

Lessons from clinical demonstration sites engaging transgender women of color living with HIV into care

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Tri City Health Center

The Brandy Martell Project

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SPNS Transgender Women of Color: The Brandy Martell Project

TransVision's

*Brandy
Martell
Project*



SPNS Transgender Women of Color: The Brandy Martell Project

- Named in honor of former TransVision Peer Advocate Brandy Martell
- 1) Legal Clinic: project lawyer who will work individually with clients in need of assistance for solicitation offenses, warrants, FTA's and other legal issues; navigate the court system in Alameda County.
- 2) Living Real Program: monthly sessions facilitated by experts of whom may be trans identified. The workshops include education on HIV, Care and Treatment, trans health; training on life skills to address substance abuse, domestic violence, police harassment, empowerment sessions, job skills, healthy family/personal relationships. All designed to remove barriers to retention/care, increase access



Living Real

Living Real is the Heart of HIV Care at TCHC

Labor Intense Peer Navigation based on trust and long held/established relationships is the **glue** that makes it all work

Systematic outreach is integrated with Living Real Workshops

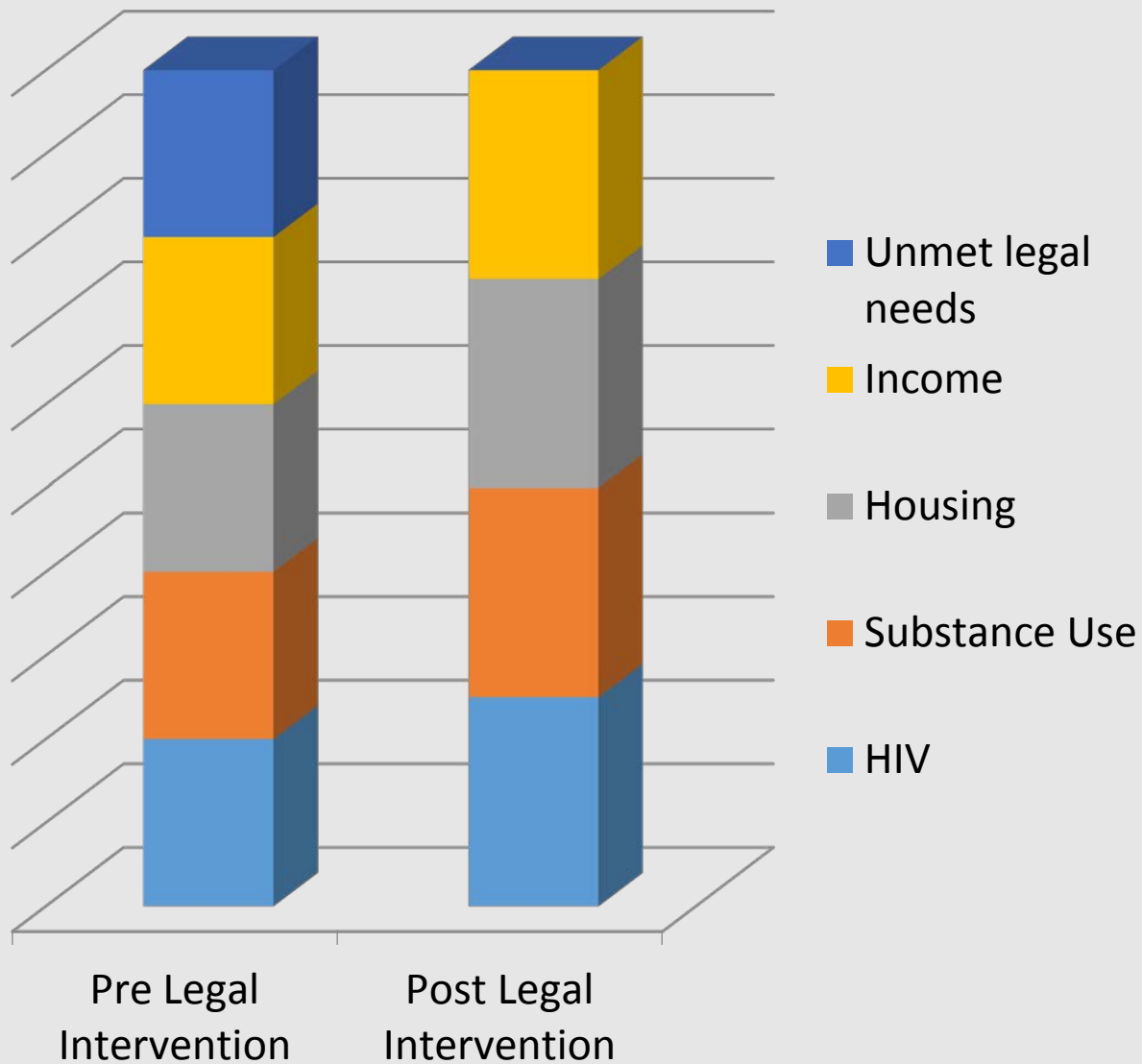
- Phone calls/Social Media Messaging on weekly to assess transportation needs
- Drop-off BART tickets in Oakland/Hayward as needed

Medical appointments and data collection are actively integrated with every Living Real contact encounter

- Medical appointments are scheduled before/after Living Real sessions
- Staff/Peers navigate through labs/visits/forms/issues

Living Real Workshops are empowering, engaging and fun!





CHALLENGE
HIV REMAINS THE
LOWEST PRIORITY
EVEN WHEN LEGAL
ISSUES ARE
RESOLVED



Challenges to engagement and retention of transwomen of color in HIV care: Baseline findings from the Brandy Martell Project

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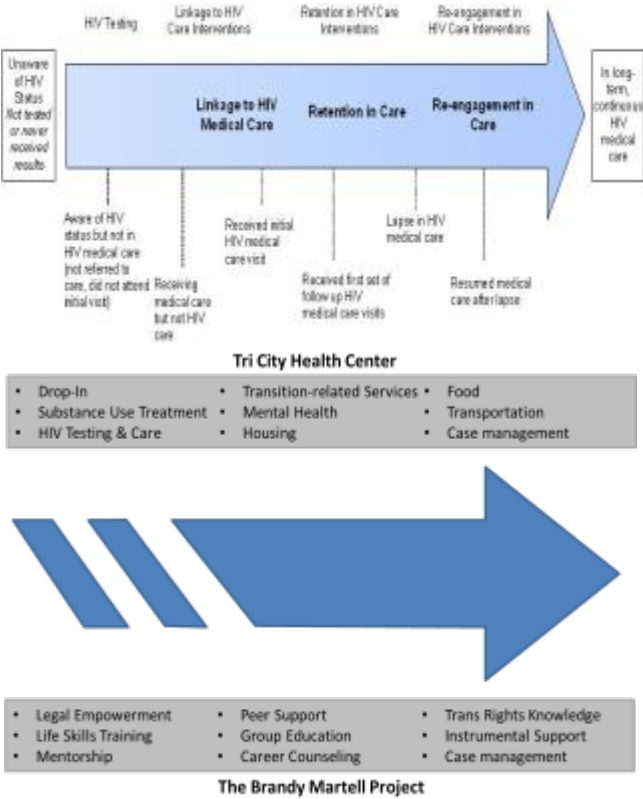


BACKGROUND

Transwomen of color are disproportionately impacted by HIV, have low HIV care engagement and low survival rates compared to other populations living with HIV. However, little is known about the circumstances within which transwomen living with HIV exist and what their level of HIV care engagement is currently. We will discuss novel findings on the life circumstances and HIV health outcomes of transwomen of color from an HIV care, linkage and retention demonstration project in the East San Francisco Bay Area.

THE BRANDY MARTELL PROJECT

The Brandy Martell project is an intervention to re-engage and retain transwomen of color previously out of HIV care via workshop programming and a legal clinic. Novel modes of re-engaging 47 HIV+ transwomen of color in the intervention included delivering transportation vouchers, delivering an ongoing workshop cycle with curriculum informed by participants, establishing a peer referral and engagement model, and appropriately compensating transwomen for their time, participation and commitment to the program. The legal clinic is an appointment and drop-in based service where transwomen can access free legal representation for anything from identification changes to criminal offenses. At baseline, African American and Latina transwomen were enrolled and patient surveys were administered.



RESULTS

At baseline, there were 47 participants in the program. Almost all participants identified as female/women (91%). The majority (42%) of participants were aged 40 or older. 31% identified as Latina and 76% identified as African American. Only 60% graduated high school and 73% of the sample lived on less than \$1,000 per month of income. Most reported having health insurance (96%). In the past 6 months, 11% were incarcerated and 69% ran out of money to meet basic necessities. Almost all participants had ever received HIV care (89%), but only 55% of those who had ever received care did so in the last six months. While most reported an undetectable viral load, 28% reported not being virally suppressed.

RECOMMENDATIONS

Despite having access to health insurance and health care, transwomen living with HIV have competing needs far beyond those related to health that impact their HIV care engagement. Services and care sites are needed that address instrumental needs for economic opportunities, education and legal services are a start for improving HIV care outcomes among transwomen of color.

LESSONS LEARNED

- Efforts to engage transwomen of color living with HIV into the Brandy Martell Project have been time and labor intensive, requiring extreme flexibility and unique outreach, recruitment and follow-up methods.
- Providing access to a range of legal support services can decrease institutional barriers to care.
- Addressing the desire for structured regular services through workshops sessions can boost retention in care and have a positive effect on social and clinical outcomes related to HIV.

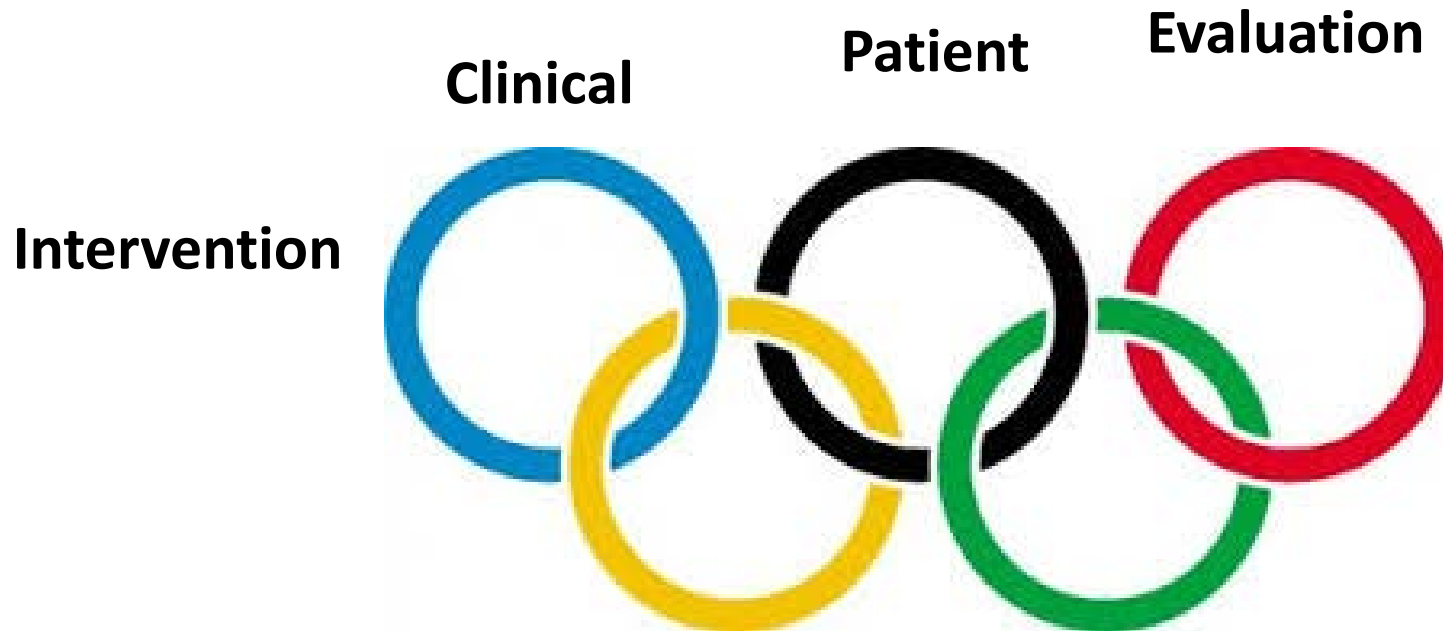


Community Healthcare Network

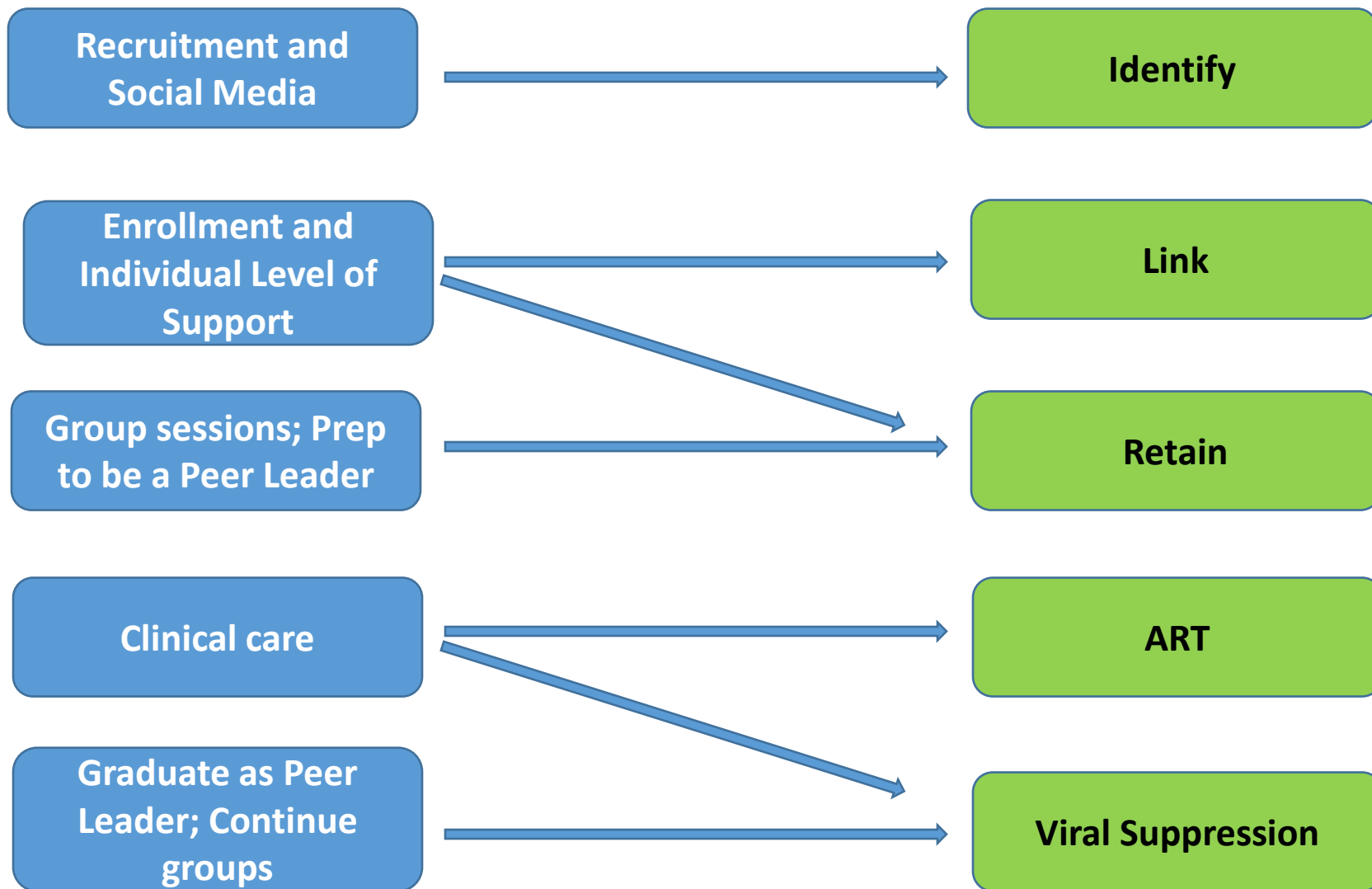
Luis Freddy Molano, MD

VP of Infectious Diseases and LGBTQ Programs and Services

Critical Components of TWEET



HIV Care Continuum Areas addressed by TWEET



Recruitment

Night Clubs

- Staff identified LGBT friendly clubs in the Jackson Heights and Bronx area, known as a high sex trafficking area and negotiated space with Club owners, managers for promotion of program services.
- In order to reach this population staff changed work hours from day to nights. Tables were set up in the clubs providing safer sex packages and informational materials. This environment has allowed staff to reach high-risk for HIV, introducing them to PrEP and PEP, also HIV positive individual who have been out of care for many years.

Street Outreach

- Staff as well as identified patients walk the known strolls, specifically on Roosevelt Ave, Jackson Heights and Fordham Rd, Bronx. They engage and re-engage consumers who need services. The Program was able to establish trust and provide consumers with a safe space.

CBO's

- Staff continues to build strong ties with agencies providing a multitude of services that cover all patient needs:

Manhattan LGBT Center, Immigration Equality, Transgender Legal Defense and Education Fund, SUNY Downstate, AIDS Center Queens County, Sanctuaries of Families, Bronx Community Services, CCI, and Bronx Defenders.



Recruitment

Human Trafficking Intervention Court Program

- for individuals arrested on prostitution or prostitution related charges in NYC
- Program collaboration began April, 2014
- Met with ADA's, Defense Lawyers as well as with the Presiding Judge. An agreement was reached to divert short sentences for "sessions" at the clinic

Outcome:

Between 2014-2016, 36 trans women were referred

- 89% completed 5 or more sessions (32/36)**, and **11% were re-arrested (4/36)**.
- 53% remain in care** and receive hormones (19/36).
- 7 tested HIV-positive and have since achieved viral suppression** (or a continual reduction of viral load) and an increase in their CD4 count
- All HIV-negative trans women referred receive education about pre-exposure prophylaxis (PrEP)



Retention

Intervention TL Teach Back

- Educational Support Groups: The T-Teachback program has served as a platform for Peer Leaders and participants to empower each other and encourage behavioral change. Success in the groups have been embraced by both HIV Positive and Negative patients

Medical Services

- **Primary Care** services include HIV care, ART adherence, dental, podiatry, nutrition and hormone therapy. HIV Team Meetings are held in the morning. Team includes program staff, provider, social worker, Nurse Manager, health homes, and nutritionist. Patients profile is thoroughly discussed in correspondence with CDC guidelines and HIV Qual indicators.

Clinical Outcomes:

Queens Program (TWEET) – **71% viral suppression**, 29% are detectable

Brooklyn Program – **70% viral suppression**, 30% are detectable

Retention

Supportive Services

- Assistance Insurance coverage (ADAP, Medicaid)
 - Assistance with Housing
 - Financial entitlements (HASA, SNAPs)
 - Legal (Name change, Gender marker, asylum, U Visa, T Visa)
 - **42** Asylum cases won
 - **15** Trans women obtained Work Authorization
 - **4** U Visa's granted
 - **21** T Visa's granted
 - Referrals for gender reaffirming procedures
- The **U visa** is a nonimmigrant visa for victims of crimes who have suffered substantial mental or physical abuse and are willing to assist law enforcement/government officials in the investigation or prosecution of the criminal activity
 - The **T Visa** is a nonimmigrant visa for those who are or have been victims of human trafficking

After Hours Model



Trisha Holloway

Trans Outreach Coordinator/ Howard Brown Health Center

After Hours



After Hours Model

The After Hours Model was created to give Trans and Gender Non- Conforming (TGNC) people a place to come and feel safe and affirmed. What we have noticed is that our system works because we created a one stop shop for TGNC people.

We provide an array of services staffed by TGNC identifying individuals. This has established a safe space for TGNC people to be able to let down all guards so that they can receive the services without any fear.

The resources that are provided are Medical Care, Hormone Replacement Therapy, Case Management, Behavioral Health, Programming, clothing, and a meal.



Resources and programming

Medical Care

- Doctors, Nurses, Medical assistants
- Evaluated by TGNC Staff
- Safety Planning
- Safety Zones

Hormone Replacement Therapy

- Informed Consent
- Risk
- No Restrictions or Barriers
- Pharmacy on Site



Case Management

- Reactive Test Results
- Trans Identifying Case manager
- Part D Case Management
- Medical Care, Housing Referrals, Clothing Vouchers, Dental Referrals, and more
- Medical and Medication Adherence

Behavioral Health services

- BHS Services Onsite
- Scheduling same day
- BHS further Planning



Programming

- Programming lead by TGNC Staff and Volunteers
- Program Design
- Variety of Programming
- Survival and Safe Practices

Clothing

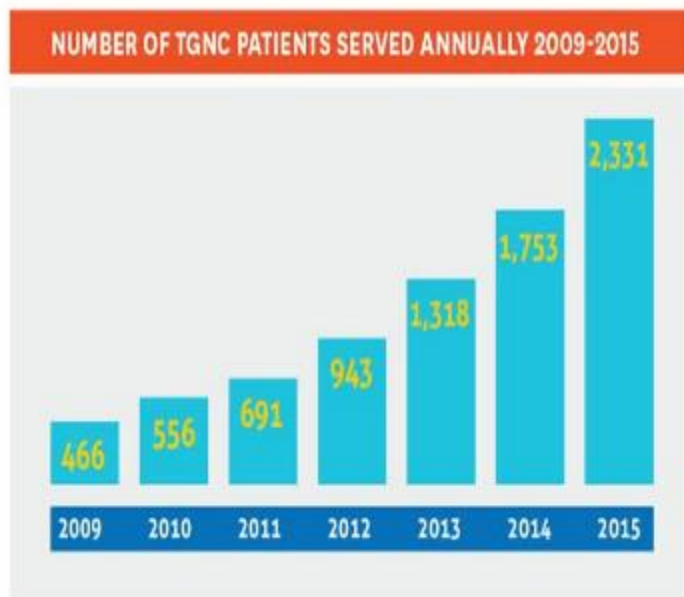
- Clothes, hygiene supplies, shoes and more
- Clothes are Donated

Meal Time

- Served by TGNC Staff
- Chosen Family
- Conversation

Increase in Trans Visibility

We use the term "trans and gender non-conforming (TGNC)" to refer to people whose gender identity and/or expression differs from or is more expansive than the gender they were assigned at birth. We respect each individual's right to self-identify using whatever term they choose, and use TGNC to be as inclusive as possible.



- 495% in the last 6 years
- Feedback from TGNC
- TGNC People are Satisfied

TransAccess program model

TransAccess Program (M-F):



ASIAN & PACIFIC ISLANDER
WELLNESS CENTER

- **drop-in access, trans-positive space***
- **Peer navigator and case manager on demand***
- Support groups (ie seeking safety, wellness)
- Building community & chosen families
- Empowerment (digital stories, volunteering)
- LGBT movement (Pride, Trans march, testifying city hall)
- Seminars & workshops
- Housing assist
- Benefits counseling
- Substance use services
- Employment assist
- Volunteer

TransAccess Clinic (Thurs)

- Primary care (HIV & TG)
- Medical social work
- Psychiatry

San Francisco
Department of Public Health

Photos of TransAccess





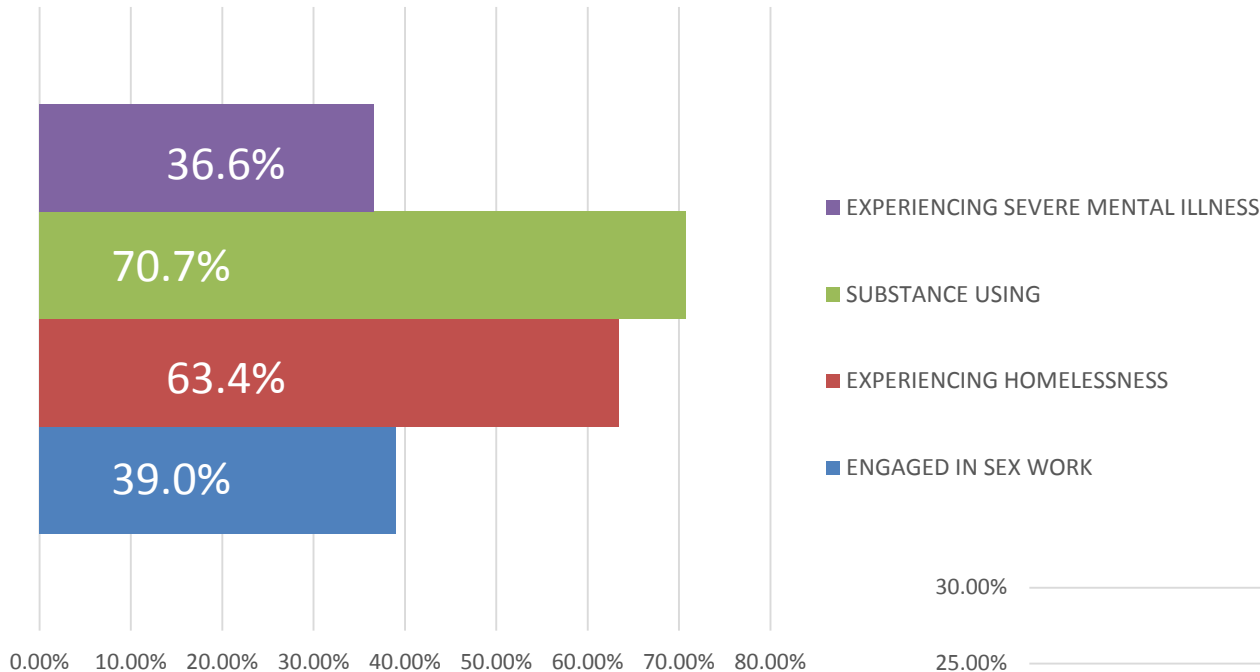
Snapshot: Program outcomes to-date

- 75 clients enrolled
 - ❖ Full : **45** on-site primary care
 - ❖ Partial : **30** wrap-around services only
- High acuity, inner-city population
 - ❖ **22%** of PC clients in top 1-5% medical utilizers in SFDPH
- Outcome: **61%** viral load suppression (compared to 28% national average, on par SF average)
- Of active clients, **75%** retained in care



TransAccess Baseline data

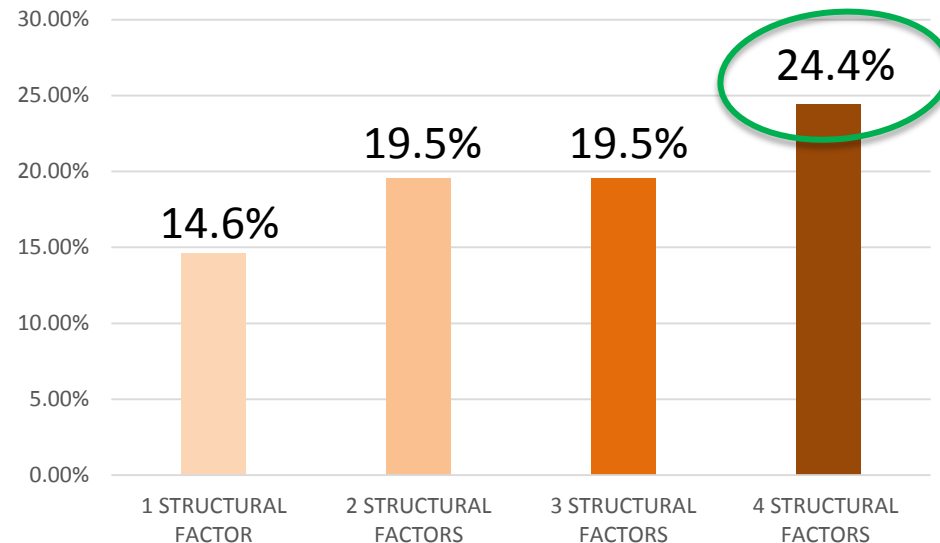
structural factors as markers of acuity on entry



- **78%** at least 1 structural factor

- **22%** of TransAccess primary care clients in **top 1-5% of SFDPH medical utilizers** in 2014-2015¹

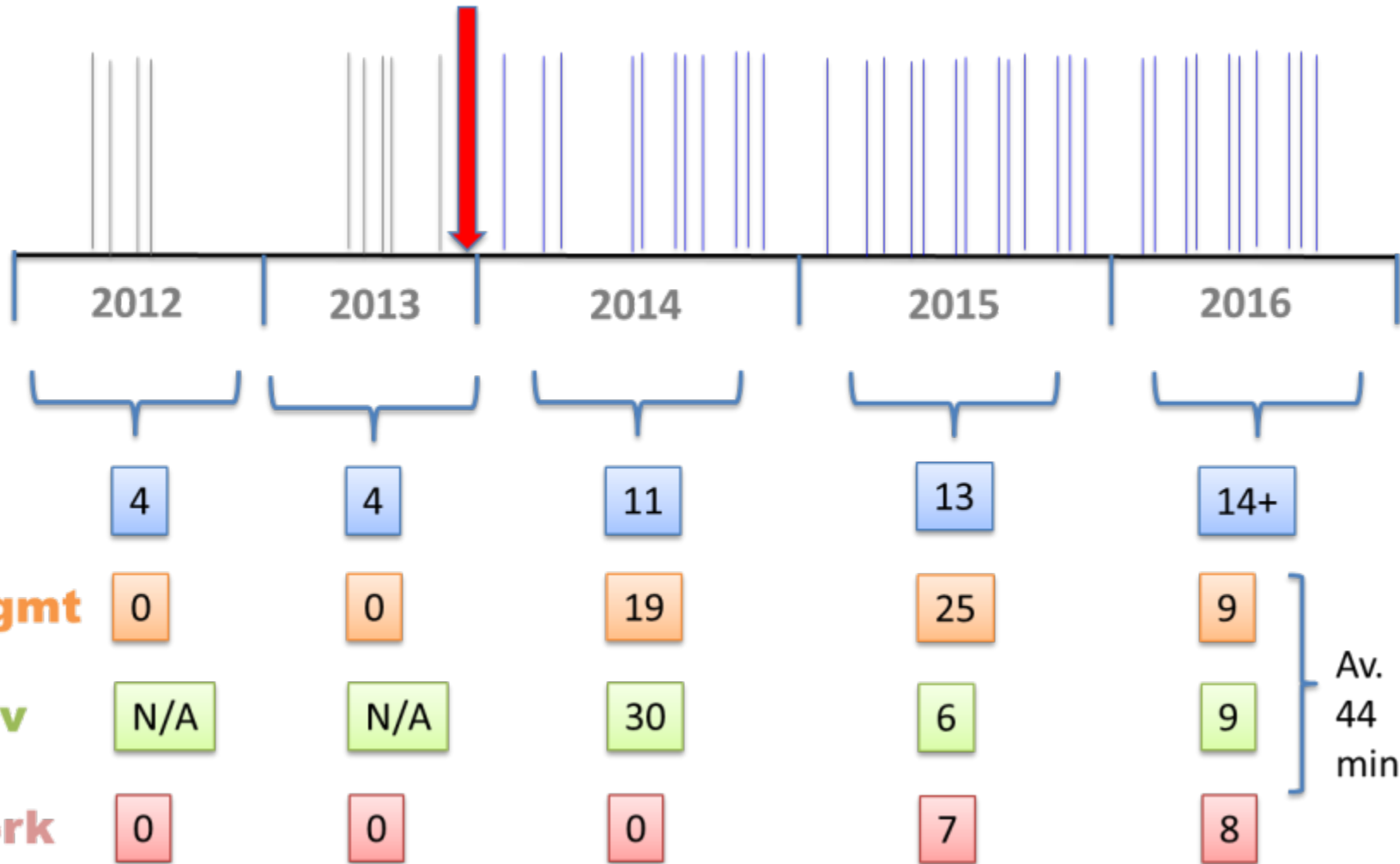
1. SFDPH CCMS system





Intervention Exposure JB: # of visits by discipline

TransAccess starts



1/23/14

- CM helped clt obtain supportive housing
- Prescribed new antipsychotic
- PCP restarted HIV meds
- Continue hormones, but *"...when I go home, I have to dress as a boy"*

3/12/15

- 6 months sobriety
- *"I can walk past dealers without being triggered."*
- *"I've got my power back, and I will never give it away again."*
- Starts volunteering

7/21/16: CD4 1183, VL<40

- Left treatment program
- Staying on meds

7/3/14

- Self DC'ed ARVs. Off psych meds
- Voices ↑ *"they critique my femininity"*
-

8/14/14: CD4 1193, VL <40

- Back on psych meds & ARVs
- CM: fewer crisis drop-ins

2/4/16: CD4 898, VL 988

- Adherence hiccups. Relapsed.
- *"I'm so used to being down here that I don't know how to handle myself now that I'm up here."*
- Multiple missed days at work

2012

2013

2014

2015

2016

Special Project of National Significance:

Lessons learned

- Access, staffing adequately matched to acuity
 - Open-access, panel size, drop-in, multidisciplinary
 - Frontline staff (CM, PN) provide essential, day-to-day psychosocial support
- Co-location of HIV/TG expertise
- Approach to care: trauma-informed, gender affirming
 - Safety, trustworthiness, mutuality, peer support, sociopolitical context of trans/gender non-conforming peoples, empowerment & voice
 - Proactive gender affirming care
- Community power & visibility

Thank you!