NATIONAL 2018 RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Improving Linkage and Retention in HIV Care: Insights from Community Health Workers

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Disclosures

Presenters have no financial interest to disclose.

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Learning Objectives

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

1. Identify services provided by CHWs to improve engagement and retention in HIV care.
2. Describe the role of CHWs in a sample of Ryan White program funded medical provider sites from across the United States.
3. Learn about the role of CHWs in improving linkage and retention in HIV care from CHWs themselves.
4. Compare and contrast the roles of CHWs working in rural and urban areas.

Obtaining CME/CE Credit

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

http://ryanwhite.cds.pesgce.com

About the Initiative
FY 2016-2019

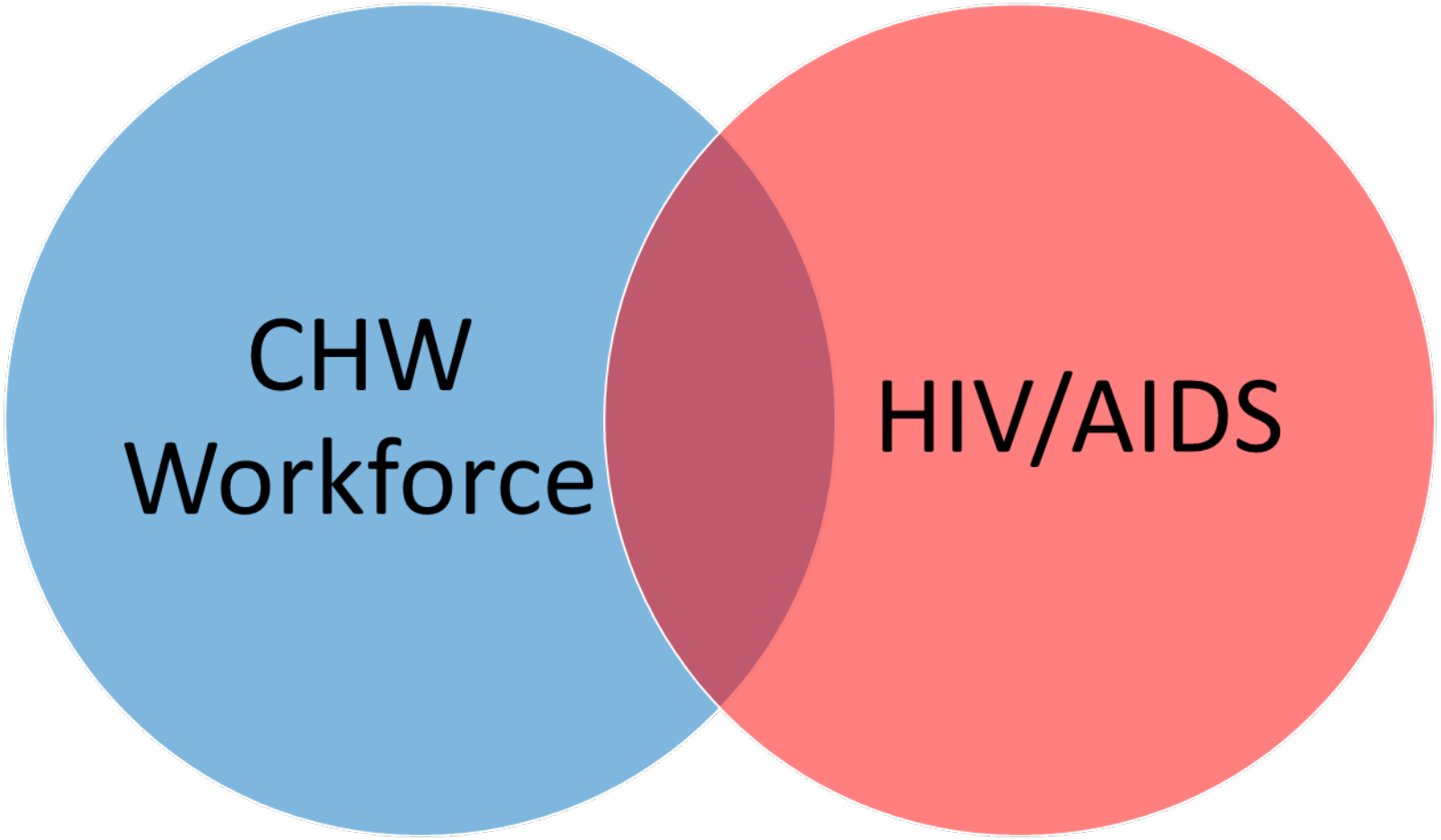
- Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in HIV Care
- Funded through the Secretary's Minority AIDS Initiative Fund (SMAIF)
- Administered by HRSA, HIV/AIDS Bureau, Division of Community HIV/AIDS Programs (DCHAP)
- Boston University funded as the Technical Assistance and Evaluation Center (TAEC) for the initiative.

Key Initiative Components

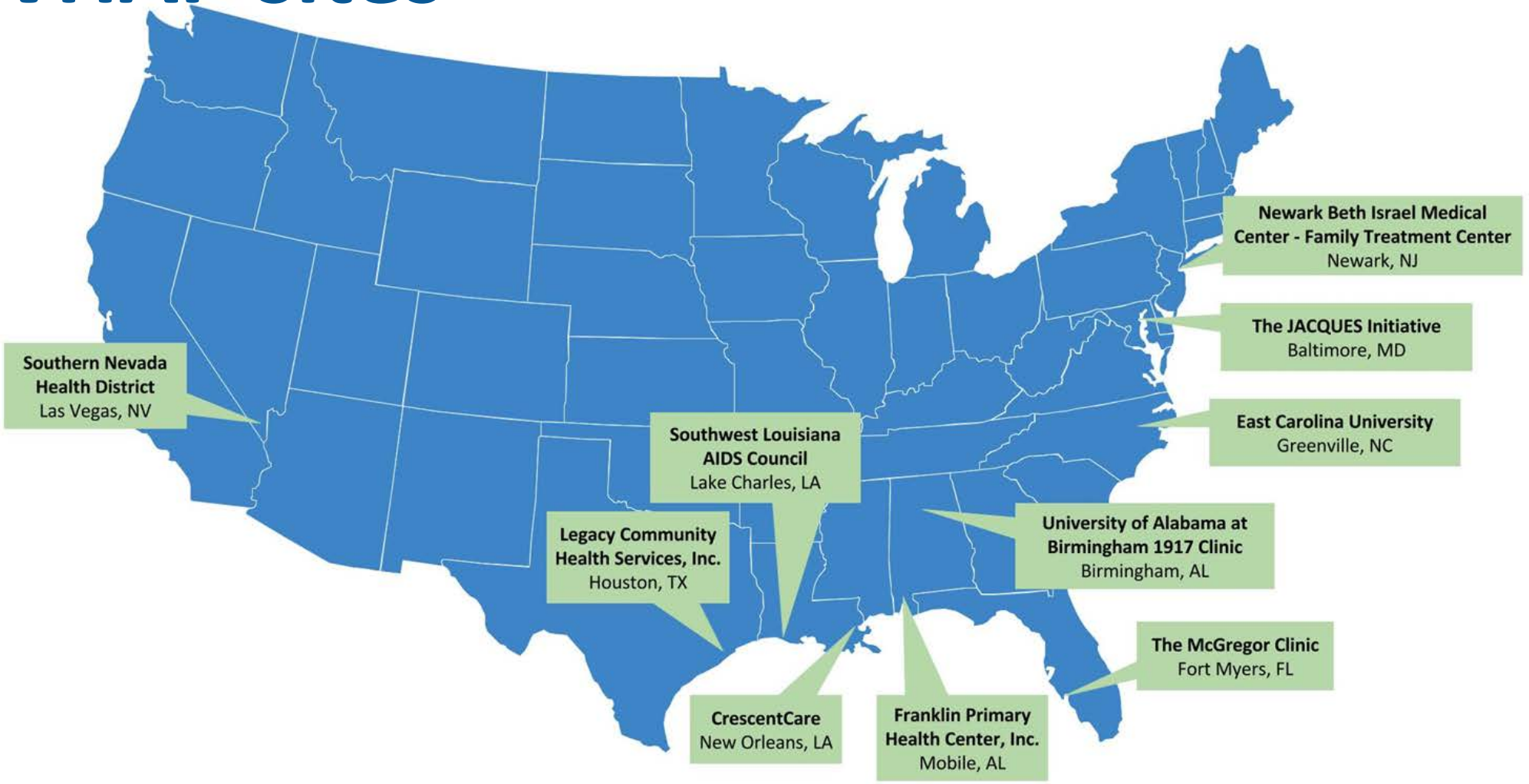
10 Ryan White-funded provider sites to contract with Boston University

- Technical Assistance and Training
- Learning Sessions
- Multi-site Evaluation

Framework



RWHAP sites


Newark Beth Israel Medical Center - Family Treatment Center
Newark, NJ
The JACQUES Initiative
Baltimore, MD
East Carolina University
Greenville, NC
University of Alabama at Birmingham 1917 Clinic
Birmingham, AL
The McGregor Clinic
Fort Myers, FL
Franklin Primary Health Center, Inc.
Mobile, AL
CrescentCare
New Orleans, LA
Southwest Louisiana AIDS Council
Lake Charles, LA
Legacy Community Health Services, Inc.
Houston, TX
Southern Nevada Health District
Las Vegas, NV

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Tell Me about Your Agency

JACQUES Initiative

From in-patient routine HIV testing to linkage to care and beyond.

Team of 10
2 Nurse coordinators, Social Worker,
3 Community Health Workers, Therapist,
Administrative Assistant, Psychiatrist, volunteer marketing and graphics individual

We serve about 75 clients per year
We serve ages 21+
Located at the U of Maryland hospital in the heart of downtown Baltimore, MD

East Carolina University (ECU) Adult Specialty Care Clinic

Hours: Monday- Friday, 8 am to 5 pm

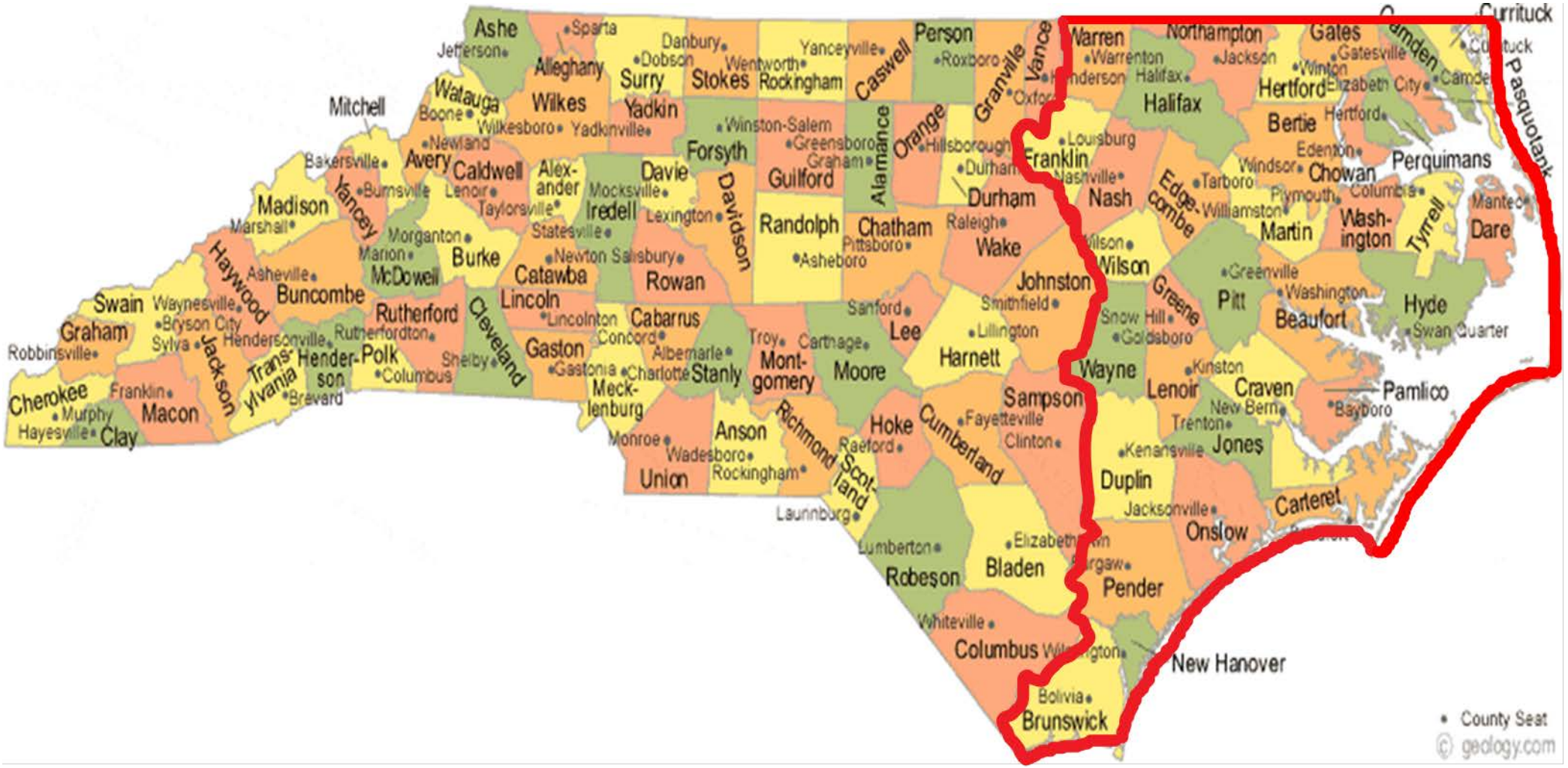
Staff: 50

CHWs: 3

Serve 1500 clients from 30 rural counties

Clinic serves ages 18+

ECU Adult Specialty Care Clinic



Crescent Care
New Orleans, LA

- Primary Care
- Health Education
- Dental Care
- Behavioral Health
- PrEP and PEP services
- Hep C services
- LGBTQ Health and Wellness
- Transgender Health services
- Legal services
- Harm Reduction
- STI Testing and Treatment

Legacy Community Health, Inc.

- Federally Qualified Health Center (FQHC) in Houston, TX.
- Legacy originally started as an STD testing and treatment center for gay and bisexual men.
- Services now include **adult medicine**, **OB/GYN**, **behavioral health**, **pediatrics**, **dental**, **vision**, **nutrition**, **fitness**, **STD testing, gender care**, and **pharmacy services**.
- Serves over 4,000 clients who are HIV positive.
- More than 2,000 clients on Ryan White funding (2017) with Parts A, B, C, D, and State Services.

Southern Nevada Health District

Mission: *To assess, protect, and promote the health, the environment, and the well-being of Southern Nevada communities, residents, and visitors.*

- Serves more than 2 million residents and 40 million visitors a year
- Offers clinical services, surveillance,

and regulatory oversight that impact public health

- Receives Ryan White Parts A and B funding

http://www.southernnevadahealthdistrict.org

Southern Nevada Health District

Clinical Services

- Primary Care
- Immunizations
- TB Clinic
- Family Planning
- Pharmacy
- **Sexual Health Clinic**

  STD screening, evaluation, treatment, and referrals; PrEP; Hepatitis screening and medical management

- **Ryan White Care Services**

  Community Health Worker; medical case management; linkage coordination; HIV clinic; eligibility and enrollment; detention center care coordination; collaboration with disease investigators and prevention programs; collaboration with community partners

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Tell Me about Your CHW Program

ECU CHW Program-Care Team Approach

- Client
  - Provider
  - MCM
  - CHW

Provider

- Evaluates medical and health care needs, lab results, prescribes medications
- Provide medical advice and referrals to other medical specialists (e.g., Primary Care, Dental, Vision)

Medical Case Manager (MCM)

- Support & assist clients with understanding the HIV disease spectrum
- Assist client in navigating *medical* services (e.g., RWE, HMAP, medical referrals)

Community Health Worker-Support Specialist (CHW)

- Engage in partnership with providers, MCM, & other team members to ensure quality health services
- Assist client with *non-medical* services to increase retention and engagement with care
- Outreach & build relationships with clients and community
- Recognize & address challenges/barriers that impact care

Legacy Community Health, Inc.

Referral Sources

CHW

- Case Managers
- Service Linkage Workers
- mSociety
- Other CHWs
- EMR

Legacy Community Health, Inc.

Clients:

- Out of care
- Not virally suppressed
- Newly diagnosed (new qualification)

By The NUMBERS
(February 2018-September 2018)

500+ individuals contacted

100+ individuals reached

90+ patients actively monitored
(calls, in-person meetings, team care coordination)

46 patients completed a medical appointment

9 patients enrolled in evaluation

Crescent Care

- Target population- clients that are out of care and/or non-virally suppressed
- Clients can be referred by Case Manager, Nurse, Provider, etc.
- Clients are consented into the program
- Goals are set
- At the end of 90 days clients are re-assessed for further services

JACQUES Initiative

We start in the hospital

We follow individuals through their continuum of care:

- Home
- Nursing home
- Transitional living

Wherever you go after the hospital, we are there.

We do holistic care.

Where ever you want to go for your HIV care, we will help you get there, and we will do whatever it takes to keep you in care.

Southern Nevada Health District

CHW Program

Focus Population

- Newly diagnosed
- Not virally suppressed
- Missed ≥2 medical appointments
- Experiencing homelessness/unstably housed
- Substance use disorders
- Mental health disorders
- Recent incarceration
- Spanish-speaking only and unable to represent themselves in English

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Energizer Activity

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How Do You Do Your Work?

ECU CHW-Support Services

Outreach

- Home visits
- Transition to Assisted Living
- Mental health services
- Substance Abuse services

Support Services

- Transportation services (Medicaid, gas vouchers, bus passes, taxi, clinic van)
- Housing (HOPWA)
- Emergency Financial Assistance (EFA)

Education Modules

- HIV 101; Communicating with providers; Understanding CD4, VL, OI, STI; HIV medication and adherence; Goal setting; Social support and disclosure

Motivational Interviewing

- Coaching
- Emotional Support
- Trauma-Informed Care (early initiative)

JACQUES Initiative

- Meet clients at the hospital
- Get to know them and where they are at with their HIV status
- Assess their knowledge of HIV
- Make conversation
- Find out what they like to do
- Find out their goals
- Hold them accountable for what they need to do “to get from point A to point B”
- Talk about substance use
- Organize and hold a retreat for clients 3 times per year
- Events to address and prevent isolation
- Accompany clients to appointments (medical, social services, etc.)
- Make referrals to meet their needs
- Provide emotional support
- Be an ear, Be someone they can talk to
- Become a friend

Legacy Community Health, Inc.

"What do you need help with?"

Legacy Community Health, Inc.

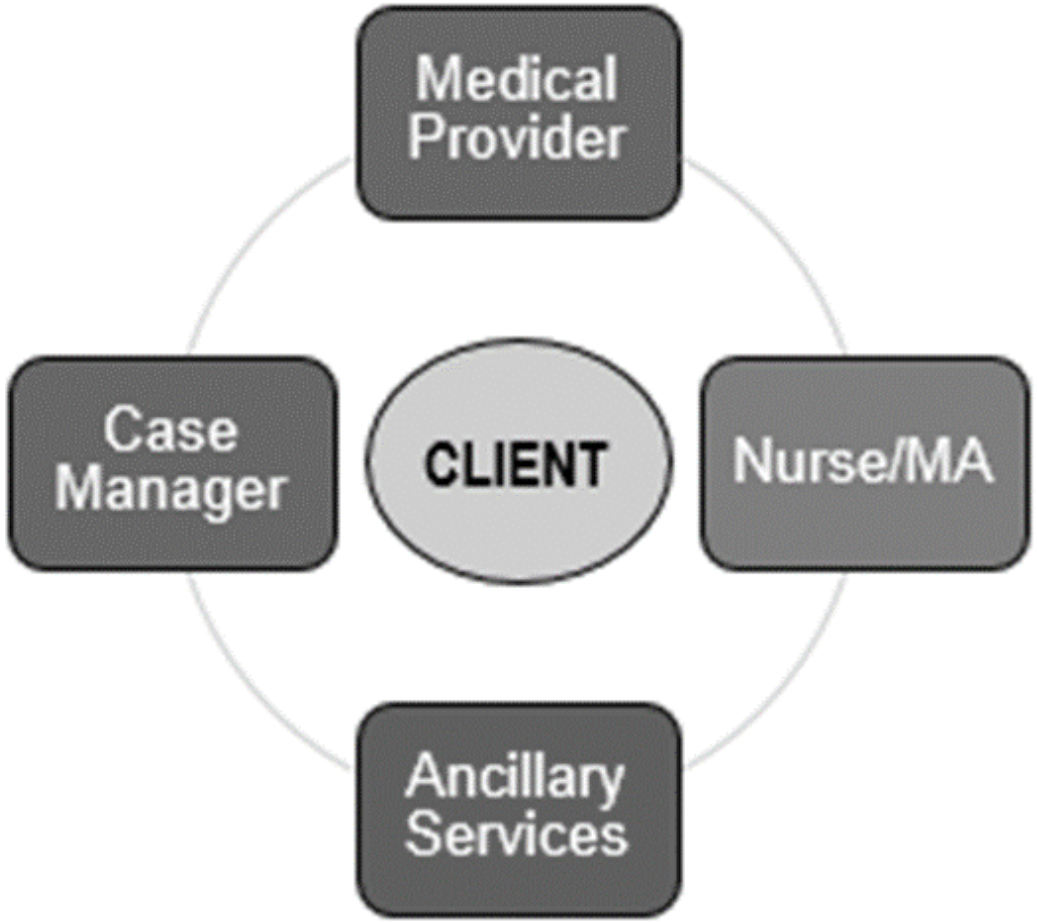
Community Connections

Member of the Quality Improvement Committee of the Houston Ryan White Planning Council

Graduate of Project LEAP 2018

Crescent Care CHW Services

- Medication Adherence
- Medication Assistance
- Scheduling Appointments
- Linkage to care
- Education
- Support
- Housing
- Transportation & More!



Southern Nevada Health District

- Dr. Fermin Leguen (Medical Director)
  - Lourdes Yapjoco (Program Supervisor)
    - Data and Evaluation
    - Merylyn Yegon (Admin Supervisor)
      - Keanu Medina- Rascon (CHW)
      - Angela Smith (CHW)
    - Rebecca Reyes (Clinical Supervisor)

Keanu, Angela, Lourdes, Rebecca, Merylyn

Southern Nevada Health District

Focus Population

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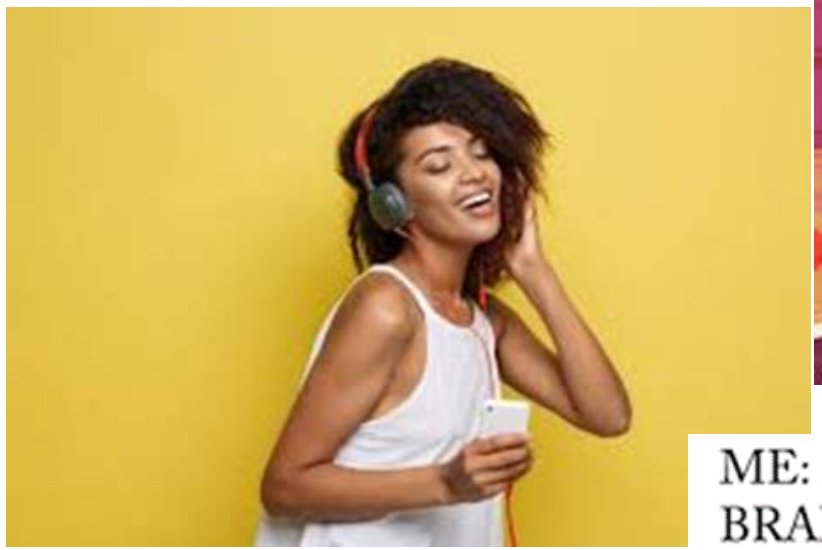
What Does Self-Care Look Like for You? Why is it Important?

Legacy Community Health, Inc.

Self-care!

Crescent Care
Self-care



ME: *SHOULD I BUY IT?*
BRAIN: *NO.*
WALLET: *NO.*
PARENTS: *NO.*
UNIVERSE: *NO.*

ME: ***SOLD!***

SELF CARE – RETAIL THERAPY

JACQUES Initiative

- Self-care is important so that you don’t become overwhelmed or burned out
- You have to find things to release the pressure
- If don’t take care of yourself, you aren’t good to anyone
- Working in the community
- Me time

Acknowledgements

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Your Questions

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Energizer Activity

Southern Nevada Health District

- **After HIV Diagnosis:** One-on-one sessions to establish rapport, warm handoff, share personal life experiences; phone calls and/or home visits to follow up on referrals.

- **Linkage:** Work with client and care team to choose a provider; accompany patients to appointments and translate.

- **Engagement:** Teach clients life skills to stay in care (e.g., medication management skills and adherence techniques); modeling and coaching clients (e.g., how to make an appointment and follow-through, how to ride the bus to appointments, etc.).

- **ART:** Assist client in developing medication schedule; help monitor adherence and side effects; provide guidance or referral to see provider; referral to medication resources (e.g., ADAP or other pay source).

- **Viral Suppression:** Focus on adherence and retention in care; coach/support client in lifelong commitment to ART; promote development of self-efficacy; give clients positive reinforcement for achieving viral suppression and goals.

Southern Nevada Health District

Referral

- CHW program receives a referral (from Health District programs/community partners)

Team Leader

- Reviews referral for CHW program
- Assigns to CHW if appropriate

CHW

- Contacts the client
- Collaborates with the client on a service plan
- Makes referrals to meet clients needs

Southern Nevada Health District

Crescent Care-Ryan White Funding

PART A

Funds about 21 programs including:

- Case management
- Peer Support
- Health Education

PART B

- Case Management
- Supportive Services

PART C

- Medical Case Management
- Patient Navigation
- Transportation

PART D

Family AIDS Clinic and Education Services (FACES): Provides services for families

PART F

- Case Management
- Mental Health for African-American MSM