proposal (RFP)

- Goal: Provide clients with information and skills necessary to remain in primary care and increase adherence to treatment regimens through the use of peers.
- Allowed for creativity in approach
- Emphasized co-location with medical providers

St. Louis TGA Treatment Adherence Contract

- Included Standards of Care
- Set a goal of 20-25 clients per peer and twenty adherence sessions with enrolled clients
- Weekly staffing meetings to review clients' progress
- Referrals from medical care providers, case managers, or self

St. Louis TGA Implementation Plan Goals

- 50% of clients who are referred by Case Managers will complete initial intake
- Of those who complete initial intake, 95% will meet with peer to educate and improve their treatment adherence
- 95% of clients actively enrolled in treatment adherence program ...will have documented evidence of care

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- Implementation
- Meetings with
 - Contracted Agencies Peer Program Staff
 - Care Strategies Team
 - Clinical Staff at Contracted Agencies
- Peer Recruitment/Orientation/Training
 - Peer Training/Shadowing
 - Peer Shadowing
 - Supervisor

St. Louis TGA

- On-Going Technical Assistance
 - Bumps in the Road
 - Resources, resources, resources
 - Support, support, support
 - Peer Support---Reunions

St. Louis TGA Initial Program Challenges

- Peer Readiness
- Co-Location
- Referrals
- Utilizing the TGA client level database
- Client engagement

St. Louis TGA

Addressing Challenges

- Increase community knowledge of program:
 - Build relationships with Linkage to Care
 - Create Treatment Adherence brochures
 - Ongoing staff training
- Establish additional co-location partnerships
- Match peer with demographics of co-location site
- Ongoing technical assistance from KC Free

St. Louis TGA Program Growth

- 1st year – 32 referrals
- 2nd year – over 100 referrals





Integrating peer programs into HIV services using the Consumer Advisory Group (CAG) Model

- History and Planning
 - Roles/ Scope of Work / Activities
 - Building infrastructure for peer programs
 - CAB for Medical Monitoring Project (MMP)
 - Community & state involvement

Florida FACTS:

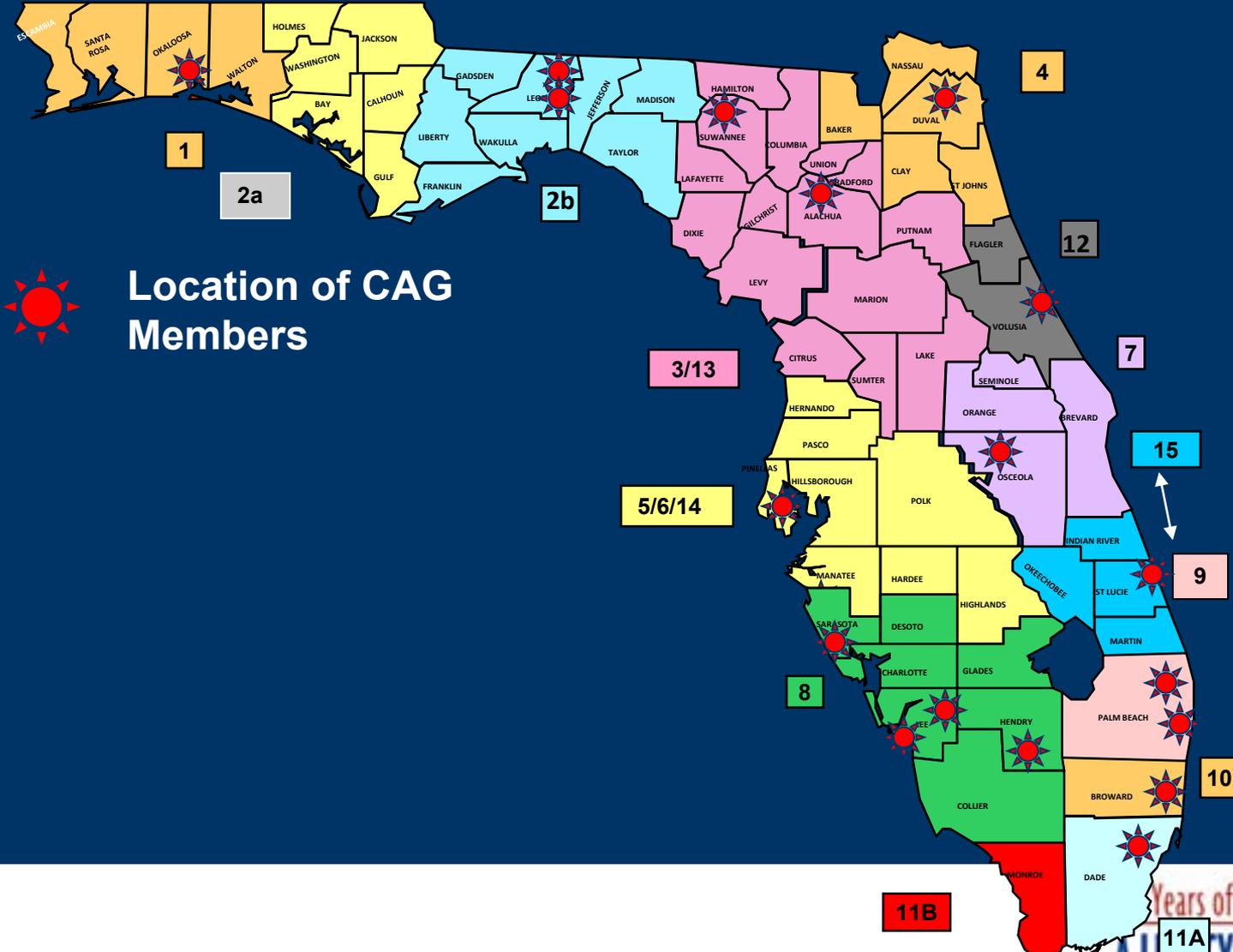
- Florida is ranked 3rd in the nation for HIV infection rates.
- Florida has an estimated 125,000 people living with HIV/AIDS.
- Florida receives more than 116 million dollars in Ryan White funding which includes AIDS Drug Assistance Program.
- To keep within our means with the growing numbers of newly diagnosed, we must try new ways to make these dollars more effective.



WHY WE CHOSE TO INCORPORATE PEER PROGRAMS

- Florida has large rural areas, hard to reach populations (minorities affected, barriers like stigma, low literacy, transportation...)
- Financial crisis – using every resource available
- Wanted to use peers/consumers to educate and engage others PLWHA into care & treatment
- Promote the message that HIV is not a death sentence, clients are living longer
- Peer Programs is one giant step to removing STIGMA.
- Evidence of effectiveness of peers to support patient adherence to medication.

Florida Department of Health Consortium Areas and Consumer Advisory Group Members location



Location of CAG Members



CAG

Florida Statewide Consumer Advisory Group

Working together, building a successful tomorrow
for positive individuals today.



20 Years of Leadership
A LEGACY OF CARE



20th RYAN WHITE ALL GRANTEES MEETING AND 10TH ANNUAL CLINICAL CONFERENCE

Our Process: Step 1-Needs Assessment Survey

- CAG Buy-in
- Peer Center and DOH created the survey
- Build skills of CAG members:
 - Members conducted survey in local area
- Area HIV/AIDS Program Coordinator (HAPC) contacted
- Results
 - 55 surveys
 - Identified technical assistance needs for integrating peers
 - Peer roles/responsibilities
 - Training
 - Policy/program development

Step 2: Presentation and Training Opportunities for CAG members

CAG members deliver Presentations & discussions

- Prepared Power point on using peers in HIV care & treatment
- Conducted at consortium meetings and support groups.
- Assured that the state heard the same message

Results

- 14 consortium meetings by one or more CAG members
- Statewide Patient Care Planning Group meeting



Other steps in the process for peer program development

- Statewide Presentation at Florida All Titles Meeting
- Letter of Support from Bureau Chief to the state.
- Email distribution of HRSA and Peer Center newsletters and webinars to get information out about using peers in HIV services.
- Establishing a DL listing of interested parties in the state for sharing information.

Technical Assistance provided

- Brainstorming
- Survey resources from other projects
- Monthly conference calls with CAG members
- Sharing CAG projects via yahoo website
- Peer Center Toolkits for integrating peers into HIV services & training peers
- Digital stories
- Workshops with experienced, motivated and dedicated trainers



Capacity building workshops



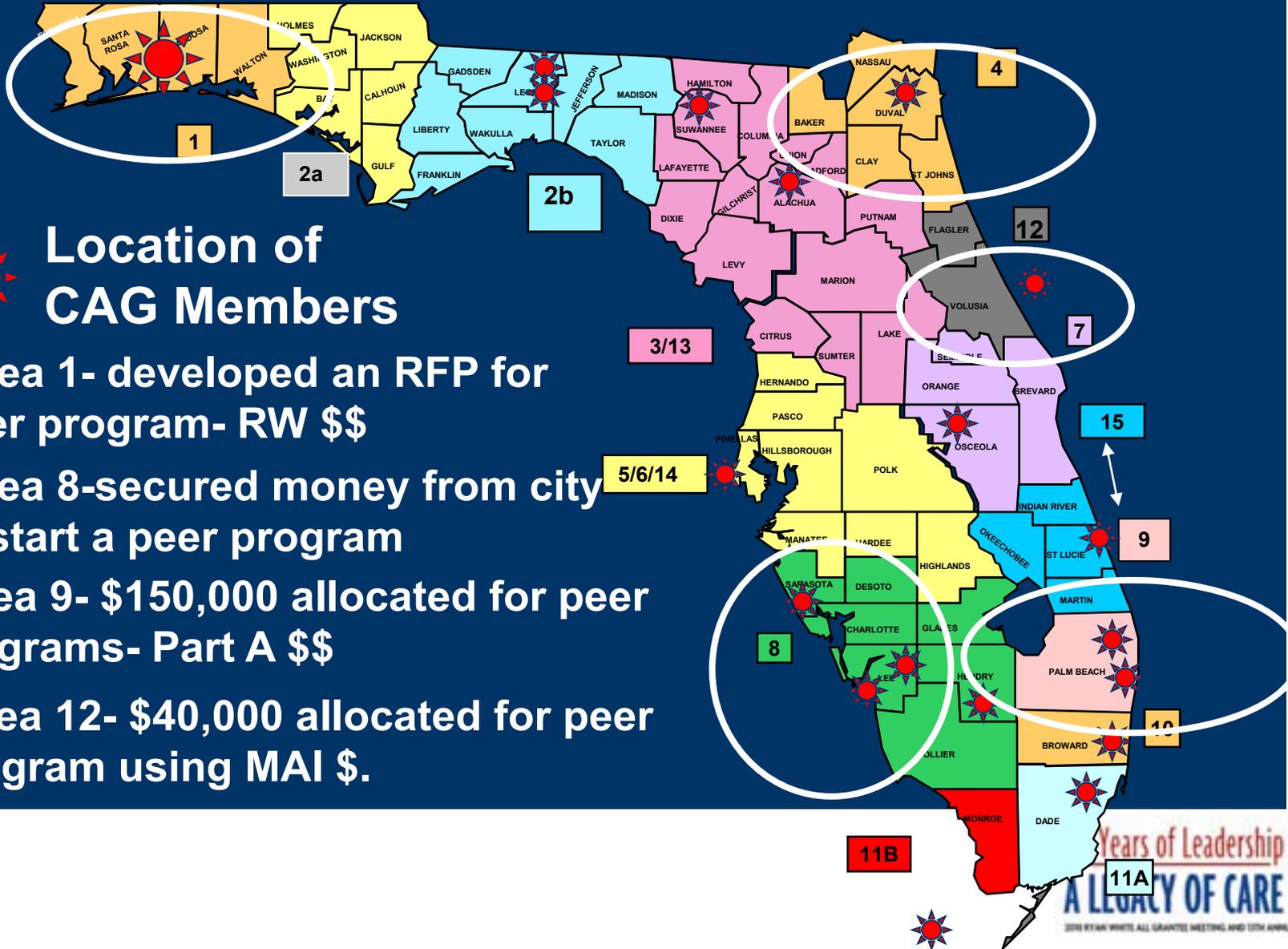
17 participants from 8 organizations trained on peer roles, supervision & evaluation for HIV care & treatment in regional workshop

Florida peer trainings



Trained 15 peers & 10 staff from 4 counties

Results to date



Location of CAG Members

- Area 1- developed an RFP for peer program- RW \$\$
- Area 8-secured money from city to start a peer program
- Area 9- \$150,000 allocated for peer programs- Part A \$\$
- Area 12- \$40,000 allocated for peer program using MAI \$.

Challenges

- Challenges with CAG-member involvement
- Working with local agencies to create buy-in, some are supportive others not...
- Funding/confidentiality issues– Consortia collaborating to pool area resources without state assistance
- Federal programs shortfall AIDS Drug Assistance Program and AICP in Florida. Losing sight that peers can be a benefit at this time to help assist with crisis.

NEXT STEPS

- Continue to support CAG and area's to create and maintain a peer program.
- Promote training of peers to assist clients with getting into a Patient Assistance Program during this crisis.
- Promote that peer navigators are used to assist clients lost to care.
- Continue searching for funds to assist the start-up and maintenance of peer programs. **(USE MAI \$\$)**
- Begin creating a better reporting system.
- Establish baseline requirements for all peer programs in Florida with peer training/contracts/reporting.

Thank you!

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