

National Implementation of Evidence-Informed Interventions for People Living with HIV across 26 Sites

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Disclosures

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Outline

- Learning Objectives
- Program Overview
- Project Goals
- Intervention Components
- Organizational Assessment
- Framework for Rapid Implementation
- Sites' Experiences
- Q&A

Learning Objectives

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

1. Describe the core elements of evidence-informed interventions that increase engagement and retention in care for people living with HIV
2. Identify programmatic areas where organizations need capacity building to deliver interventions for transgender women, Black men who have sex with men, behavioral health integration into primary medical care, and identifying and addressing trauma
3. Discuss strategies for adaptation and rapid implementation of evidence-informed interventions for people living with HIV

Program Overview

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

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

Program Overview Cont.

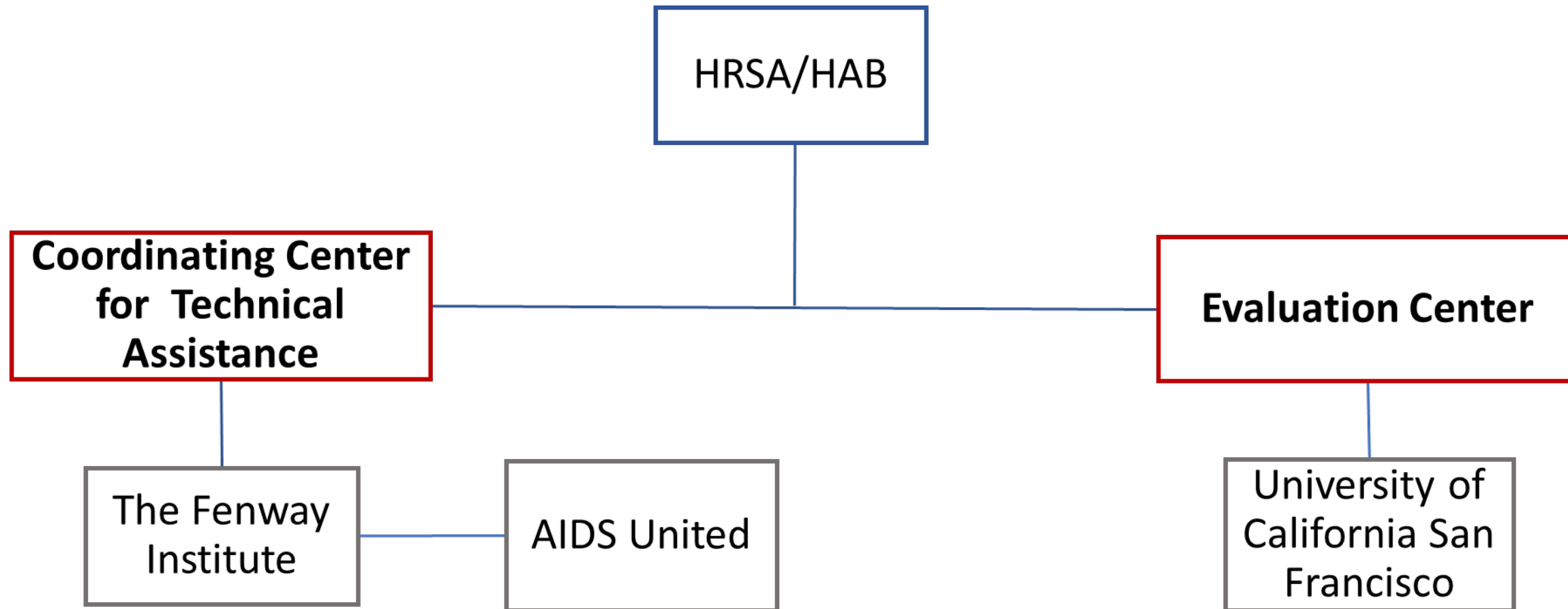
Project Aims:

1. Implementation of effective and culturally tailored evidence-informed interventions that address social determinants of health
2. 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: Year 1 & 2

- Provide technical assistance (TA) to 26 Ryan White HIV/AIDS Program sites to help facilitate the successful implementation of evidence-informed interventions
- Collect data and evaluate the impact of intervention implementation on HIV health outcomes

E2i Structure



E2i Project Team

The Fenway Institute

Fenway Health FENWAY  HEALTH

- Founded 1971
- Mission: To enhance the wellbeing of the LGBT community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy
- Integrated primary care model, including HIV services and transgender health

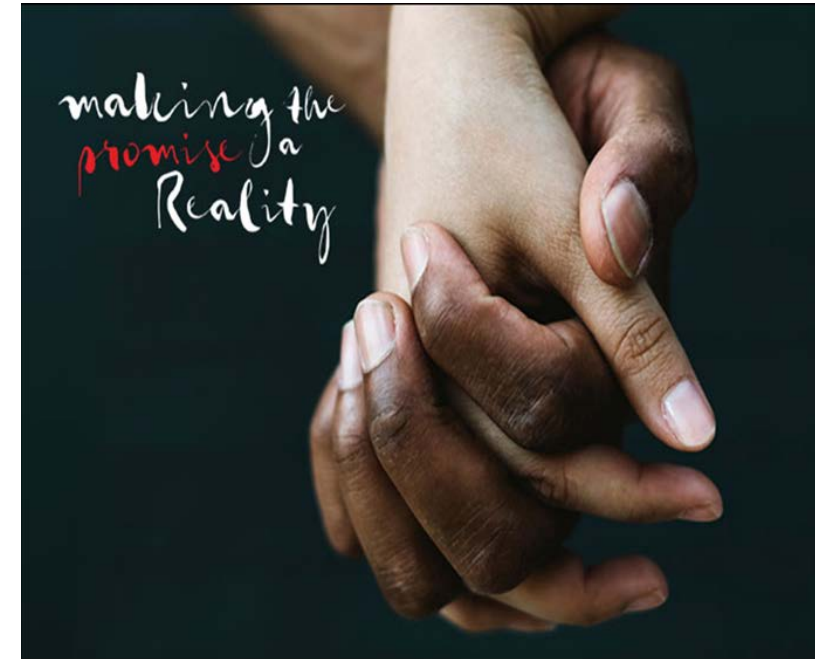
The Fenway Institute 

- Research, Education, Policy



AIDS United

Community LEADERSHIP
BUILDING
Policy & Advocacy
Strategy Formative Research
CAPACITY BUILDING
Technical Assistance Grantmaking



AIDS United's mission is to end the AIDS epidemic in the United States.

The Coordinating Center for Technical Assistance (CCTA)



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UCSF: Center for AIDS Prevention Studies

Mission: To end the HIV epidemic and associated health and social disparities by conducting high impact HIV prevention science and building capacity among researchers and communities to effectively address HIV.

CAPS comprises 5 service and administrative cores designed to support multidisciplinary and high-impact HIV research, enhance the excellence of research projects, train a new generation of HIV scientists, and assist implementing partners.



The Evaluation Center (EC)



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Starley Shade, PhD
Quantitative
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Objective 1

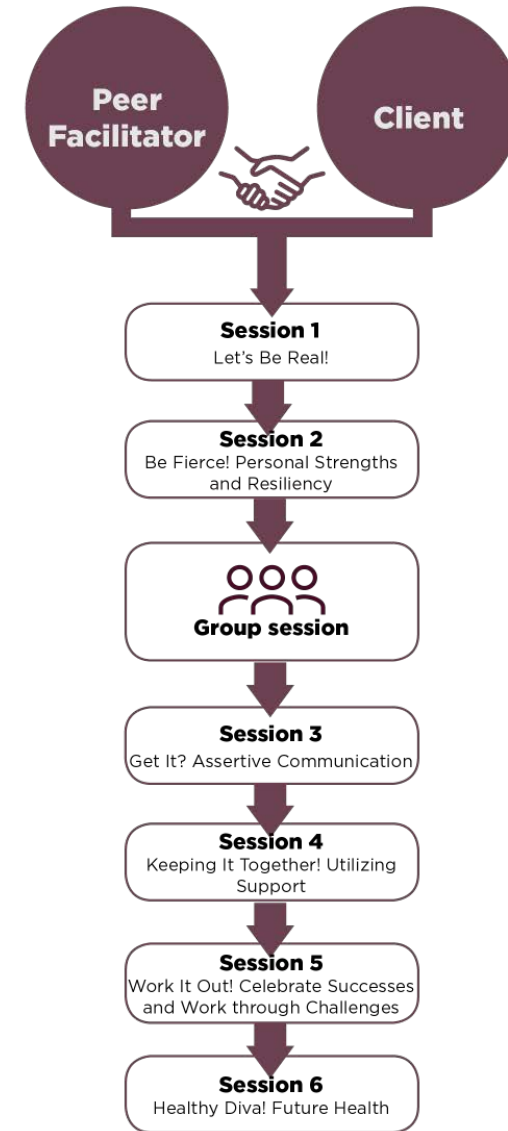
Components of the 11 Interventions

Transgender Women Focus Area

Healthy Divas (DIVAS)

Description:

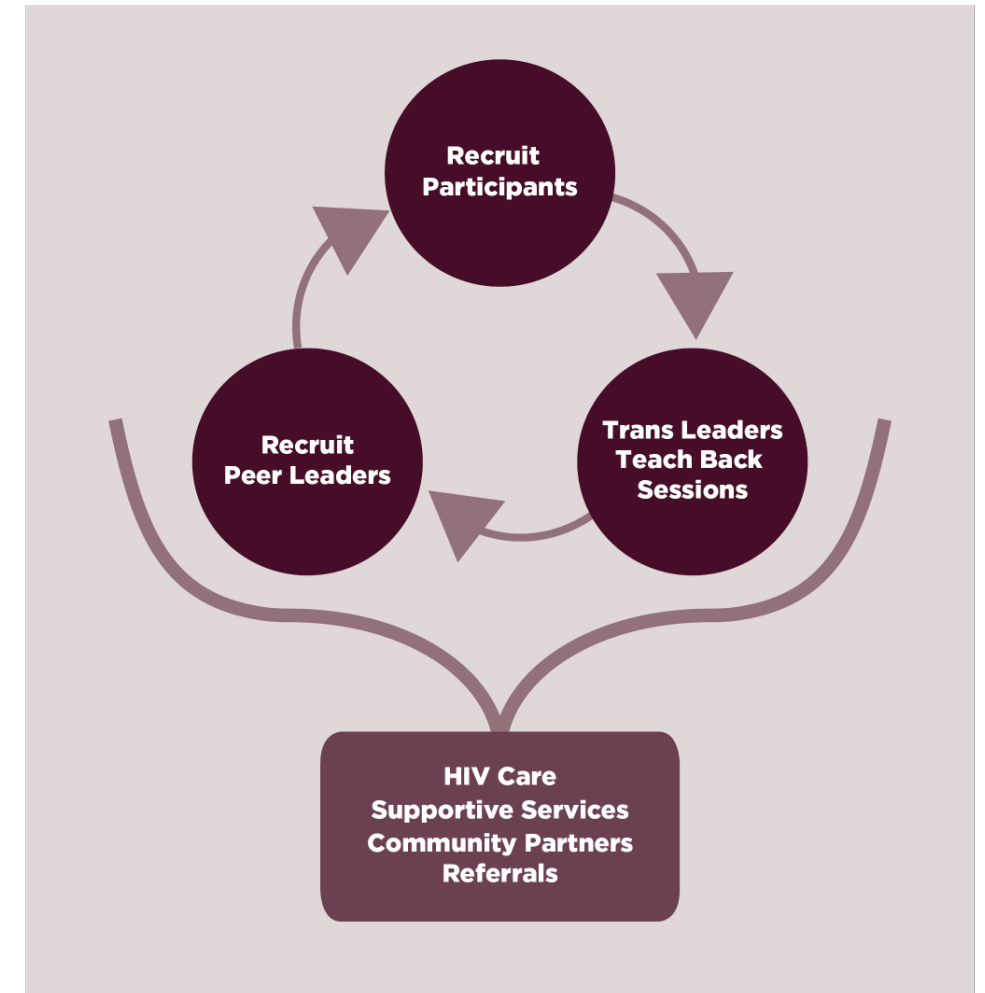
- Gender affirmation model
- 6 individual sessions
- 1 group workshop
 - Peer facilitators
 - Health care providers



Transgender Women Engagement and Entry to Care Project (TWEET)

Description:

- Peer Leaders
- Linkage to care
- 5 educational sessions

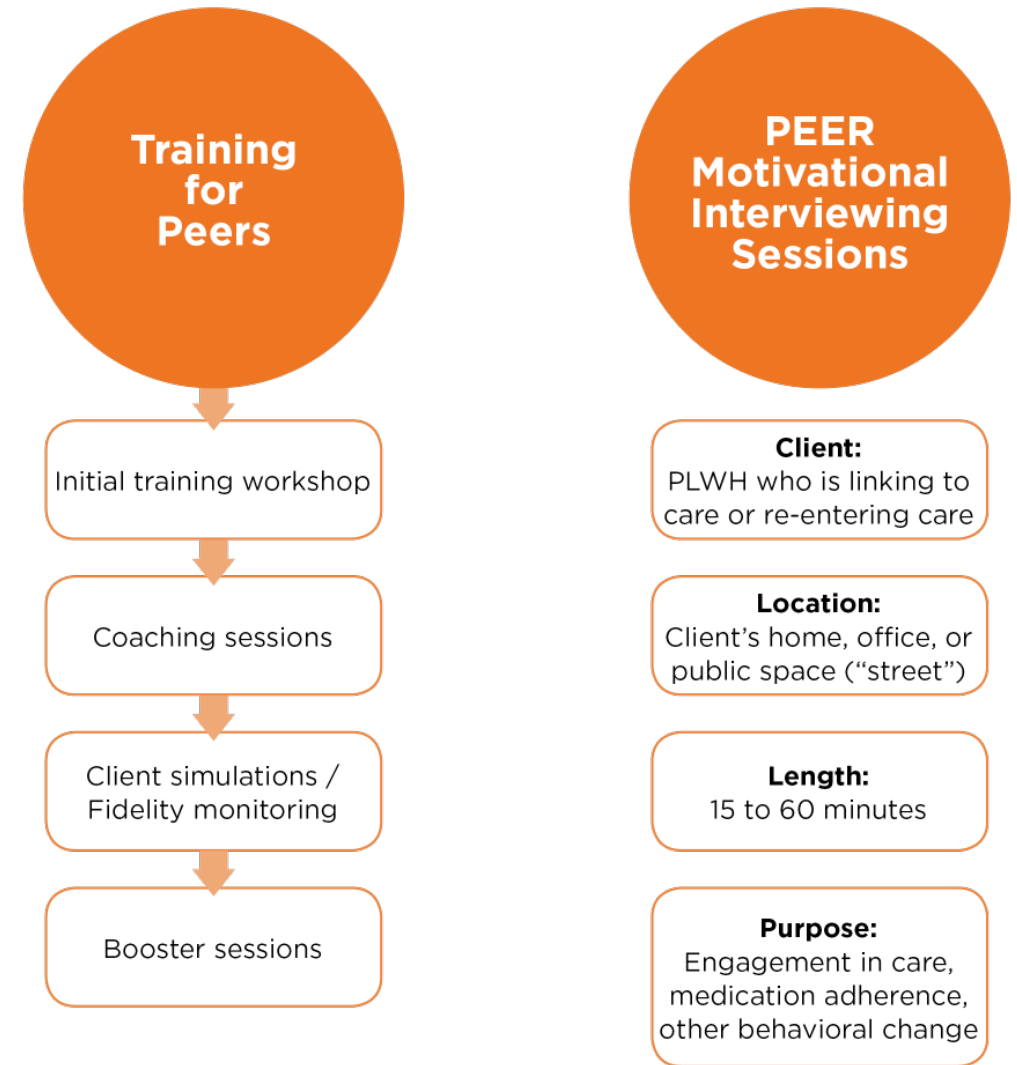


Black Men Who Have Sex with Men (MSM) Focus Area

Peer Motivational Interviewing (PEERS MI)

Description:

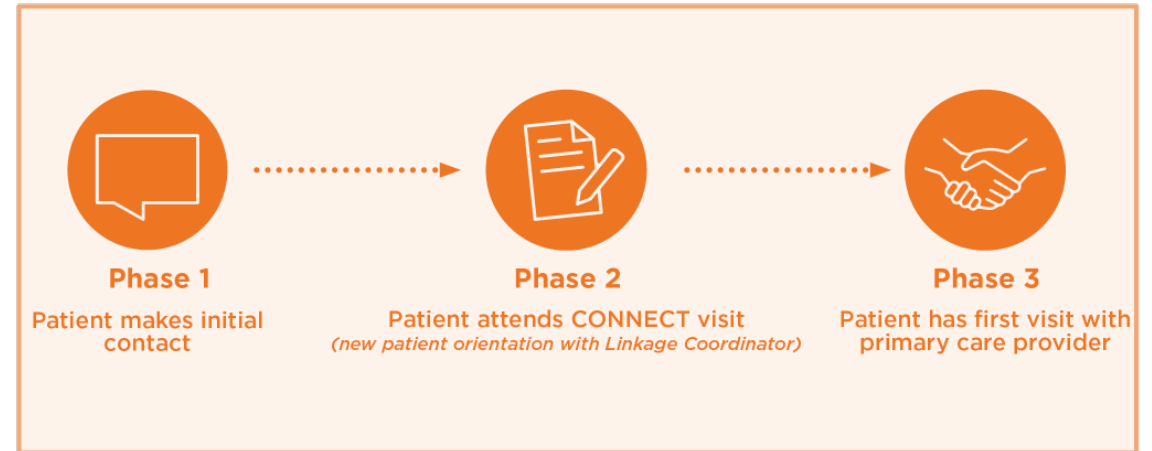
- Brief single sessions
- Black MSM living with HIV deliver MI
- Focus on medication adherence



Project CONNECT (CONNECT)

Description:

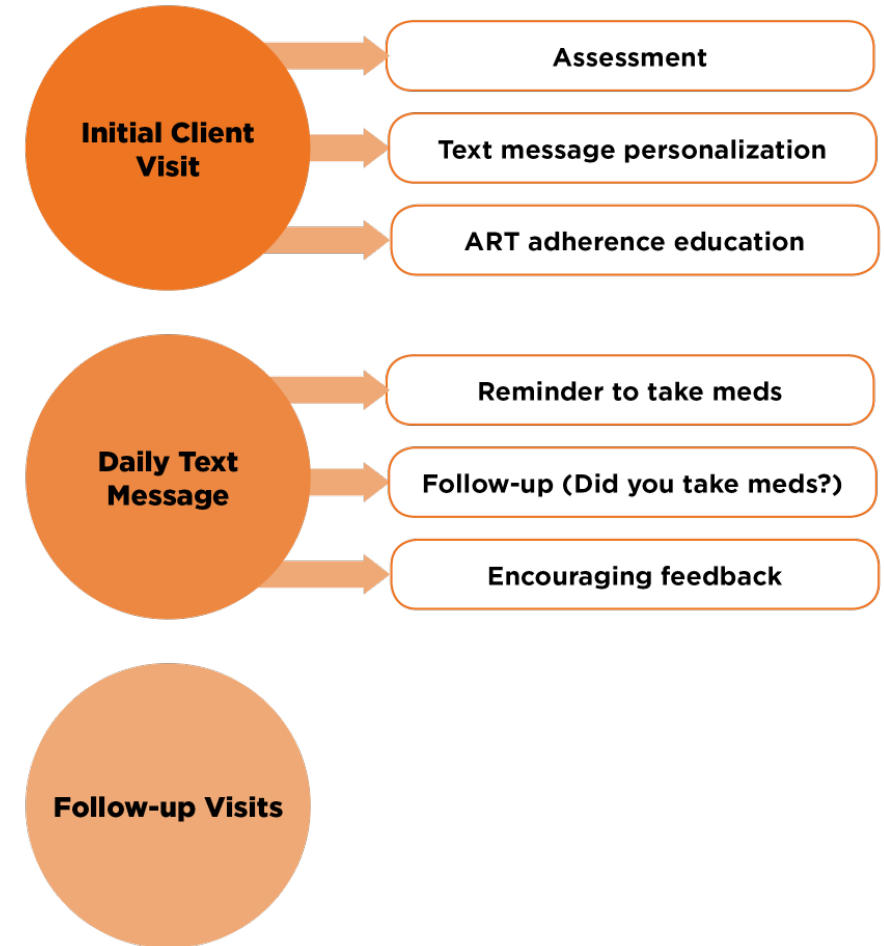
- Newly diagnosed/Re-engaged PLWH
- New patient orientation
- Linkage to care
- Care management



Text Messaging Intervention to Improve Antiretroviral Adherence among HIV-Positive Youth (TXTXT)

Description:

- Medication adherence
- Bi-directional text messages
 - Reminders
 - Confirmation
 - Encouragement

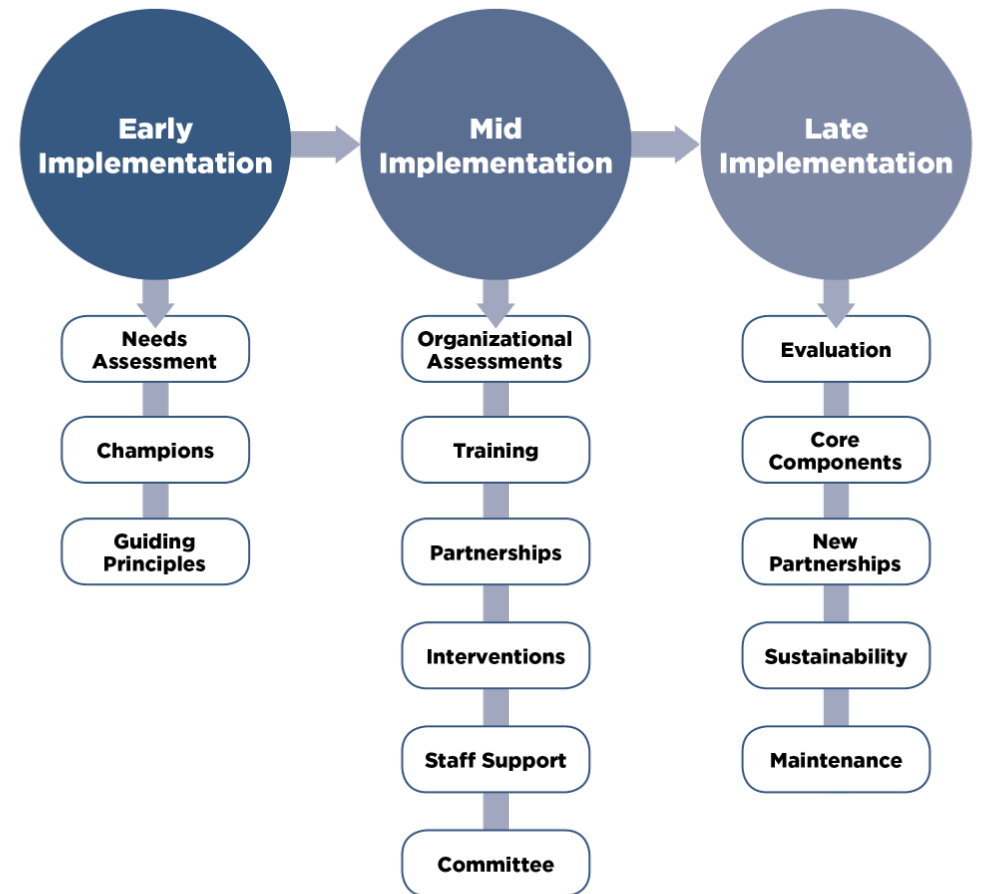


Identifying and Addressing Trauma Focus Area

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

Description:

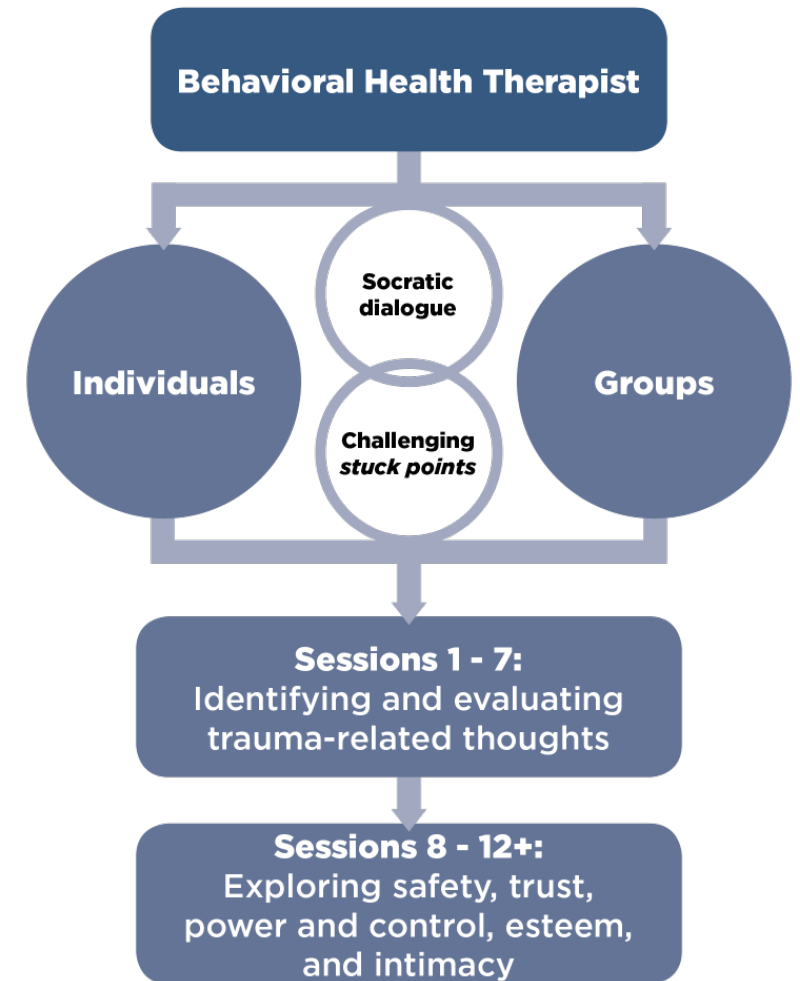
- Resilience enhancement
- Strength-based approach
- Trauma-informed care



Cognitive Processing Therapy for Treating Posttraumatic Stress Disorder (CPT)

Description:

- PTSD treatment
- Approximately 12-sessions
- Trauma-informed approach
- Gold standard therapy



Seeking Safety (SAFETY)

Description:

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

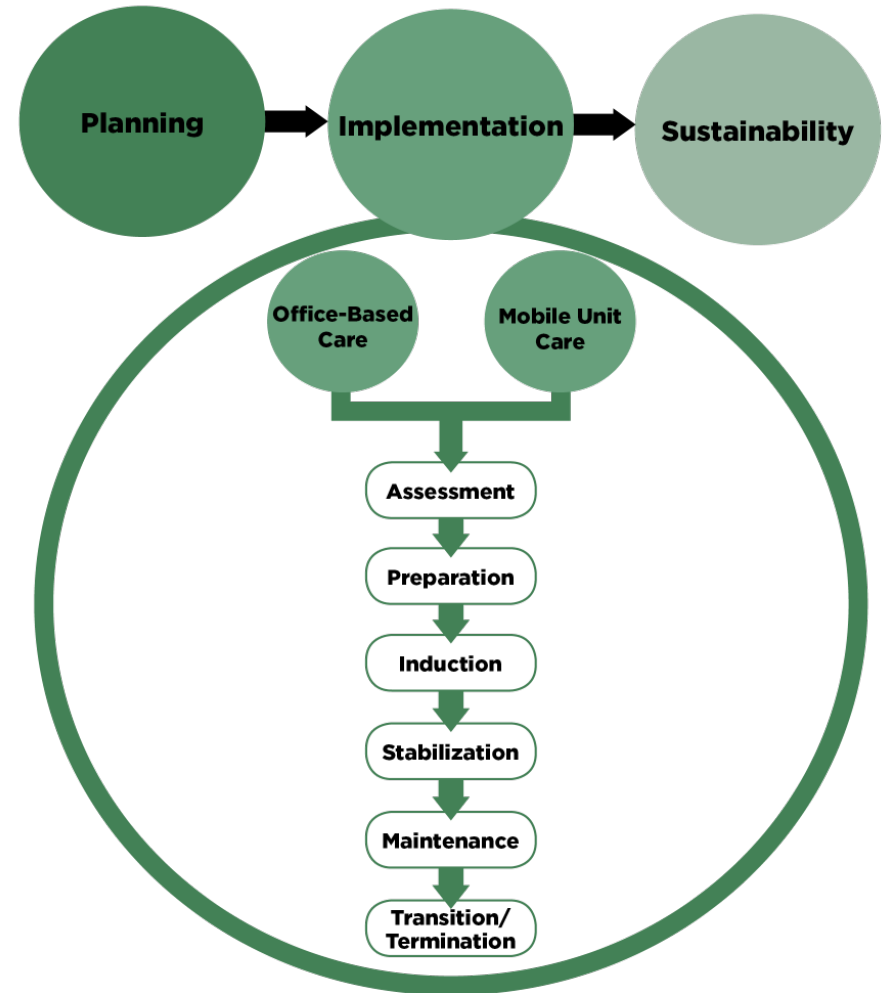


Behavioral Health Integration Focus Area

Buprenorphine Treatment for Opioid Use Disorders (BUPE)

Description:

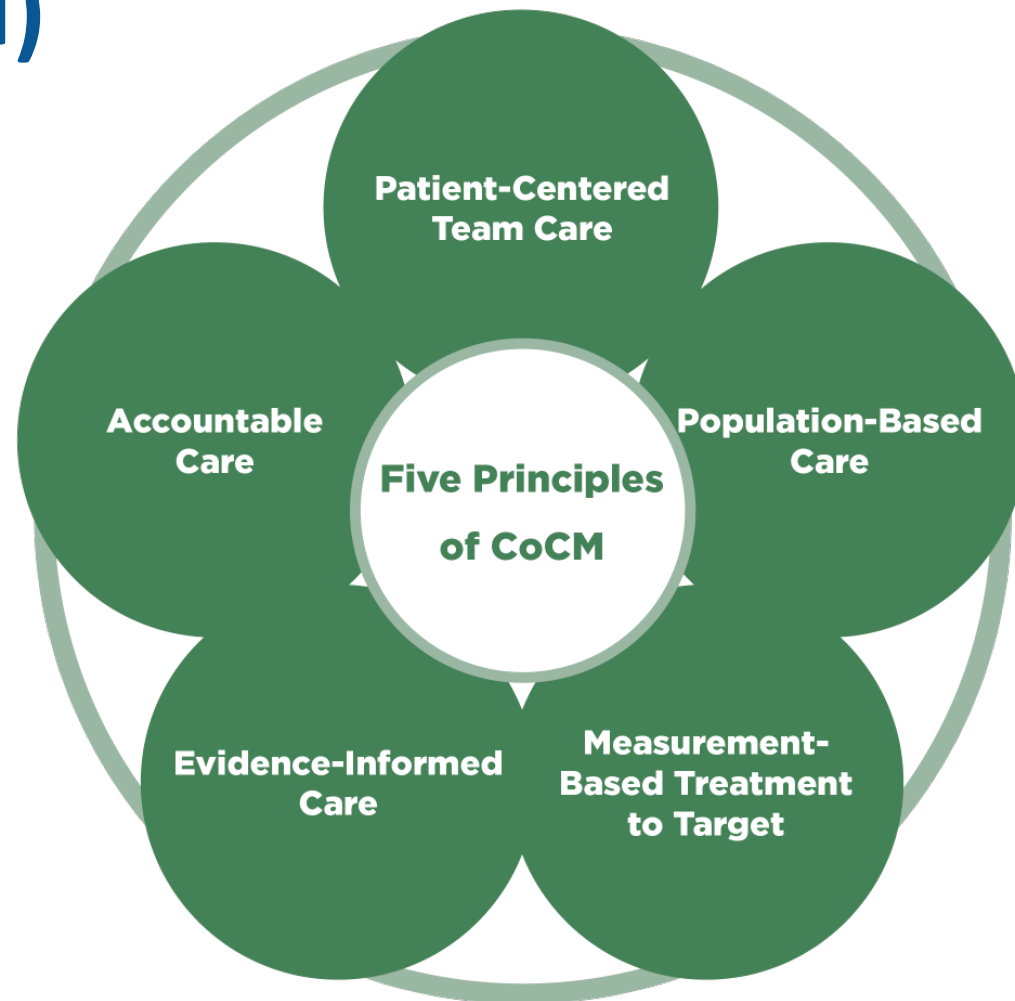
- Team-based primary care intervention
- Reduce opioid use and overdose
- Clinic-based setting
- Mobile health unit setting



Collaborative Care Management for Behavioral Health (CoCM)

Description:

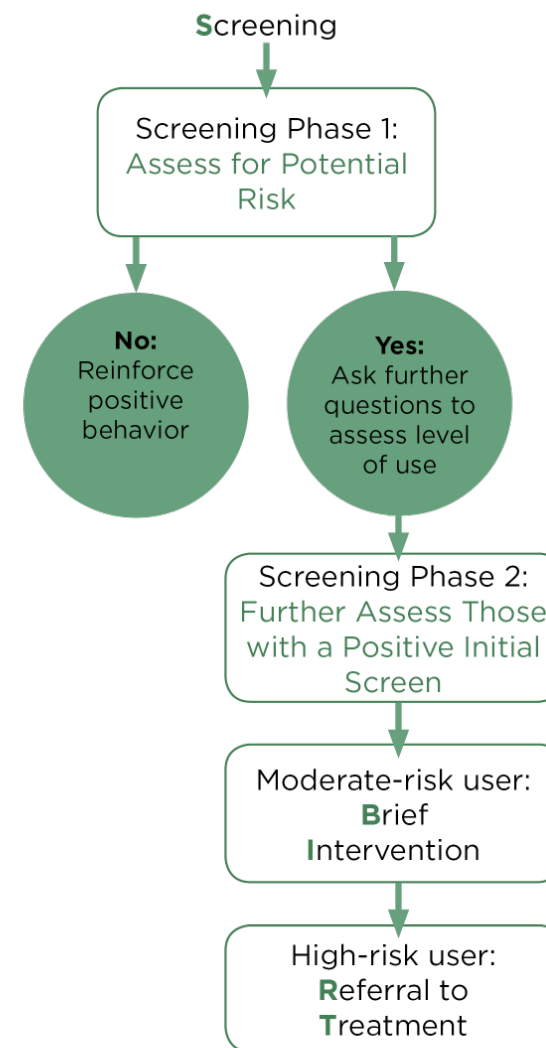
- Team-based approach
 - Medical provider
 - Behavioral health provider
 - Consulting psychiatrist
- Treatment for wide range of behavioral health disorders



Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Description:

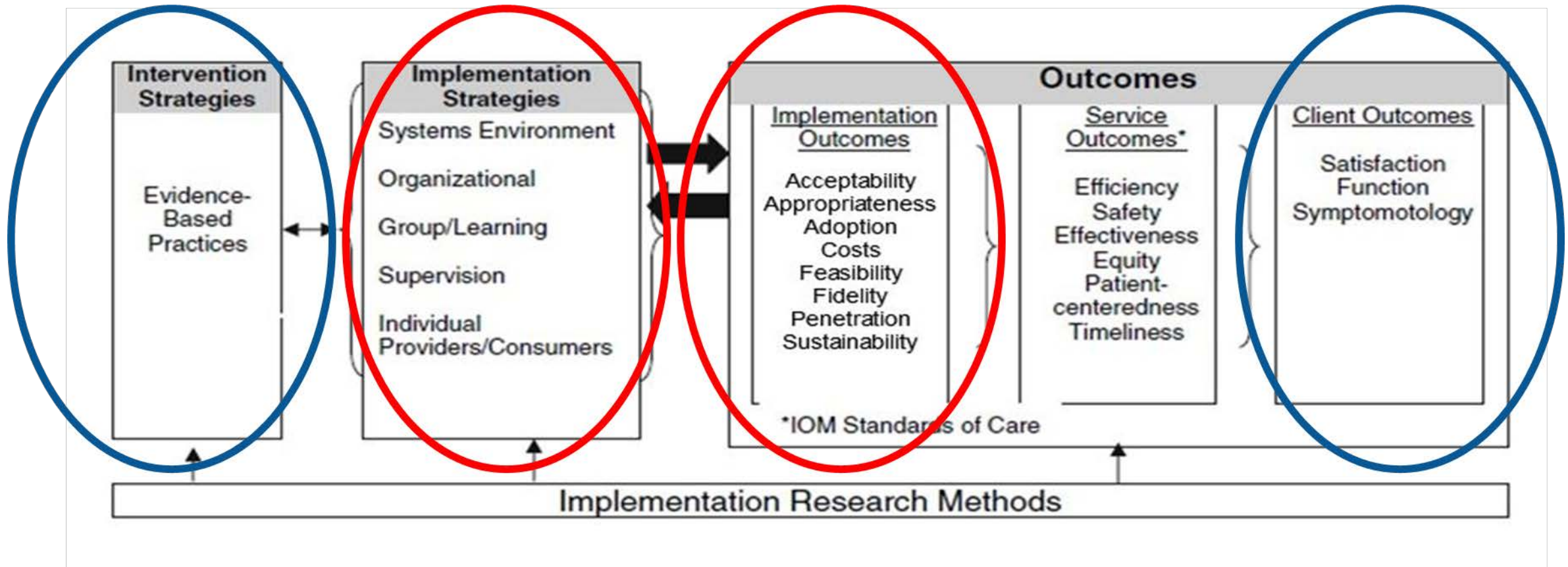
- Substance use screening
 - Alcohol & other drugs
- Behavioral health integration



Learning Objective 2

Organizational Assessment

Framework: Proctor Model



Assessing Implementation

Characteristics of sites that may have influence on successful implementation and/or improvement in patient outcomes

- Organizational Assessment Survey
- Completed by Project Leadership

Implementation Strategies

Practical methods, techniques, and contextual factors that make implementing an intervention in a specific setting successful

Systems/Environment

	Behavioral Health	Black MSM	Transgender Women	Trauma
Number of sites	8	6	6	6
Year established	1923-1987	1955-1992	1915-2001	1988-2015
Overall staff	22-600	18-93	11-264	7-2,870
Overall patients	1,200-155,000	500-4,085	190-8,400	225-16,000

Organizational

	Behavioral Health	Black MSM	Transgender Women	Trauma
HIV staff	15-30	10-68	6-264	4-100
HIV patients	260-2,627	104-1,950	23-2,265	125-1,450
Sites w/ workflow change	4	1	2	4
Number of changes	0 – 4	0	0 – 3	0 – 12

Group/Learning

	Behavioral Health	Black MSM	Transgender Women	Trauma
Responsibilities defined	6	2	4	6
Policies written	4	1	2	4
Barriers	Hiring staff	Physical space	Patient retention	Hiring staff
	Adequate training			Adequate training
	Staff capacity			Staff capacity

Supervision

	Behavioral Health	Black MSM	Transgender Women	Trauma
Average strategies	3.38	2.83	3.17	3.17
Most common	Huddles > weekly	Team meetings weekly	Huddles weekly	Huddles > weekly
	Team meetings weekly	Individual > weekly	Team meetings weekly	Team meetings weekly
	Individual weekly		Individual weekly	Individual weekly

Implementation Outcomes

The effects of deliberate and purposive actions to implement a new intervention

Elements of Readiness

- Acceptability: agreement on selection of intervention
- Appropriateness: degree of fit to the site and to their patients/clients
- Adoption: intention to implement intervention
- Feasibility: site has the resources needed to accomplish implementation
- Fidelity: implemented as originally intended
- Penetration: integrated into site's practice and procedures
- Sustainability: long-term viability
- Cost: resources needed to implementation components

Baseline: Readiness

- List of statements related to organizational readiness
 - 1 = not even close
 - 2 = some way to go
 - 3 = nearly there
 - 4 = we're there
- All sites considered together averaged between 'nearly there' and 'we're there' on all 8 scales

Overall Readiness

	Behavioral Health	Black MSM	Trauma	Transgender Women
Acceptability	3.53	3.61	3.58	3.41
Appropriateness	3.88	4.00	3.83	4.00
Adoption	3.59	3.58	3.58	3.75
Feasibility	3.51	3.75	3.43	3.52
Fidelity	3.56	3.41	3.50	3.67
Penetration	3.48	3.53	3.26	3.17
Sustainability	3.47	3.33	3.67	3.50
Cost	3.38	3.33	3.00	2.83

Tested for statistically significant differences and none found

Strengths

- Acceptability: Leadership support by designating implementation lead
- Acceptability: Organization's mission is supportive of evidence informed intervention
- Acceptability: Intervention is aligned with organizational, regional, or system goals
- Appropriateness: Senior leadership consider intervention addressing an important gap in service
- Adoption: Senior leadership is convinced of value of intervention
- Feasibility: Good rationale for selection of staff
- Penetration: Intention to use outcome data

Areas for Growth

- Acceptability: All stakeholders have been consulted
- Feasibility: Concerns about technical assistance

Learning Objective 3

Adaptation & Rapid Implementation

Framework for Adaptation

5 Phases of Adaptation

1. **Assessment Phase**
2. **Selection Phase**
3. **Prepare Phase**
4. **Pilot Phase**
5. **Implementation Phase**

Source: McKleroy et al. (2006). *AIDS Education and Prevention*: Vol. 18, No. supp, pp. 59-73.

Mechanisms for Assessing Adaptation Needs



Framework for Rapid Implementation

Steps for Rapid Implementation Over 12 Months

- Intervention Selection
- Site Selection
- Identifying Capacity Building Opportunities
- Intervention Trainings

Intervention Selection

FOCUS AREAS	NUMBER OF REVIEWERS	NUMBER OF INTERVENTIONS	COMPLETED EVALUATIONS	ANTICIPATED EVALUATIONS	DIFFERENCE
Transgender Women	8	14	99	112	13
Black MSM	6	11	64	66	2
Behavioral Health Integration†	6	9	45	54	9
Identifying and Addressing Trauma†	8	14	98	112	14
TOTAL	28	48‡	306	344	38

†A reviewer who expected to submit scores was unable to because of technical difficulties.

‡There were 44 unique interventions reviewed, with 4 interventions assigned across multiple focus areas.

Site Eligibility Criteria

1. Currently-funded Ryan White HIV/AIDS Program recipients or sub-recipients
2. Not currently implementing the same or a similar intervention as the one selected under this RFP for funding
3. Must demonstrate a pre-existing relationship with an Outpatient Ambulatory Health Services (OAHS) provider or in-house OAHS

Review Committee Considerations

1. Sites should have the ability to reach and serve the population that they have selected to serve
2. Geographic distribution
3. Meaningful involvement / engagement of PLWH
4. Readiness to implement the selected interventions
5. Ability to collect data for evaluation

E2i Interventions and Sites

E2i Intervention Sites

Transgender Women

HEALTHY DIVAS

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

T.W.E.E.T.

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

Black MSM

CONNECT

- AIDS Taskforce of Greater Cleveland(OH)

PEERS MI

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

TXTXT

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

Trauma Informed Care

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)

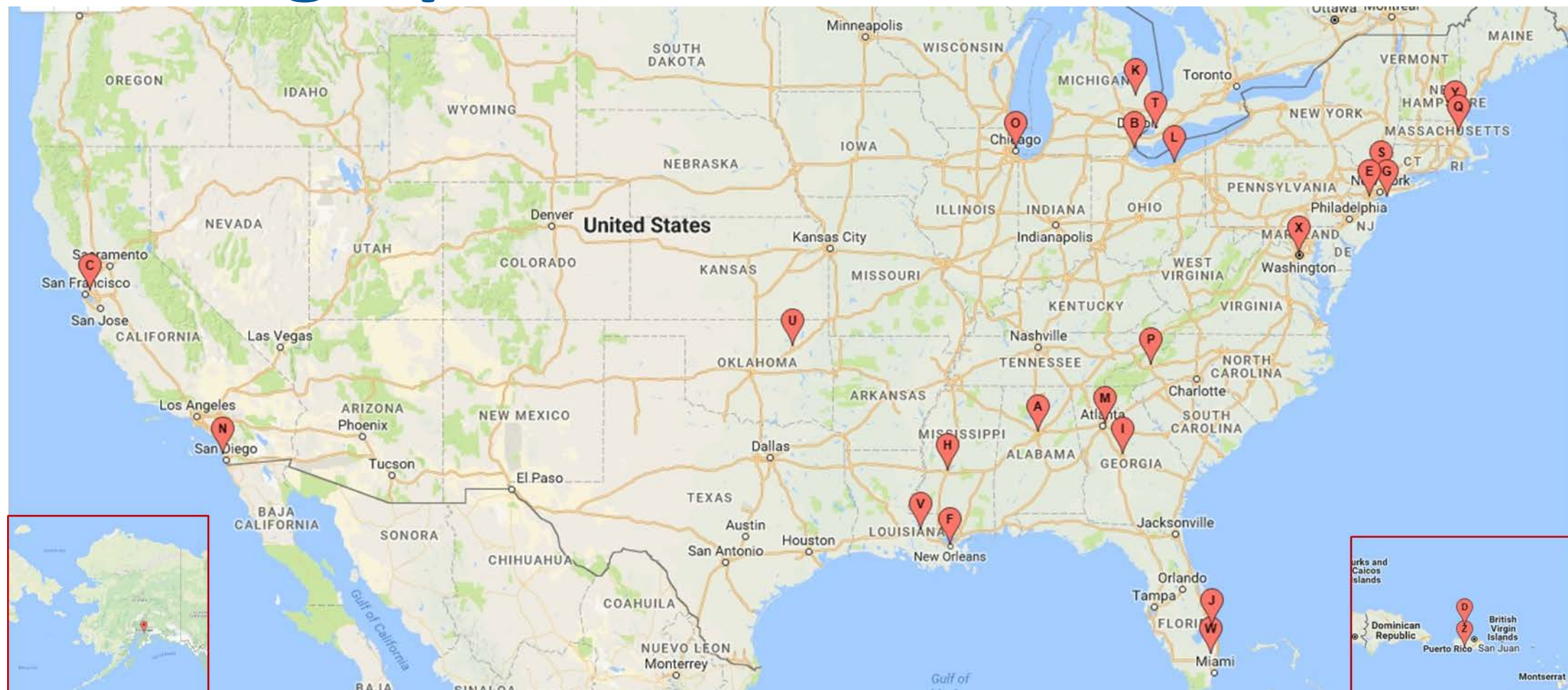
CoCM

- 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)

S.B.I.R.T.

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

Geographic Distribution of Sites



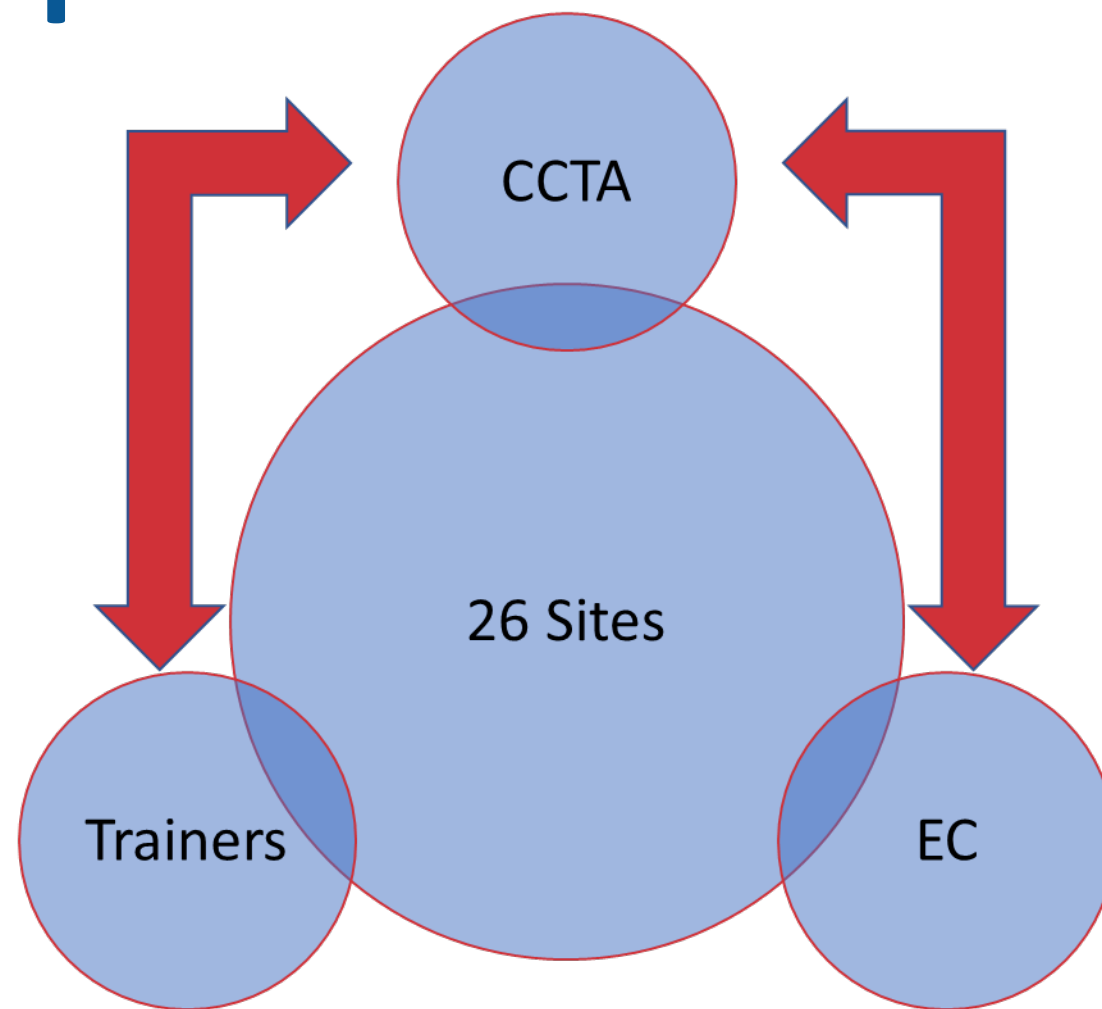
Intervention Cohort Trainings

- Purpose of Intervention
- Core Elements of Intervention
- Strategies for Implementation
- Activities of Intervention
- Measures
- Key Staff

Identification of Capacity Building Opportunities

- Annual Site Visit
- Formative Phase Report
- Quarterly & Annual Reports

Site Implementation Readiness



Site Experiences

Questions?

Acknowledgments

Hannah Bryant

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