The Positive Life Workshop
Quality Improvement 2017:
Collecting HIV Lab Indicators

Dave Nimmons,
TPLW Program Director
BACKGROUND:

- RW Part A Health Education Risk Reduction contract
- HIV self-management and social support -- all PLWHAs are welcome
- 7 sessions, closed-group health education/ risk reduction intervention
- Pre-, post- and 90-day surveys
- Ongoing alumni activities
- Clients linked to needed services throughout engagement
Target audience:

- Newly diagnosed
- Returning to care after being out of care
- Struggling to manage HIV, stay in care, or adhere to ARV’s
- Motivated to engage in self-management / learn more about living with HIV
Workshop topics include:

- HIV infection, ARV adherence
- Reducing health risks
- PREP/PEP
- Nutrition
- Exercise
- Stress reduction & Sleep
- Reducing co-morbid risks and STIs
- Better engagement in care and self advocacy
- Disclosure and building trusted support
TPLW @ The Family Center:

- 33 workshop cycles completed
- 430 clients have attended
- 88% graduate
- 94% of grads return at 90 days
Comparison of Pre- and Post- intervention surveys demonstrated significant* score improvements in:

- **PREP/PEP Knowledge**
- **Self-management health knowledge**
- **HIV Knowledge & Risk**

*p < .1
2017 QI Project Goal

Collect & analyze immunological lab markers (viral load and CD4 levels) on/after 90-day follow up

• Provides objective measure of program success
• Easily accessible and standardized
• Relates to treatment cascade
Eligibility:
- Enrolled in or after Cycle 20 (Nov. 2016)
- Initial labs available
- Completed all 7 TPLW sessions (no drop outs)
- Returned for 90-day follow-up

Method:
- Asked clients to bring labs to 90 day & alumni events
- Reminded clients in turn-out calls
- Followed up with calls to no shows
- Photocopies & record sheets

Total cohort eligible = 95
Obtained: = 69
Results: CD 4
(n= 57)

53% rose > 50 CD4

26% down > 50

53% 26% 21%
Viral load & suppression
(n= 65)

53 Unchanged Undetectable
10 improved...

Of these, 9 achieved viral suppression

The 8 highest VL ALL experienced reductions (Avg. drop = 7456)

Only 2 (3%) showed VL increase (Avg. = 191)
Adherence Self-Report (n=93)

- 46 (49%) unchanged
- 31 (33%) improved: 21 improved > 5 points
- 16 (17%) decreased: just 6 reported adherence below 90% at 90-day follow-up
Of 4 who started with 0% adherence...

PRE-TEST: 36 report non-optimal adherence
POST: 13 report non-optimal adherence

3 finished > 90%

Adherence Self-Report (n = 93)
Survey scales-- change

• “Little interest or pleasure in doing things”

- 10% Worse
- 55% No change
- 29% Better

• “Feel down, depressed, or hopeless”

- 14% Worse
- 62% No change
- 24% Better
Conclusions

Clinical Marker data:
• CAN be collected at 90 days post-intervention
• Supplements self-report adherence estimates
• Provides objective support of intervention effect
• Verifies progress along the HIV cascade
• Identifies high-need clients for individual support
• Supports use of “alumni” activities to gather data
Next steps: QI 2018

- Continue collecting 90 day labs
- Iterate & refine process to increase yield
  - Integrate into alumni events
  - Apply lessons learned on follow up
- Increase 73% yield to 85%
Big Picture

Effects:

✓ Across the span of infection
✓ Starting ART
✓ Adherence
✓ Viral suppression
✓ CD4
✓ Well being
✓ Cost effective
Organizational Development to Support Quality Management and Improvement

LEANDRO RODRÍGUEZ – MBA
DIRECTOR OF PROGRAMS – LATINO COMMISSION ON AIDS / OASIS LGBTS WELLNESS CENTER
Mission & History

Founded in 1990 to fight HIV/AIDS in Latino communities nationwide

Services in more than 49 States, Puerto Rico and the Virgin Islands

$4.5 million annual budget

Multi-disciplinary Staff of 40

Five Core Areas of Services:
1. HIV Prevention & Health Promotion
2. Access to Care (HIV/HCV/STD Testing and linkage to care)
3. Capacity Building
4. Research & Evaluation
5. Advocacy & Community Mobilization
History

- The Commission was funded in 2015 to implement The Positive Life Workshop (TPLW) under Ryan White Health Education Risk Reduction services.
- On year 1 it was a deliverable based contract and transitioned to a performance based contract on year 2. (2016)

- Is a peer-led HIV health education workshop series, available in English and Spanish.
- Divided in 7 sessions of 2.5 hour (1.5 hour: Presentation – 1 hour: Peer Experience Groups (PEGs))
# The Positive Life Workshop

## TOPICS

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## Objectives

- Increase engagement and retention in care.
- Increase adherence to health routines, including adherence to antiretroviral therapy and treatment of co-morbidities.
- Reduce risk behaviors that harm the health of the individual living with HIV and cause transmission of HIV to others.

## Target Population

- Newly diagnosed
- Returning to care (out of care 9 months)
- Struggling with treatment adherence and/or retention in care.
- Specially motivated to engage in self-management or learn more.
- All PLWH are welcome to attend
The Positive Life Workshop

Peer Experience Groups

Incentives

- Journal Health and Resources Manual
- Safer Sex Kits
- Two rides Metrocards. (per module)
- Certification of Completion
- $50 GiftCards. (Completion)
- $25 GiftCards. (3 Months follow up)
- Nutritious meals
The Positive Life Workshop

Service Types
- Targeted Case Findings
- Intake Assessments
- Pre-Test
- Post Tests
- 90 day follow-up assessment
- Health Educational Groups
- Alumni Sessions
- Referrals

Original Staffing Plan
- Senior Admin
- Program Manager
- Clinical Supervisor
- 5 peers
- 8 person staff*

*Note: The staffing plan includes an asterisk to indicate a specific condition or note.
6 Months mark below the 85%
Implications of the 6 month mark...

- Lack of adequate infrastructure to support the program and its continuous activities
- Lack of understanding of implementation guidelines from behalf of the implementing staff
Implications of the 6 month mark...

- Limited resources for outreach staff
- Staff compliance issues
- Staff turnover
- Low enhancement of partnerships for the program
Implications of the 6 month mark...

- Lack of supervisory skills to support program implementation and staff development,
- Detrimental clinical supervision model
- Detrimental team dynamics
Implications of the 6 month mark...

- Recruitment became dependent on in-reach and staff personal pool of clients.
- Lack of internal quality improvement strategies to track progress and implement accountability.
- Underperformance:
  - Achieving less than 30% of projected targets.
  - Corrective Action Plan*
Corrective Action Plan

- Serves as a blueprint and monitoring tool to help the agency achieve its goal on a define timeframe. This plan is design by us.

- Action Steps Included:
  - ID of new places to promote and recruit for TPLW
  - Enhanced In-reach presentations
  - Secure 3 month follow-up date immediately after graduation
  - Implement two cycles of PLW per month
  - Assess current and past clients for Alumni topics
  - Enhanced retention strategies (communications)
  - Direct supervision by Senior Administrator
Activities from the CAP

- Observation of program activities
- Assessment with past clients
- Individual level supervision and assessment
- Group level supervision and assessment
- Client charts review
- Review of data collecting processes
- Review of data management processing
- Technical assistance specific to team building
Defining the methods

Observation of Program Activities

- Senior Admin – observed a series of cycles to understand where staff can reinforce processes and where could there be lack of integration.

Assessment with past clients

- We wanted to understand, what made TPLW worth it for clients and how we could use this for recruiting messages.
Defining the methods (cont.)

Individual & Group Level Supervision

- Senior Administrator established routine agenda driven meetings (both individually and group) to manage expectation, accountability and outcomes.

Staff Assessment

- Staff assessment was conducted to understand strengths and weaknesses and re-inforce job expectations vs job descriptions.
Defining the methods (cont.)

Data Management Review

- Senior Admin observed and review data management procedures to Q/A possible missed opportunities and to establish constant data entry flow.

Team Building Technical Assistance

- Team building activities were design and facilitated by our Implementation Specialist to address team synergy, integration and communication styles.
Results: Re-structure of the program

Original Staffing Plan of 8
- Senior Admin
- Program Manager
- Clinical Supervisor
- 5 peers

New Staffing Plan (4 staff)
- **Senior Administrator** – oversees data management, Q/A and supervision of the lead roles.
- **Lead Trainer** – in charge of workshops logistics, pre, post, follow-ups & alumnis.
- **Lead Outreacher** – in charge of case findings, intakes, referrals and support co-facilitation of workshops.
- **One Peer** – in charge of case findings, intakes, and referrals.
Results: Up to date (September 2017)
Conclusions:

- Systems need to be in place that will allow for management to track more adequately and rapidly program process on a weekly basis on performance–based contracts. For example:
  - Monthly goals broken down to weekly goals
  - Specific timeframe to Q/A data before submission
  - Specific weekday to turn in data
- Involvement from all levels of management of the agency is needed to guarantee:
  - Supervisory support,
  - New Clinical Supervision model
  - Consumer buy-in, and
  - Staff development.
Conclusions (cont.)

- Clear and specific roles must be delineated for staff to address false expectations and lack of accountability.
- Healthy team dynamics activities must be set in place and mirrored for staff to enhance team productivity and synergy.
Next steps...

- We have been taken out of the CAP category
- We will continue workshop observation
- We have establish a new clinical supervision model
- We envision continuing this structure until the end of the contract
Questions:

- Leandro Rodríguez - MBA
- Director of Programs
- lrodriguez@latinoaids.org

- Leandro Rodriguez - OasisNyc
  - @leosrain78
  - Leosrain78
MTH
- Program under the ETE campaign
- Provides easily accessible harm reduction, medical, and psychiatric services for MSM and transwomen who use crystal meth and who are HIV-
- Individual and group counseling, PrEP, PEP, psychiatric visits, health education, and benefit navigation services are provided

HRM
- Program under Ryan White Part A in the Harm Reduction Services category
- Provides harm reduction, recovery readiness, and relapse prevention to people living with HIV or AIDS who are actively using drugs, relapsing, or in early stages of recovery
- At GMHC, funding only applies to women-identified clients
GOALS AND AIMS

Address needs of HIV+ crystal meth users

- HIV+ clients could not be seen under GMHC’s existing HRM contract or MHV contract
- Article 32 clinic still working on contracts with insurance companies, therefore most clients could not be seen in the clinic
- Some HIV+ clients do not meet requirement for RWPA (i.e. income is over 435% above poverty guidelines)
- Clients were resistant to receiving services in other departments due to issues of stigma with crystal meth use
- Outreach was being conducted to the wider community, thus HIV+ clients were coming in to Re-Charge and not receiving continuity in their care
  - Most clients outreached were HIV+
METHODS AND RESULTS

Staff were instructed to begin seeing HIV+ clients outreached on an unfunded basis

Meetings, direct conversations, and emails were had with DOHMH and GMHC to outline and detail the barriers faced with HIV+ clients

Results:
- Staff saw 33 HIV+ clients without funding to demonstrate need and to keep them engaged in treatment
- DOHMH expanded the scope of GMHC’s HRM contact to include MSM and transwomen who use crystal meth
- DOHMH expanded MTH grant to allow staff to see HIV+ clients who do not meet requirements for RWPA programs
RESULTS

Re-Charge is now an all-inclusive and open space for all crystal meth users

Intake numbers increased in both MTH and HRM programs

The wider community of crystal meth users are receiving services and being engaged in medical and behavioral health care
There appeared to be a link between the eligibility limitations of the MTH grant that stunted the growth of the Re-Charge program.

Expanding services to HIV+ clients increased engagement and census of program which led to an increase in ETE-funded program.

Engaging with clients who were not at first eligible allowed the community to stay engaged with the program and remain in care.
THANK YOU!

Contact Information:

Leon Setton
Assistant Director of Behavioral Health

leons@gmhc.org
Nurturing Spirituality to Build Client Capacity and Engagement

Rev. Romall Smalls
GMHC
Looking for better balance in your life?

GMHC offers one-on-one and group spiritual counseling

If you are HIV positive and believe in faith or spirituality, Spiritual Counseling can help you develop a personal faith system to increase and maintain well-being, mind, and body.

If you are interested in receiving Spiritual Counseling, please contact: Rev. F. Romall Smalls at (212) 347-1238.
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Questions?

Thank You

romallS@gmhc.org