

# Closing Gaps in the Continuum By Employing Certified HIV Peer Navigators, 6393

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# Disclosures

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# Learning Objectives

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

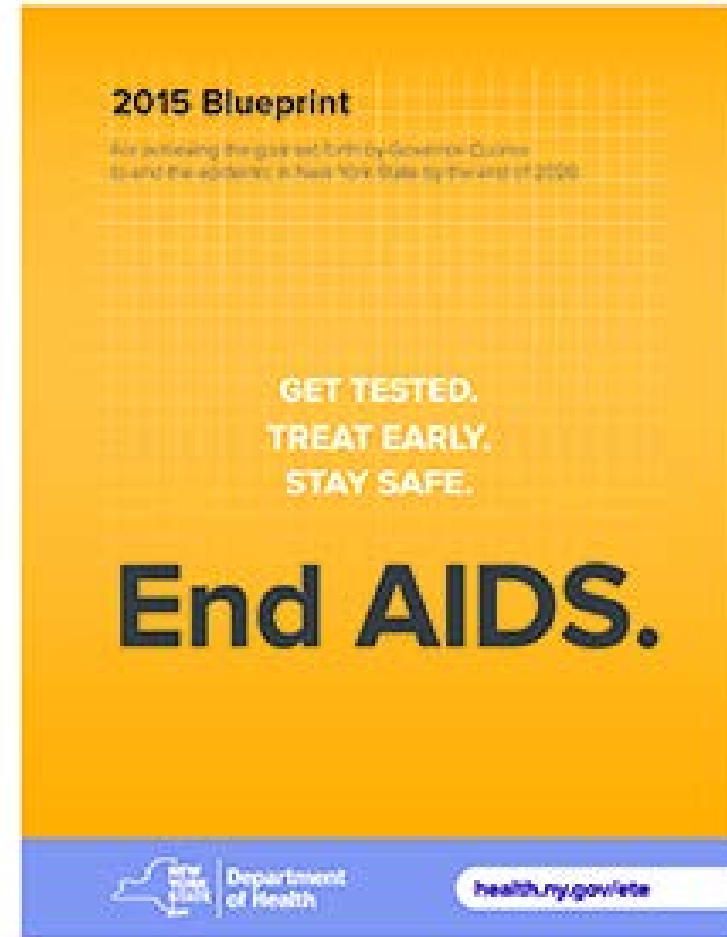
1. Recall the NYS AIDS Institute and NY Ryan White Part A EMA's efforts to support the development of a peer workforce to address gaps in the care continuum.
2. Increase knowledge of NYS AIDS Institute's work on peer certification to inform local, jurisdictional peer certification efforts.
3. Increase understanding of best practices to support the development of a peer workforce through procurement, training, and technical assistance.

# AIDS Institute Peer Worker Certification: Review of Process and Current Status



# Peer Certification

- Support overall goal of the Governor's plan to end the AIDS epidemic (ETE) by 2020
- Two specific ETE objectives relate to peer certification
  - Build a peer workforce
  - Create employment opportunities for people living with HIV
- Meet the requirements and rigor needed for Medicaid reimbursement



# Unique Contributions of Peers

- Peers **share characteristics** of their target client populations, including
  - Racial, ethnic, sexual orientation, gender identification
  - Life-experience; same medical conditions; stigma
- Shared “**lived experience**” allows Peer Workers to relate more easily with clients and increases client comfort. (HRSA; 2010)
- Peers “help **bridge the gap** between patients and the professional staff.” (CORE Center Clinic Rush-Presbyterian-St. Luke's Medical Center ***Peer Educators At The Core Center*** <http://www.univ.rush.edu/core/peers.html>)

# Peer Contributions & Effectiveness: The Research

- 1990's to 2015 evidence of effectiveness in the Peer-related interventions
- Perry and colleagues in 2014 review
  - Hypertension: 7/8 studies showed peer effectiveness
  - Reducing Cardio-Vascular Risk: 19/20 studies showed effectiveness
  - Diabetes Control: different levels of benefit in different aspects for diabetes care
- Other Studies
  - Cancer Care: Improved follow-up and outcomes
  - Asthma: Reduced urgent care and hospitalizations
  - Psychiatric Care:
    - Reduced Hospitalizations by 23%
    - Increased psychiatric stabilization



# Evidence for Return on Investment

- Peer Workers Increased Primary Care Visits
  - Increased primary care visits by 40% to 50% (Whitley, E. M; et al; 2006)
  - Increase post-hospital connections with Primary Care (Kangovi, S; et al; 2014)
- Primary care providers will see multiple sources of income from peers
  - Potential direct re-imbursement from Medicaid for peer-delivered services
  - Indirect income increase by increased primary care visits from peer-assisted patients.



## Peer Contributions & Effectiveness: HIV Care

- Jones, James, MD; *et al*; (2003)
  - Peers help women get to HIV Specialists:
    - 6.8% HIV specialist care before Peer support
    - 84.7% with HIV specialist after peer support (**Increased 12-fold!**)
  - Increased **kept appointments** by 50%
  - Increased **usage of case management services**
- Perry and colleagues in 2014 review
  - “reduced **viral loads** and increases in **CD4 counts** in 13 of 16 studies, with statistically significant results in 7 studies.”
- Higa, Darrel H; Marks, Gary; Crepaz, Nicole; (2012)
  - Peer support **increased retention in care**
  - Peers as **effective in using Motivational Interviewing** techniques for outcomes as professionals using same interventions
- Kangovi, S;, Mitra, N; Grande, D; *et al*; (2014)
  - Peer support increased post-hospitalization connections with primary care

# Steering Committee

Composition	Provide guidance around:	
Statewide representation	Code of Ethics	Subcommittees: Code of Ethics; HCV; Harm Reduction; Assessment: Compensation and Benefits
Health Care Facilities	Core Competencies	
CBOs	Compensation Issues	
Peer Workers	Access to Benefits	
Consumers	Supervision and Support	
Harm Reduction focus	Training programs	
Hepatitis C focus	Knowledge assessment	

# Collaboration with Other State Peer Certification Efforts

- Actively collaborated with, and learned from, Office of Alcohol and Substance Abuse Services (OASAS) and Office of Mental Health (OMH) representatives who led peer certification efforts for their systems of care
- AIDS Institute certification takes advantage of our unique resources while remaining consistent with other state peer certification initiatives
- Comparison of Programs is available



# Who is eligible for certification?

- AI Peer Worker is someone who has the “shared lived experience” of:
  - Living with HIV/AIDS
  - Living with Hepatitis C
  - or having experience accessed Harm Reduction services
- Individuals who are “affected” are *not* eligible for AI Peer Certification.



# Eligibility Considerations

- High school diploma/GED- not required
- Criminal history or substance use restrictions- not a barrier



# What is Foundational Training?

- A readiness/preparedness program
- An opportunity for individuals to achieve a level of understanding and mastery of their own HIV/HCV/behavioral healthcare, treatment and psycho-social needs
- Standards for foundational training (60 hours) established by Steering Committee – available on [www.hivtrainingny.org/peercertification](http://www.hivtrainingny.org/peercertification)
- Future considerations: review/approval of shorter self management trainings to meet this requirement

## Foundational Training vs. Core Required Training

- Foundational Training occurs before a peer worker would begin their required Coursework.
- “Lays the Foundation”



# Key Elements to Certification Process

Materials available at  
[www.hivtrainingny.org](http://www.hivtrainingny.org)

Code of Ethics

Core Competencies

Training Requirements - 90 hours

Practicum - 500 hours

Supervisor's assessment

Knowledge assessment

Review Board Decision

Continuing Education – 10 hours per year





## Code of Ethics

- Code of Ethics has been established which outlines standards for:
  - Professional Behavior
  - Professional Boundaries
  - Abiding by agency policies
- Peer Workers sign an attestation to follow Code of Ethics
- Code of Ethics available for download

# Peer Worker Core Competencies



HIV and HCV Testing



Engagement, Linkage to, and  
Retention in Care



Treatment Initiation (ART and  
HCV) and Treatment Adherence



Self Management



Patient Navigation



Health Coverage

# Peer Worker Core Competencies



Harm Reduction, Syringe  
Access and Health  
Promotion



Support Groups



Case Conferencing



Client Involvement in  
Quality Improvement



Documentation of Activities

## From Competencies to Job Descriptions/Titles

- Peer Worker Competencies are intended to be comprehensive
  - Specific job **description** would likely be a **subset** of these competencies
  - Focus on one or several major areas of work
- Job **Title** need not mirror the certification



# Training Requirements

- 90 hours of training primarily found at [www.hivtrainingny.org](http://www.hivtrainingny.org)
- 68 hours of general requirements
  - Basic understanding of HIV/STD/hepatitis
  - Client centered counseling skills
  - Cultural competency
  - Trauma informed care, suicide prevention
- 22 hours of Specialized training in one of the following tracks:
  - HIV
  - HCV
  - Harm Reduction
- Continuing Education of 10 hours per year

Peer-Specific Course Titles	Length
AIDS Institute Pre-Certification Training	3 days
Peer Workers: Promotion Primary Care and Treatment Adherence for HIV	2 days
Peers Providing Trauma-Informed Care	1 day
HIV Peer Worker Role in Patient Navigation	2 days
Peer Worker Code of Ethics Review: On-line	30 min.



## Practicum Requirements

- Supervised Practicum or Demonstrated Work Experience:
  - 500 hours over one year
  - Up to two extensions
- Standardized supervisor evaluation examining core competencies
- Co-signed by supervisor and peer worker

# Knowledge Assessment

- On-line 30 question multiple choice test
- Case based
- Literacy level: 6<sup>th</sup> grade
- May retake until pass
- Study Guides available
- Future considerations: special accommodations for literacy, learning disability, other disabilities



STONY BROOK UNIVERSITY  
SCHOOL OF HEALTH TECHNOLOGY AND MANAGEMENT

*Certifies that*

**First Name Last Name**

*Has successfully completed the requirements for the*

**New York State  
Peer Worker Certification Program  
In HIV, HCV and Harm Reduction**

CPW Certificate # 001 Valid through June 16, 2018

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*Hovan Arango, Director  
Center for Public Health Education*

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*Craig Lehman  
School of Technology and Management*



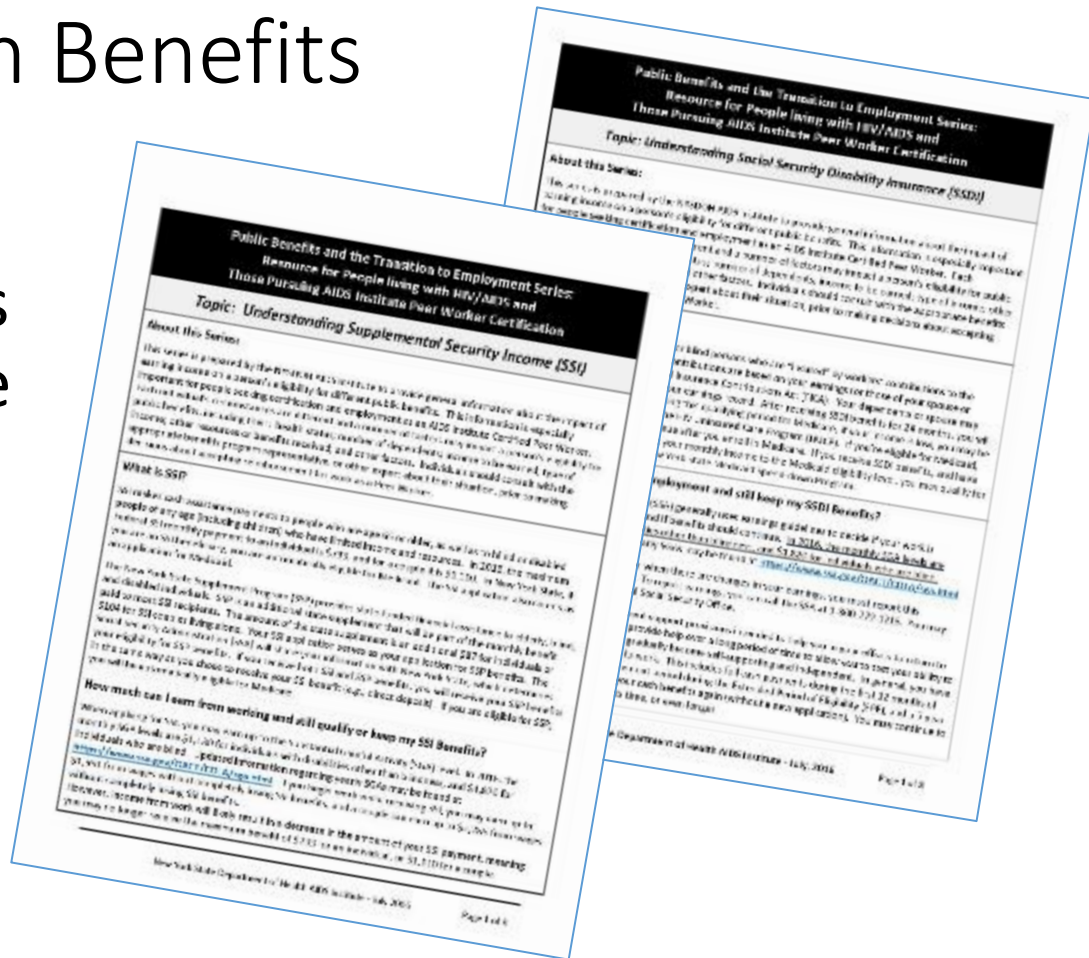


# Livable Wage for Peer Workers

- How is livable wage defined?
- NYS efforts toward a \$15 minimum wage
- How would per worker wages relate to the organization's overall salary structure, union contracts, etc?
- AMIDA Care Peer Worker Reimbursement survey
- Impact of wages/ stipends on peer worker's benefits – series under development

# Impact of Work on Benefits

- Critical concern of many peer workers is the impact of income from peer work on range of government benefits



# Peer Worker Employment LISTSERV

- Help connect employers with Peer Workers
- Employers forward job opportunities
- Job announcements sent to Peer Workers who signed up
- Established June 22, 2016
- As of July 25, 190 peer workers signed up and more than 10 job postings have been distributed

## Capacity-Building Series: [www.hivtrainingny.org](http://www.hivtrainingny.org)

- Webinar series explores implementing Peer-Delivered Services
  - Reviewing agency need for Peer services
  - Assessing Readiness
  - Reviewing Financial Issues
    - Reimbursement for services
    - Return on investment
    - Compensation of Peers and benefits as staff person
    - Sustainability of Peer position
  - Outlining Job descriptions
  - Exploring approaches to supervision
    - Practicum
    - Employment
- 2 day Supervisor training

# Organizational Readiness Assessment

- Consider key issues regarding implementing peer-delivered services
- The assessment is an information gathering or “awareness-raising” tool to be used to identify
  - Policies, infrastructure, and other factors that need to be addressed for successful Peer-delivered services
  - Areas where new policies or changes to existing one should be made
  - Mechanisms that needed to be created or improved or modified
- Organizational Assessment Tool is available for download at [www.hivtrainingny.org](http://www.hivtrainingny.org)





# Fiscal Issues

- Peer worker salary/ stipends might be supported through:
  - Grant funding
  - DSRIP
  - General funds
  - Future possibility: Medicaid reimbursement



# HIV/HCV Status and Job Descriptions

- ADA protects individuals from being **excluded from hiring** due to HIV/HCV or other illness status
- ADA limits employers from making inquiries on status prior to an offer of employment



# Asking Peer Workers about HIV, HCV, or Other Health Status

## Prospective Employers **Cannot**      Prospective Employers **Can**

- Ask interviewees to disclose their health status:
    - HIV Status
    - HCV Status
    - Substance Use Disorder Status
    - Mental Disorder Status
  - Ask how their health is
    - CD4 Levels
    - Viral Load
    - Symptoms
- Create a Job Descriptions that ask for “shared lived experience” of HIV, HCV or HR
  - Ask interviewees if they feel comfortable with all areas of the job
  - May confirm status at job offer



## HIV/HCV Status: Sample Job Descriptions

- Health and Disabilities Working Group (2006):
  - Title: Peer Advocacy Program Manager
  - HIV Status Language: “Experience, knowledge, and understanding of HIV/AIDS; **living with HIV**; and social and cultural issues related to living with HIV.”
- Boston Medical Center (11-12-15):
  - Title: Peer Navigator
  - HIV Status Language: “**This is a special position for an HIV-positive patient.** Some experience in HIV/AIDS-related medical/social/testing/prevention issues, including addiction, homelessness, sexuality, and refugee/immigration issues preferred.”

# Best Practices

- **Create clear expectations for Peer Roles and Responsibilities**
- **Create organizational culture/structure that treats peers as equals**
  - Team-based approaches to patient care is helpful to the successful integrations of peers
  - “Treat consumer staff members as you would other staff members and hold them accountable—do not lower your standards for them.” (Laszlo, Anna T, MA; 2005)

# Sources for Best Practices

- Health Resources and Services Administration; (2010) ***The Use of Peer Workers in Special Projects of National Significance Initiatives, 1993 – 2009.*** [http://hab.hrsa.gov/about/hab/files/spns\\_useofpeersreport.pdf](http://hab.hrsa.gov/about/hab/files/spns_useofpeersreport.pdf)
- Health and Disabilities Working Group; Boston University School of Public Health; *et al*; (2009) ***Building Blocks to Peer Program Success.*** <http://peer.hdwg.org/sites/default/files/COMPLETE-Building-Blocks-to-Peer-Program-Success.pdf> or <https://careacttarget.org/sites/default/files/file-upload/resources/BuildingBlocksPeerProgramSuccess2009.pdf>
- Laszlo, Anna T, MA; (2005) ***Organizations That CARE: A Toolkit for Employing Consumers in Ryan White CARE Act Programs.*** [https://careacttarget.org/sites/default/files/file-upload/resources/OrgsThatCAREtoolkit\\_2005.pdf](https://careacttarget.org/sites/default/files/file-upload/resources/OrgsThatCAREtoolkit_2005.pdf)

# Status of Certification

- First review board meeting to approve applications approved 4 applicants
- Review board will meet quarterly
- By next meeting in Fall, 2016 it is anticipated that 15-30 peers will have met the requirements

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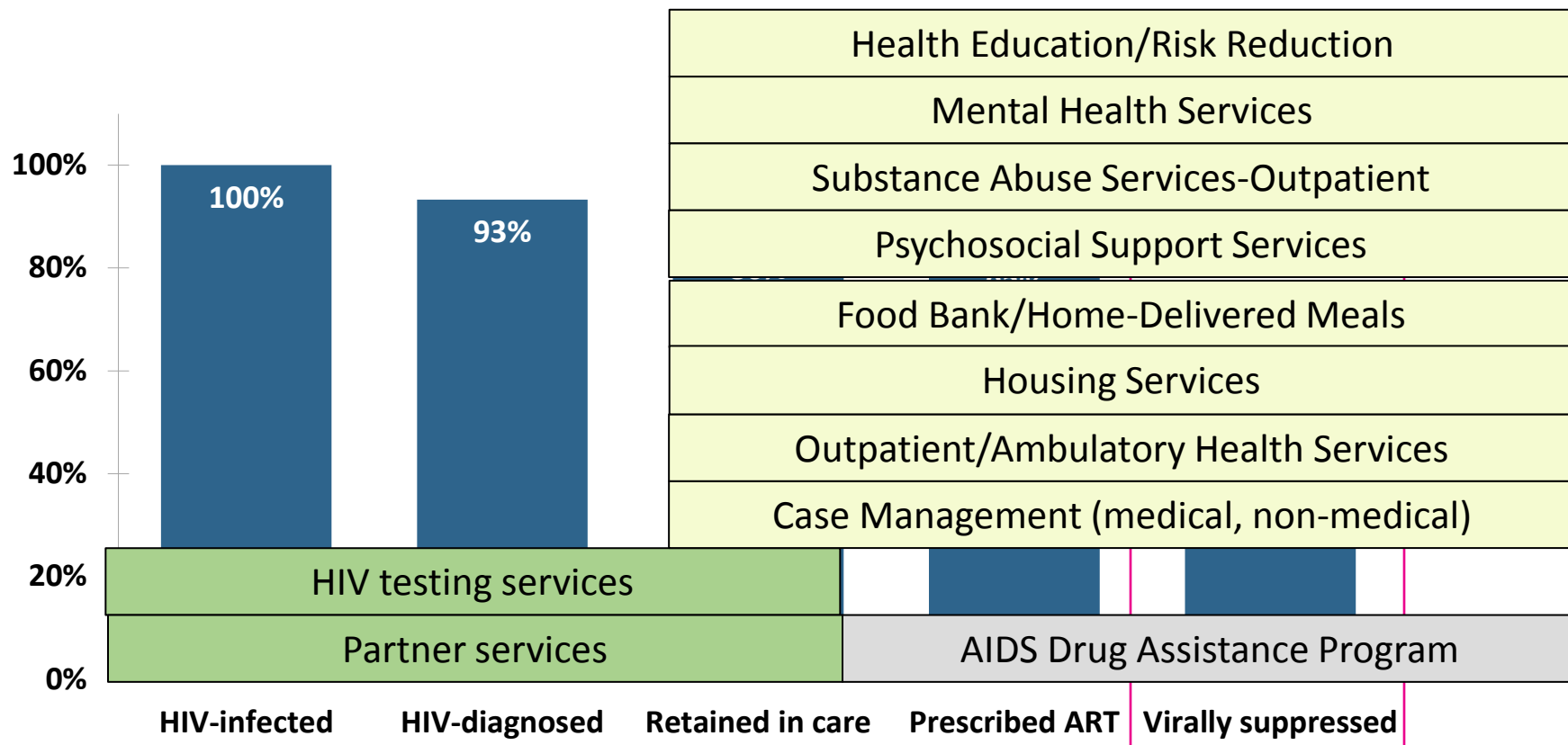
# Peer Navigation

## NYS and NYC Part A Collaboration

- NY EMA Peer Services
  - Roles and Responsibilities
  - Training
  - Contracting and Implementation
  - Next Steps



# PROPORTION OF HIV-INFECTED PEOPLE IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2014



Of the approximately 87,000 people infected with HIV in NYC in 2014, 72% had a suppressed viral load

Viral suppression is defined as viral load  $\leq 200$  copies/mL.

For definitions of the stages of the continuum of care, see Technical Notes.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2015





# NY EMA Funded Services with Peer/CHW Role

- Early Intervention Services
- Health Education & Risk Reduction
- Medical Case Management
- Mental Health
- Non Medical Case Management
- Psychosocial Support (Supportive Counseling)
- Substance Use (Harm Reduction)



# NY EMA Navigator Roles

- Navigation and Accompaniment

- Education

- Health Promotion

  - PACT Model- use of MI

  - Focused health promotion topics such as Adherence, Social

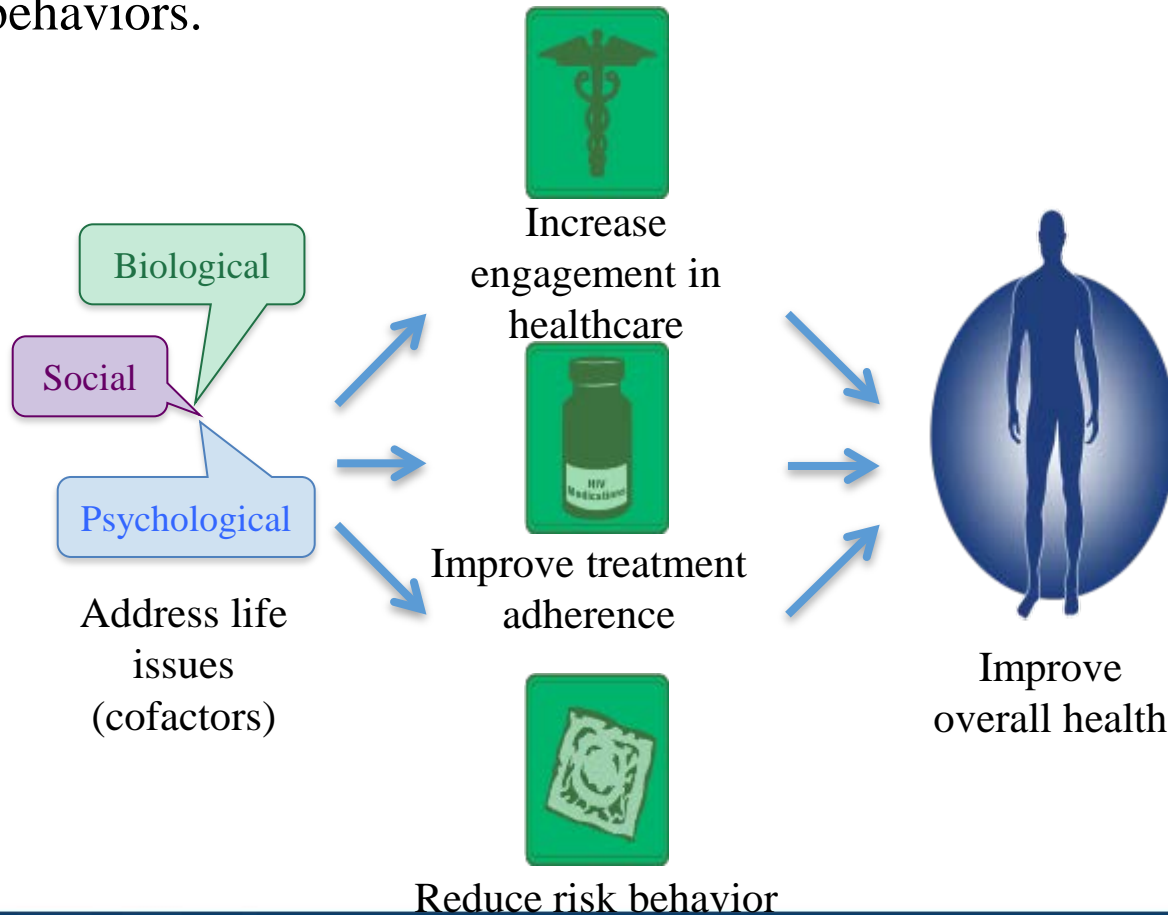
    - Support, Medical Appointments and Providers, Harm Reduction

# NYC Part A Peer Certification Efforts

- Aligned RWPA Mental Health and Harm Reduction (Outpatient Substance Use) Peer training requirements with NYS certification effort
- Certified NYC T-TAP trainings to count towards NYS Peer Certification
- Developed reimbursement rates for peer delivered services which incorporate a livable wage (\$15 and over)
- Utilized Peer Worker Employment Opportunities LISTSERV
  - <https://www.hivtrainingny.org/Home/PeerCertification>

# Positive Life Workshop

PLH improve their health outcomes by gaining knowledge, motivation, skills and support to promote three primary goal behaviors.



# NYC Training Equivalency for NYS Peer Certification

- HIV 101, STI 101
- Motivational Interviewing or Fundamentals of Prevention Counseling
- LGBTQ Sensitivity
- Working with Clients Living with HIV/AIDS and co-occurring Mental Health Disorders
- HIV Testing
- Delivering HIV Positive Test Results
- Hepatitis C 101
- Group Process and Facilitation Skills

# Implementation

## ➤ Training

- ❖ Enhanced Outreach
- ❖ Ethics/Boundaries
- ❖ PEP, PrEP and Biomedical
- ❖ Trainings tailored to models of care

## ➤ Clinical Supervision

- Focus on unique role of navigators in healthcare
- Provides ongoing support and coaching



# Implementation

## Technical Assistance and Quality Management

- Conduct site visits, develop program manuals and provide as needed support, including;
  - Fidelity to models of care
  - Coaching in quality improvement
  - Documentation training
  - Assess training needs of staff (including new hires)
  - Review and revise Quality Management Plans for services
  - Power of QI Quality Management Conference, including consumer sessions

# Next Steps

- Examination of the health and psychosocial benefits of training peer educators to deliver an HIV self-management program
- Use of peers to deliver PrEP services
  - Accompanied PrEP Navigation training series
- Continued Coordination and Collaboration with NYS Peer Certification Effort



# CONSIDERING WORK. INCOME AS A DETERMINANT OF HEALTH



**SAVE THE DATES!**  
More info to come about  
registration.

The NYC Department of Health is working on a series of events to address client income and employment needs. Our aim to is to strengthen the linkage between established employment/vocational rehabilitation programs and HIV care and prevention services. **Our intended audience is HIV service providers.**

1

## WEBINAR

July 25th @ 1:30PM

The first webinar, titled "Income and Benefits" will provide an overview of:

- Housing (HOPWA & HASA)
- Medical coverage
- Social Security
- Resources for benefits advisement

2

## WEBINAR

August 4th @ 1:30PM

The second webinar titled "Employment Services and Resources Available in NYC" will cover:

- Vocational rehabilitation
- Workforce development
- HIV programs in NYC

3

## MEETING

August 19th - full day

The meeting will include presentations, panel discussions and a networking session. Our goal by the end of the meeting is provide the information needed for agencies to begin referring their clients to appropriate employment services.

Questions? Email us!



[consideringwork@health.nyc.gov](mailto:consideringwork@health.nyc.gov)



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