



Planning Council Directive to the Grantee

Directive # 01-2021
Approved: July 6, 2021

Directive regarding Community Health Workers for improving HIV/AIDS outcomes within the Austin TGA

In order to develop or leverage current Community Health Worker programs that will be designed as peer based to improve HIV Care Continuum outcomes for people with HIV/AIDS in the Austin Transitional Grant Area (TGA)

The model must use peers: individuals with HIV who are in care and come from priority racial/ethnic/cultural communities, determined based on rates of individuals who are out of care or loosely connected to care. The model must be based on a central agency that is responsible for training, and oversight with peers assigned to and serving as staff.

Defining Community Health Worker (CHW)

Community Health Worker Definition: See American Public Health (APHA) Definition

American Public Health Association (APHA) definition : As trusted members of the localities in which they work, CHWs serve as the liaisons between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.

Defining "Peer":

A peer can be defined as a person with the same cultural background as the clients, or as a person who has these similarities and is living with HIV. Some projects have found that a peer who is known to be living with HIV often has immediate rapport and credibility with the client given this shared life experience. Others believe it is helpful but less important than many other personal characteristics and experiences. For example, while it is sometimes assumed that the best match for a young Latinx MSM of color is a peer who is also a young Latinx MSM, at least one of the SPNS projects found that a slightly older female can be equally effective, because the person reminds the client of a trusted female figure such as a sister or cousin.

Note: This Directive is provided to the Grantee in accordance with the Ryan White HIV/AIDS Program Part A Manual, Section XI, Chapter 4, and Policy#2 (Guidance) of the Austin Area HIV Planning Council

Goals:

Improve HIV Care Continuum outcomes for PWH:

- Testing, linkage to care or re-engagement to care, retention in care, viral suppression
- Improve PWH knowledge and ability to navigate system of care; increase access to care for PWH; promote or ensure independence
- Educate PWH about the biological and biomedical aspects of HIV/AIDS, care, and/or treatment

Ryan White Part A Service Category(s):

Medical Case Management (include treatment adherence)

Provider Type

One central agency in the Part A jurisdiction to recruit, train, assign-to practicum site agencies, supervise, and ensure evaluation of the Pilot Program.

Central Agency's Responsibilities:

- Recruit peer trainees, certification of CWHs using the State CHW program preferred
- Identify field placement sites among subrecipients with funding for the appropriate service category
- Establish a Community Advisory Committee that will include Planning Council members and consumers
- Provide training to service site supervisor
- Establish peer support group and site supervisors support group
- Provide at least 2 weeks of pre-service training for peers, then 1 day a week of training for the next 6-8 weeks, then ½-1 day per month of training throughout the pilot period
- Provide initial training and ongoing group meetings for site supervisors
- Monitor and oversee sites
- Collect and review data from service sites and prepare evaluation of pilot program, directly or through an independent evaluator

Populations to be Targeted

- Lost to care – defined as having “unmet need” – no HIV medical care or viral load test in last 12 months
- Loosely connected to care
 - o sporadic visits or missed visits to doctor
 - o non-adherent to treatment
- Recently diagnosed and either did not receive an initial medical appointment in first month, did not return after first appointment, or missed appointments with case managers or other service personnel

Note: This Directive is provided to the Grantee in accordance with the Ryan White HIV/AIDS Program Part A Manual, Section XI, Chapter 4, and Policy#2 (Guidance) of the Austin Area HIV Planning Council

- All PWH who qualify for Ryan White Part A Services with a focus on MAI and EIIHA populations

Required Service Components

Program must work through key points of entry or re-entry (such as testing sites, hospital emergency rooms, homeless shelters, substance abuse treatment programs, referral-entry programs for those persons recently released from incarceration, etc.) and must ensure that all required service components are provided.

Duties of the Peer

- Identify potential clients through outreach to points of entry, including medical providers, case managers, and other RWHAP and non-RWHAP providers
- Link to care, retain in care, or recapture client for care; this includes providing referrals and facilitating access and linkage to care
- Provide health literacy/health education/counseling as needed
- Connect or reconnect the client to their Case Manager
- Be a part of the client's linkage process for least 3 appointments and for up to 6 months
- Be part of the client's Treatment or Care Team (generally including at least the medical provider and case manager)

Case Closure Criteria:

- 3 – 6 months of services
- Close the case when client is unresponsive (after 3 months of contact effort) or when they have successfully been adhering to treatment (making 3-initial appointment or 75% of scheduled appointments)
- After this, former clients can still call their peer for assistance for another 6 months as needed

Case load size

- 10 – 20 (FTE) depending on severity of client need To be defined in collaboration with AA based upon recommendations from data provided by AA.

Peer Requirements/Qualifications:

- Language capacity and skills based upon needs of population served
- Consumer of HIV services, not necessarily through Ryan White
- High School/GED or be prepared to demonstrate equivalent literacy skills, including reading comprehension and report writing
- Criminal Background Check for barriers to participation in the program (e.g., a sexual crime of a predatory nature, abuse and violent offenses or equivalent only)

Characteristics: Characteristics of particular importance include the following:

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- Commitment to helping PWH enter and remain in care
- Ability to empathize
- Strong interpersonal skills
- Ability to organize and multi-task
- Good judgment
- Ability to document services via a tablet or computer

Employment

- Full-time or part-time
 - o Take into consideration, any barriers or impact employment may have on some peer applicants' SSI and additional benefits
- Salary commensurate with local CHW salary/wages and experience
- Benefits provided

Responsibilities of Service Sites

- Provide supervision by a Clinician or Medical Case Manager and include the peer on the Treatment Team
- Agree to participate in all required training/support activity
- Document peer performance, activities, and/or training needs in monthly reports to the Central Agency or Recipient
- Commit to hire the peer after successful completion of per-service training and introductory period of up to 3 months, and continue providing employment after 2 years if funding is available.
- Grant Peer limited access to client files

Metrics:

To be established based upon the collaborative efforts and recommendations from data provided by AA.

- Number of peer contacts with clients
- Number of clients returned to care
- Number of clients keeping their initial 3 appointments after diagnosis
- Number of clients keeping at least 75% standard of care visits
- Number of clients adhering to Treatment Plan
- Number of clients attaining and maintaining viral suppression