

# PEER-LED BEST PRACTICES TO IMPROVE HEALTH OUTCOMES AMONG PERSONS WITH HIV WHO HAVE BEEN INCARCERATED

Anthony J. Santella, DrPH, MCHES, University of New Haven

Alison O. Jordan, LCSW, ACOJA Consulting

Arianne Watson, MA, Alliance for Positive Change



# Agenda

- ✓ Objectives
- ✓ Organization and Project Overview
- ✓ Setting the Foundation
- ✓ Lessons from the field: ACOJA Consulting
- ✓ Lessons from the field: The Alliance for Positive Change
- ✓ Conclusions

# Learning Objectives

This webinar will serve as a technical assistance resource for the Ryan White HIV/AIDS Program and the broader public health community. The specific objectives of this webinar are to:

- ✓ Recognize the importance of using peers to improve health outcomes among people with HIV who have been incarcerated
- ✓ Describe best practices in providing peer-led transitional care coordination
- ✓ Discuss the role of community-based organizations in building peer capacity in HIV programs

# Funding Acknowledgement

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# PROJECT OVERVIEW

# About NASTAD

- **Who:** A national non-profit representing public health officials who administer HIV and viral hepatitis programs funded by state and federal governments.
- **Where:** All 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, seven local jurisdictions receiving direct funding from the Centers for Disease Control and Prevention (CDC), and the U.S. Pacific Islands.
- **How:** Interpret and influence policies, conduct trainings, offer technical assistance, and provide advocacy mobilization for U.S. health departments.

# Project Overview

## Special Project of National Significance – Part F

- **Funder:** HRSA HAB
- **Goal:** Identify, catalog, disseminate, and support the replication of evidence-informed approaches and interventions to engage people living with HIV (PLWH) who are not receiving, or who are at risk of not continuing to receive HIV healthcare.
- **Partnerships:** NASTAD, Northwestern University's Center for Prevention Implementation Methodology, and Howard Brown Health Center
- Three-year project: September 1, 2018 – August 31, 2021
  - Extended through August 2022



# CIE Overview

CIE's goal is to:

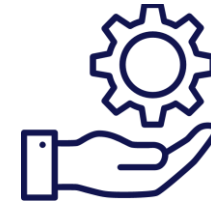
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Identify



Catalog



Disseminate

innovative, evidence-informed models of HIV care.

# CIE Resources

## Key Features:

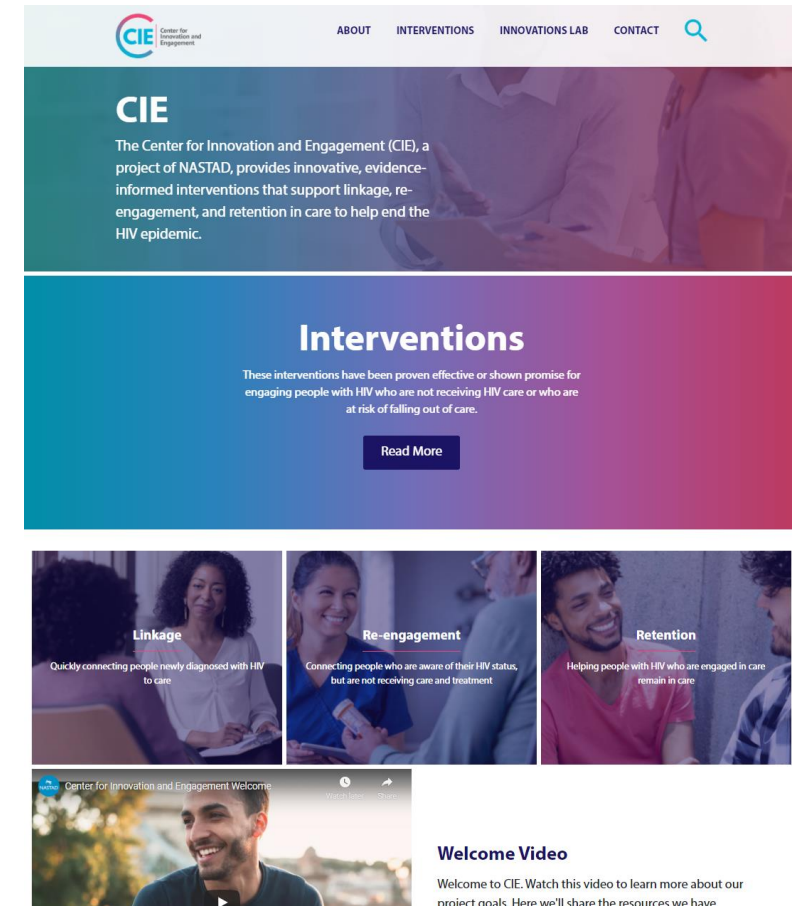
- Implementation Guides
- Provider Tools
- Videos
- Key Info Presented Up-Front
- Cost Calculator & How-to Video
- Listserv
- Webinars, TA Request System, Population-Specific Tip Sheets, and More!



## Implementation Guides

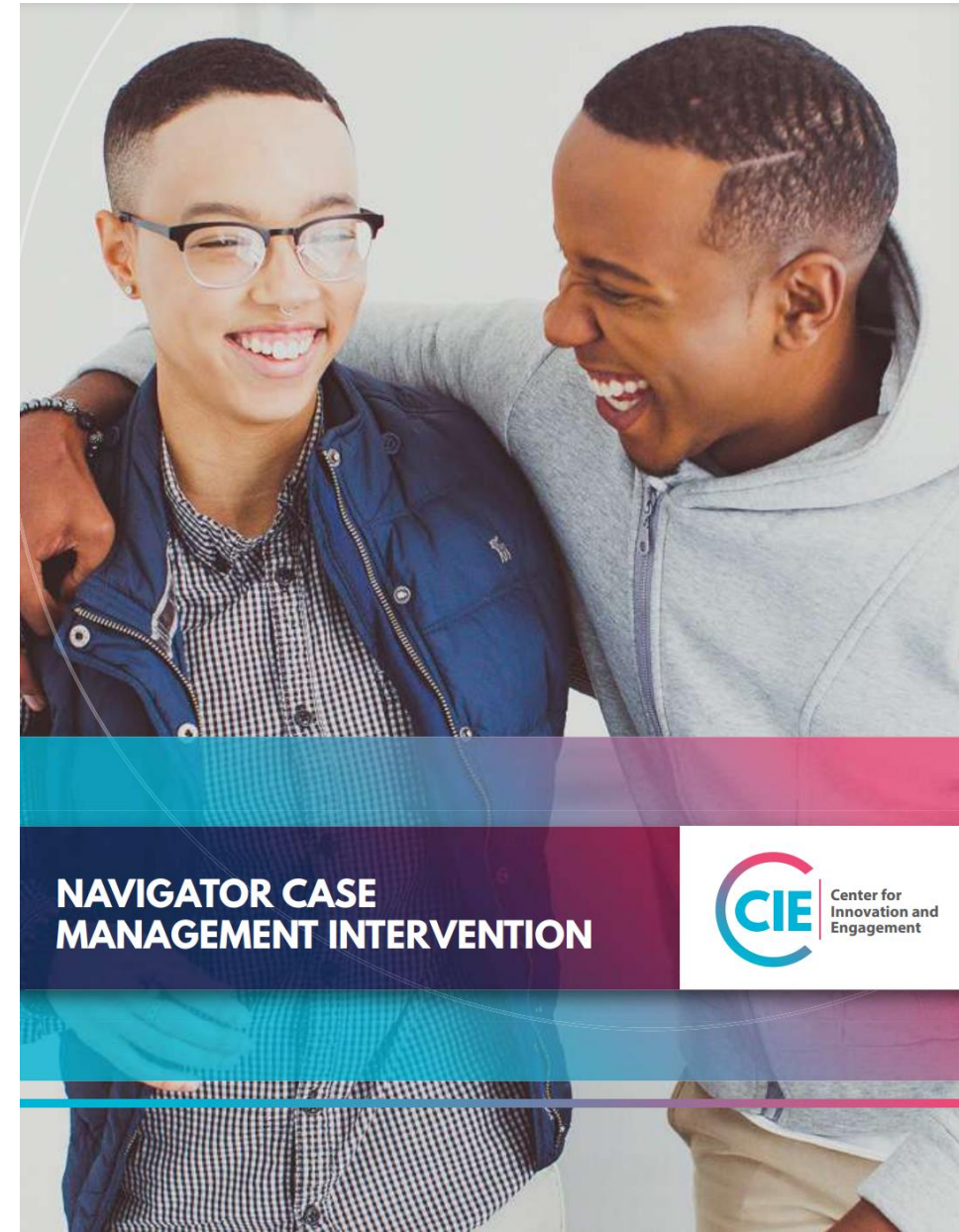


## Website



# Navigator Case Management Intervention

- The following implementation guide can serve as a resource for replicators who may be interested in implementing evidence-informed approaches that can advance health equity for people with HIV who have been incarcerated:
  - [Navigator Case Management](#) - This is a 12-month intervention for people with HIV who are incarcerated and are leaving to return to the community. The intervention leverages harm reduction, prevention case management, and Motivational Interviewing techniques to promote healthy behaviors.



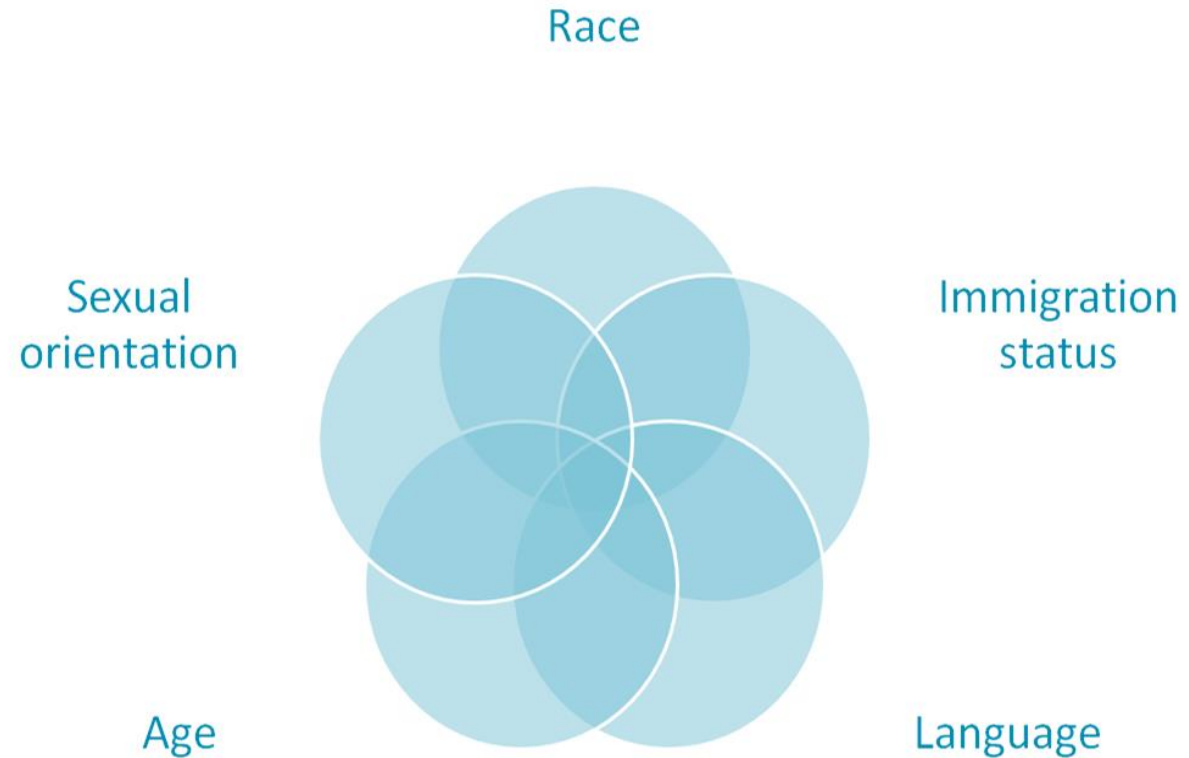
# SETTING THE STAGE

# Why this Population?

- People with HIV (PWH) who have been incarcerated face significant challenges across the HIV care continuum
- Mass incarceration attributed to the “war on drugs,” racially charged arrests, and sentencing, among other factors, disproportionately impact Black/African people, particularly men
- These same populations are also burdened by the HIV epidemic
- People with HIV who are incarcerated often learn about their status during incarceration and studies have shown viral load rebounds and reduced CD4 counts post-incarceration
- Organizations must invest in re-entry care for people with HIV and explore ways to mitigate the impact these systems have on their health outcomes

# Intersectionality

Having multiple oppressed identities (race, ethnicity, class, gender, sexual orientation, age, language, ability, etc.) affects physical and mental health, well-being, and health-seeking behaviors



# Justice-Oriented Approach

## Inequality

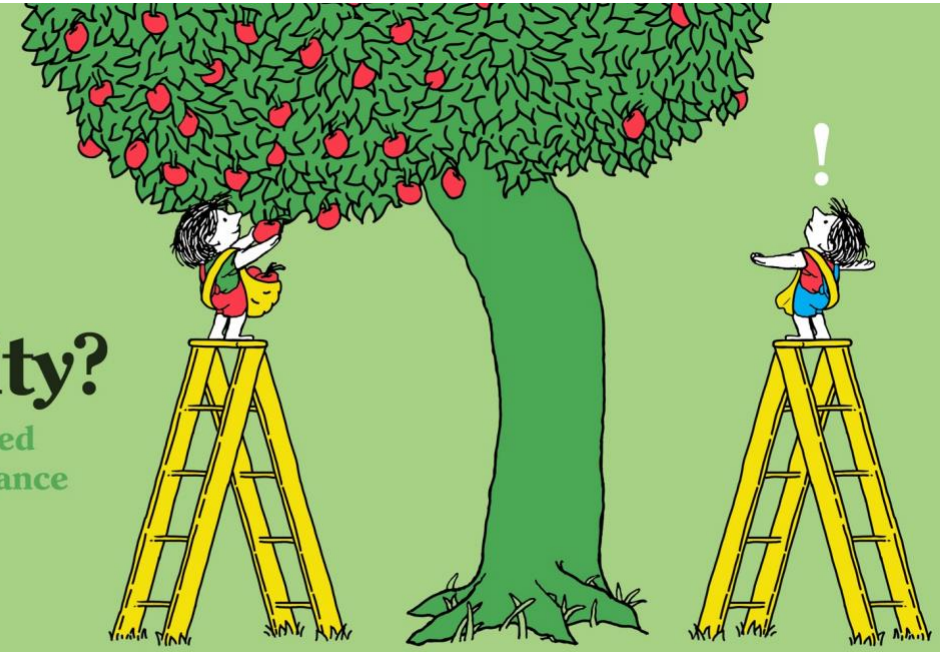
Unequal access to opportunities



2019 Design In Tech Report | "Addressing Imbalance" Illustrations by @lunchbreath

## Equality?

Evenly distributed tools and assistance



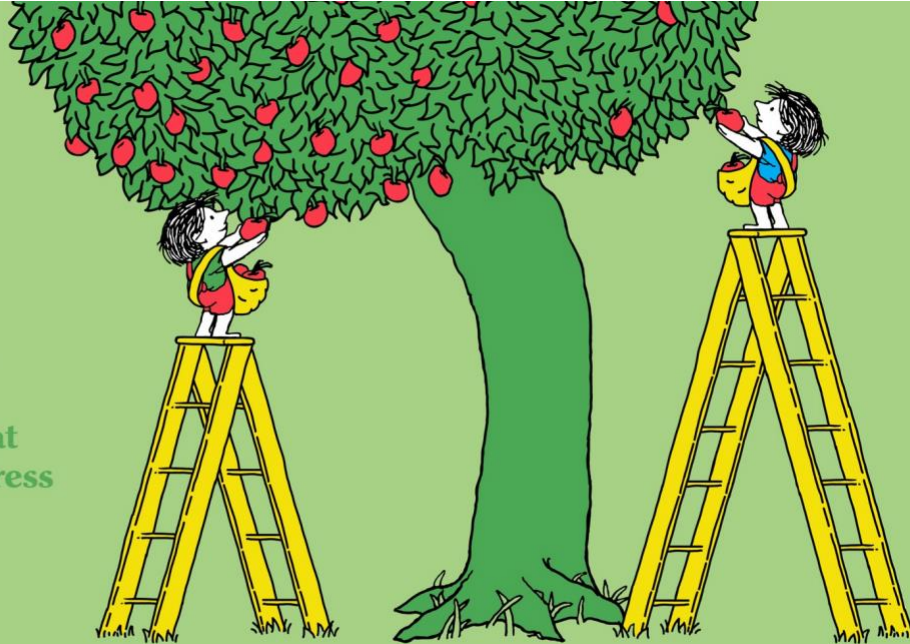
2019 Design In Tech Report | "Addressing Imbalance" Illustrations by @lunchbreath

“Privilege is not in and of itself bad; what matters is what we do with privilege”  
– bell hooks

# Justice-Oriented Approach

## Equity

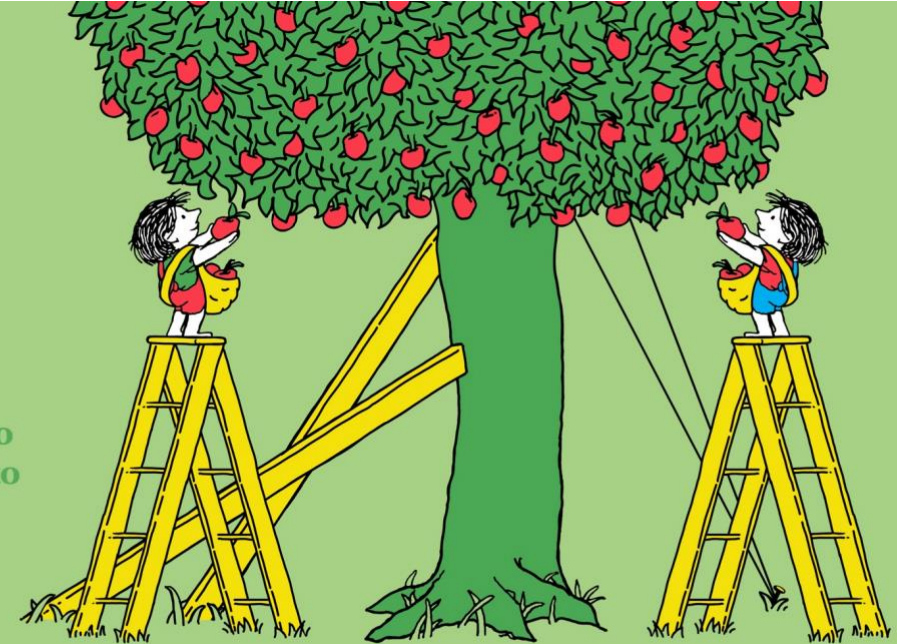
Custom tools that identify and address inequality



2019 Design In Tech Report | "Addressing Imbalance" Illustrations by @lunchbreath

## Justice

Fixing the system to offer equal access to both tools and opportunities



2019 Design In Tech Report | "Addressing Imbalance" Illustrations by @lunchbreath

“Privilege is not in and of itself bad; what matters is what we do with privilege”  
– bell hooks



# Role of Peers in HIV Prevention, Care and Treatment

- Peers or peer navigators can help clients find their way through health care systems to obtain timely preventive, care and treatment
- They are often staff members, who could be considered peers of the clients, to promote trust with often stigmatized and historically marginalized populations
- Organizations should invest in professional development opportunities for peers, including peers who have already been working in the field
  - Enhance knowledge about HIV prevention, care and treatment among other topics through continuing education and to create common standards



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# Sustaining Ending the HIV Epidemic Efforts Involving Peers

- Designate internal champions to ensure the best interests of the client population are being accounted for
- Provide regular trainings to your staff to ensure they are knowledgeable about emerging issues related to HIV prevention, care, and treatment in addition to interconnected social determinants of health
- Formalize your approach with protocols that can be regularly monitored and assessed to ensure your organization is helping your clients achieve their full health potential
- Utilize the national network of Ryan White providers for support, best practices, and other tools of the trade so that you don't have to recreate the wheel
- Apply or request access to community resources and grants to develop and evaluate your processes, protocols, and programs

# PROMISING STRATEGIES



Alison O Jordan & Jacqueline Cruzado



ACOJA Consulting is an internationally recognized team skilled in strategic planning and guidance for health and human services, university research and government programs.

**Alison O. Jordan, LCSW**



[www.ACOJAconsulting.com](http://www.ACOJAconsulting.com)

# Jail-based Services

- Opt-in universal rapid HIV testing
- Primary HIV care and treatment, including appropriate ARVs
- Treatment adherence counseling
- Health education and risk reduction

# Transitional Care Coordination

- Discharge planning starting on Day 2 of incarceration
- Health Insurance Assistance/AIDS Drug Assistance Program (ADAP)
- Health information/liaison to courts
- Discharge medications
- Patient navigation, including accompaniment, transport, and finding people lost to follow-up
- Linkages to primary care, substance abuse, and mental health treatment upon release

# Community-based Services

- Health exam and services
- Medical case management
- Linkages to care
- Coordination of medical and social services
- Treatment adherence
- Assessment and placement for housing
- Health insurance assistance/ADAP

**It can take just one individual to initiate improvement and one team to sustain it.**

# Tools and Tips for Providing Transition Care Coordination

**Synthesize program planning, implementation, and lessons learned, offering strategic approaches to:**

- Implement, expand, and refine care coordination work.
- Negotiate and form partnerships to improve health outcomes.
- Identify medical alternatives to incarceration.
- Improve continuity from jail to community healthcare.
- Benefit health and hospital care, public health, HIV services, substance use and mental health, and jail health services.

## Results

- **Fewer visits to the emergency department**, from 0.60 per person in the 6 months prior to baseline to 0.20 visits at follow-up
- **Housing instability and food insecurity decreased** from over 20 percent at baseline to less than 5 percent at follow-up
- Individuals also self-reported **feeling in better general health**

# Critical Skills

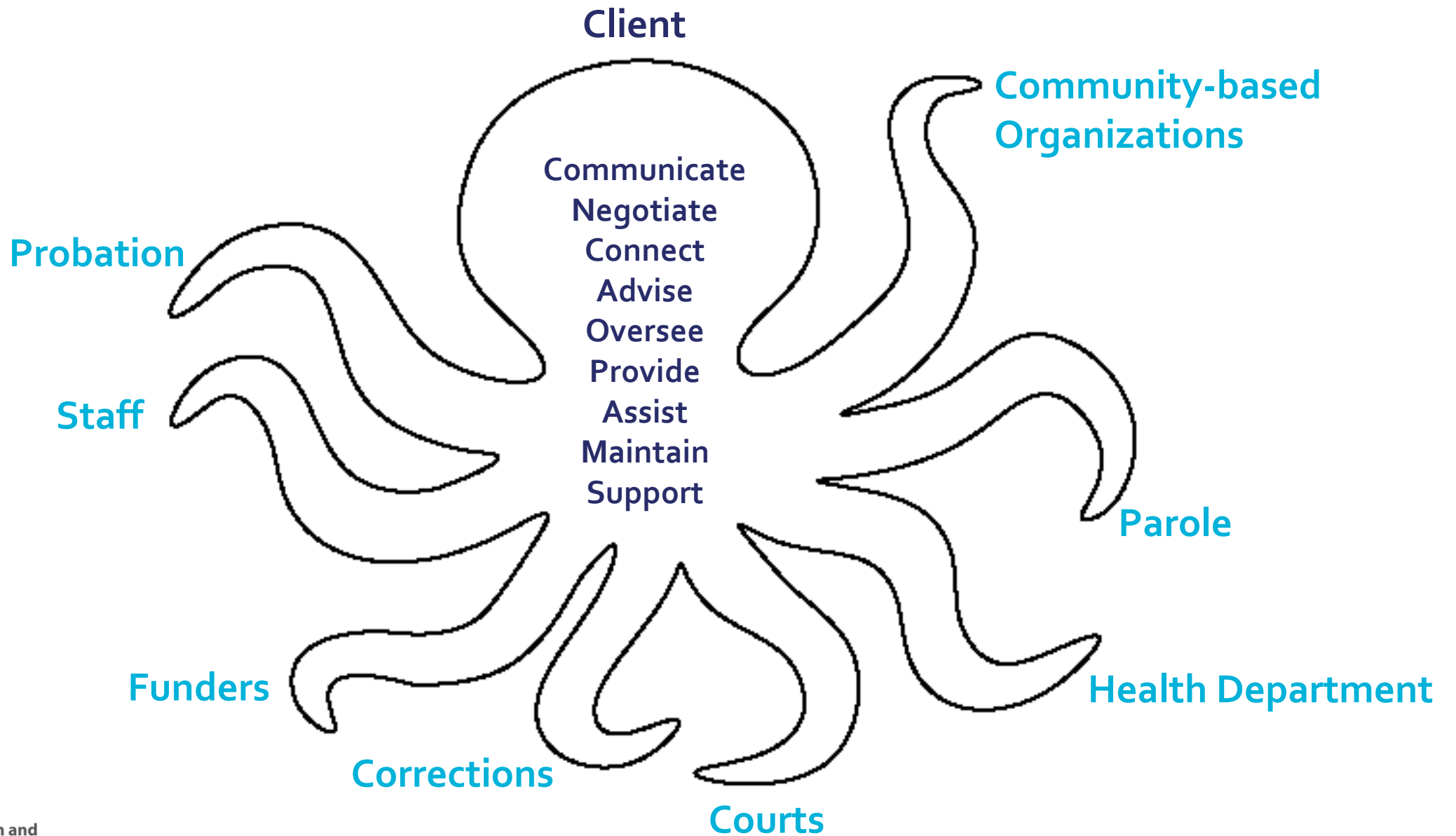
## Transitional Care Coordination & Correctional Staff

- Acknowledge capacity concerns for security staff (e.g., escorts/transport, care coordinator/new staff safety)
- Set clear expectations about what you can do
- Expect to provide something to get something (i.e., evidence-informed interventions, information and support)

## Demonstrate that You are Accessible and Cheerful

- Become a familiar face
- A smile and a compliment will go a long way





# Negotiating a Peer Leader Group

## ■ Problem Identified:

A consumer group member with a history of incarceration indicated that stigma and lack of trust are barriers to accepting the offer of an HIV test.

## ■ Suggested Solution:

Consumers indicated that an offer from a peer rather than a person in white coat would reduce this barrier.



## The Solution:

- Met with the Warden to involve him in planning a program in which client peers act as educators.
- Explained the problem and discussed the solution
- Asked if we could reach out to a natural leader group (e.g., “Inmate Council”) to recruit peer leaders as health educators.
- The Warden suggested using graduates from the treatment readiness program and we agreed.
- The Warden offered to place graduates in different housing areas to reach a wider audience.
- Peer leaders as health educators was officially established.



## A CBO Perspective

Using Peers to improve health outcomes among People with HIV who have been incarcerated

**Arianne Watson, MA**

Associate Director, Outreach & Linkage to Care

# Positive Change in Action

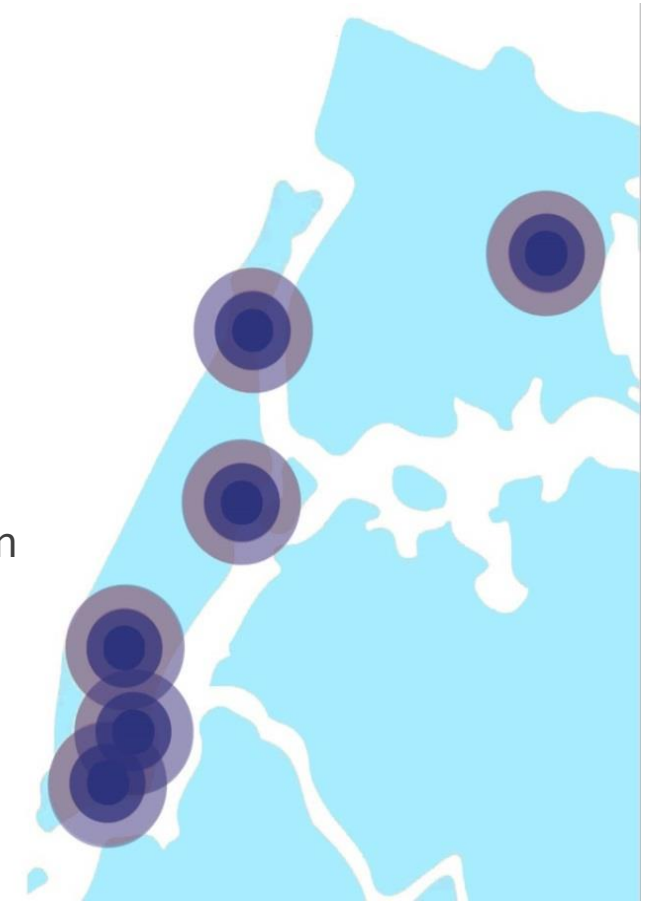
The Alliance helps New Yorkers affected by HIV and other chronic illnesses make lasting positive changes towards health, housing, recovery, and self-sufficiency. Each year, we help New Yorkers:

- Get tested for HIV
- Manage substance use
- Access medical care to get their health back on track
- Escape homelessness
- Rejoin the world of work
- Replace isolation with community
- And lead healthier and more self-sufficient lives.

By addressing the underlying issues that contribute to health inequity, Alliance's individualized, full-service approach and harm reduction philosophy gives each person the unique mix of support he or she needs to **feel better, live better, and do better.**



[www.alliance.nyc](http://www.alliance.nyc)



# Best Practices

- Hire staff and Peers with lived experience and provide them with trainings to grow.
- Actively listen to staff, Peers, and program participants about their needs, resources, and services.
  - Make a plan to implement these items into policies and procedures (Example: Zoom trainings, support groups, increase cellphone service, etc.)
- Have appropriate resources for program participants (Example: “Welcome Home Back Pack” complete with shirts, socks, underwear, hygiene kit, laundry kit, notebook, pens, wallet, COVID-19 PPE kit, etc.)
- Train staff and Peers on disclosure, boundaries, and client-centered service delivery.
- Focus on building Peers capacity and knowledge through cross training to make sure they can grow within their role.

# Role of CBOs In This Space

- Address issues of food insecurity, transportation, identification, entitlements, and benefits.
- Create a continuum of care via collaboration with in-facility providers, Health Departments, and in-community providers (CBOs).
- Attend or establish regular meetings across various criminal justice agencies, and remain knowledgeable about new policies, programs, resources, and services
- Focus on client-centered services and accessibility (Example: “One STOP Shop” and Single Access Point) to build strong relationship with program participants and the community.
- Increase opportunities for program participants to achieve self-actualization and autonomy by attending certification (CRPA, Peer Coaching, Justice Peer Certifications) and present options of hard-skill employment and soft-skill employment.
- Create trainings for computer literacy, electronic device, etc.

# Stories From the Field

During the pandemic, Alliance received a call for help: a man with several chronic conditions who needed a wheelchair to get around was released from prison without any guidance from the facility he was leaving.

With less than 12 hours' notice and no clear picture of the individual's unique challenges, Alliance sprang into action to ensure his basic needs were met. We provided him with the following:

- A cellphone
- Food and nutrition incentives
- A welcome home backpack (including clothes, PPE supplies, and snacks)
- Organized and coordinated pick-ups with the Department of Corrections and Community Supervision, and
- Set up meetings to support him in registering for entitlement and benefits.

Alliance's lesson learned?

**Be adaptable and have a checklist.**



This is a picture of Eugene Eppes, who works as a Criminal Justice Linkage Specialist at Alliance for Positive Change.

"Alliance provides skills, services, and support that show people they can do something meaningful with their lives."

# Conclusions



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# Thank You!

Contact Us:

Anthony J. Santella, DrPH, MCHES

[ASantella@newhaven.edu](mailto:ASantella@newhaven.edu)

Alison O. Jordan, LCSW

[Ali@ACOJAconsulting.com](mailto:Ali@ACOJAconsulting.com)

Arianne Watson, MA

[arianne@alliance.nyc](mailto:arianne@alliance.nyc)

For specific questions about the project or to learn more about the Center for Innovation and Engagement, please email [healthequity@NASTAD.org](mailto:healthequity@NASTAD.org)



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