State Bridge Counseling Linkage Intervention

Highlights from the Special Projects of National Significance (SPNS) Program

This fact sheet contains highlights from North Carolina's *State Bridge Counseling Re-Engagement* Intervention, supporting national goals to increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care. This intervention sought to re-engage people living with HIV (PLWH) into care, targeting those who were once linked to care but had fallen out-of-care, and linking and retaining new patients in care and starting them earlier on antiretroviral therapy.

Setting: North Carolina

Target Population: PLWH who are lost to care; PLWH who do not consistently use care

Theoretical Basis: Strengths-Based Case Management

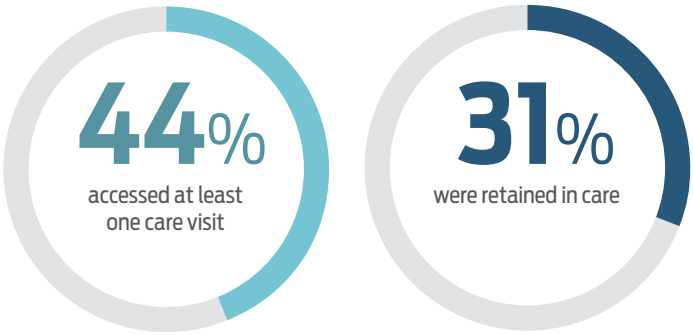
Background

Decreases or drop-offs along the HIV care continuum in the proportion of people who reach the next level of care engagement, reinforces the need to increase access to and opportunities for engaging in HIV care for PLWH. Clients retained in care are more likely to have better overall health outcomes, including improved CD4 count, suppressed viral load, and fewer hospital admissions/emergency room visits.[1] Identifying these gaps and implementing improvements can increase the proportion of PLWH who are prescribed ART and are able to stay engaged in HIV medical care and adhere to their treatment so that they can achieve viral load suppression.[2] The *NC-LINK: Systems Linkages and Access to HIV Care in North Carolina* intervention strived to increase the number of PLWH who are engaged in consistent care by creating a 'system of linkages' along the HIV continuum of care in North Carolina. One of the ways this was accomplished was through creating a statewide team of bridge counselors to rapidly link newly-diagnosed HIV patients into care and reengage patients who are out of care.

Unmet Needs

Of those newly diagnosed, 74.5% of persons age 13 and older are linked to care within one month of diagnosis though just 56.5% are retained in HIV care.[3] Data reveal that PLWH who are aware of their status but not retained in medical care are responsible for an estimated 61.3 percent of HIV transmissions.[4] Social and environmental factors, such as stigma, poverty, and limited health literacy impact retention in medical care, particularly in the South.[5–8]

In 2011, prior to the North Carolina-based intervention, there were 26,168 PLWH with a known diagnosis.[9] Of these individuals:



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Intervention Objectives

The objectives of North Carolina's *State Bridge Counseling Re-Engagement* intervention were to identify and subsequently re-engage out-of-care people living with HIV across the state into continuous care.

Key Considerations for Replication

- Upfront planning and a quality improvement process are key to the intervention's success over the long-term.
- Develop a protocol to help define the roles of the retention staff versus that of the SBCs and the different activities each will be doing to help locate and re-engage clients. The SBC protocol also outlines coordination with retention staff to review the clinic's internal policies and procedures for record searches and locating clients who are out of care.
- Prioritize training so that SBCs receive ongoing training in fieldwork, substance use disorder and mental health, as well as overcoming resistance/barriers to care.
- Prioritize data tracking, which is critical to the success of the SBC Intervention. Retention staff make out-of-care referrals through CAREWare, which also allows the SBCs to track their efforts and communicate with retention staff. The SBCs also document re-engagement activities and close cases using the data system.

Intervention Staff Requirements

To replicate North Carolina's *State Bridge Counseling* intervention, the following positions and capacity are necessary.

- **State Bridge Counselors**—The state health department position.
- **Bridge Counselor Supervisor**—oversees State Bridge Counselors' performance.
- **Electronic Health System Expert**—Staff person proficient in CAREWare or a similar electronic health system to help others learn to use the program. May not be a dedicated position (could be the SBC).

RESOURCES

This fact sheet is part of the ***Improving Health Outcomes: Moving Patients Along the HIV Care Continuum and Beyond*** resources from the Integrating HIV Innovative Practices (IHIP) project.

- **North Carolina Systems Linkage and Access to Care Initiative. NC LINK Intervention Manual (2015). https://careacttarget.org/sites/default/files/file-upload/resources/NC%20LINK%20Interventions%20Manual%202015.pdf**
- **SPNS Initiative: Systems Linkages and Access to Care, 2011–2016. https://hab.hrsa.gov/about-ryan-white-hivaids-program/spns-systems-linkages-and-access**

Notes

[1] Horstmann, E., J. Brown, F. Islam, J. Buck, & B. Agins. Retaining HIV- Infected Patients in Care: Where Are We? Where Do We Go from Here? *Clin Infect Dis*. 2010; 50: 752–761.

[2] DHHS/SMAIF. HIV/AIDS care continuum. Retrieved from https://www.hiv.gov/federal-response/policies-issues/hiv-aids-care-continuum.

[3] CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2014. *HIV Surveillance Supplemental Report* 2016;21(No.4). https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-21-4.pdf Accessed September 16, 2016.

[4] Grimes RM, Hallmark CJ, Watkins KL, et al. Re-engagement in HIV Care: A Clinical and Public Health Priority. J AIDS Clin Res. 2016;7(2): 543.

[5] Kempf MC, McLeod J, Boehme AK, et al. A qualitative study of the barriers and facilitators to retention-in-care among HIV-positive women in the rural southeastern United States: implications for targeted interventions. *AIDS Patient Care STDS*. 2010;24:515–20.

[6] Wawrzyniak AJ, Rodriguez AE, Falcon AE, et al. Association of individual and systemic barriers to optimal medical care in people living with HIV/AIDS in Miami-Dade County. *JAIDS*. 2015;69:S63-72.

[7] Pellowski JA. Barriers to care for rural people living with HIV: a review of domestic research and health care models. *JANAC*. 2013;24:422–37.

[8] Sullivan KA, Berger MB, Quinlivan EB, et al. Perspectives from the Field: HIV Testing and Linkage to Care in North Carolina. *J Int Assoc Provid AIDS Care*. 2015.

[9] North Carolina Department of Health and Human Services. *EpiNotes*. Raleigh, NC: North Carolina Division of Public Health Epidemiology Section; 2011.