Peer Linkage and Re-Engagement of HIV-Positive Women of Color
Monthly Cohort Call

January 12, 2017
12-1pm ET

Conference Call Number: 1-888-394-8197 Participant Passcode: 359854
https://aidsunited.adobeconnect.com/spns/

AGENDA

- Welcome
  - Introductions
    - Howard Brown-Liz, Alicia
    - ACG-emergency in clinic took staff who are not on annual leave away from call
    - Meharry-Dr. Cooper, Alisa
    - AU-Hannah
    - BU-Alexis
    - TA Team-LaTrischa
  - AIDS United Updates
    - We will use AdobeConnect for upcoming calls. If you are able, please use your webcam. If not, please open the system so we can share documents. Please also give us feedback using the hand-raise feature.
    - You will still need to dial into conference line.
  - Boston University Updates
    - Performance Site Check In
      - How is implementation of the intervention going? Do you have any questions as you have begun to enroll clients in the multi-site evaluation?
      - What are your biggest successes to date? Have you experienced any new challenges?
      - Discussion of supervision and team dynamics
        - Meharry-IRB was approved recently. Peers have been working with patients, but have not been able to enroll them in the evaluation until this week. Attempted to enroll a client, but she was lost in the transition between peer and data manager. She got agitated during consent process—she had been out of care for a long time and only focused on getting medical care. The evaluation should not be a barrier for folks to get medical care. 7 day window allows for folks to be consented, and then come back for baseline. Ideally the patient will not receive care until the baseline survey is completed. It is important that peers do not begin working with clients to meet their social service needs before baseline survey is completed. Can try to coordinate survey on the same day as medical appointment—though it makes for a long day in the clinic, this is acceptable if it meets clients’ needs. Peers should always introduce the evaluation, but never feel compelled to push the patient if the patient is not comfortable moving forward.

When working with the client who got agitated, data manager wished she had de-escalation training. AU is scheduling this training and data manager is welcome to participate. If data manager is feeling like clinical supervision would be helpful, that’s helpful feedback to feed to AU/BU.
Howard Brown-1 client has been enrolled and another 2 are scheduled for baseline survey/consent. Biggest barrier has been that the out of care list is not as helpful as anticipated (i.e. folks have transferred care, moved, contact info is out of date). To work around this, team has been stepping up outreach through community events and support groups for cis and transgender women.

Working closely with clinicians and other linkage to care focused staff so that all are aware of the eligibility criteria for this intervention. Have morning huddles where clinic team discusses the day’s patients. Peers participate in this daily meeting and have observed that currently, more new patients are coming in than existing patients. Peers meet with patients to assess needs/see if they could be eligible they could be eligible for intervention. Providers have an expectation that peers can step in and serve anyone who may have unmet need. Alicia is working with providers to manage expectations and focus on the eligibility criteria for this intervention. Is a time/effort burden on peers to have to meet with folks coming into clinic, even if they likely do not meet eligibility criteria, so Alicia is checking in with them on this frequently and having those hard conversations with other clinic staff, when necessary.

- **Technical Assistance**
  - Review the audio recording checklist
    - BU does not expect that ALL of these will be covered in every session. The audio recording protocol/plan will specify how to identify the client with whom the session is being done—the file name will likely include the peer name, client ID number and type of session when it is uploaded. This guidance will be provided by BU when it is finalized. BU encourages sites to practice using the audio recording process on REDCap to make sure that it works on the devices that each site is using.
    - In February, BU will randomly select 30% of sites’ clients who have agreed to audio recording. Peers will then record all sessions with those clients during that month (as feasible). These will be uploaded within 48 hours and reviewed by BU. Every month sites will receive a new list of clients to follow via audio recordings. Clients can ask questions about the recording at any point and can consent/retract consent to the recording at any point in their work with the peer.
    - We can discuss these more in depth on monthly monitoring calls.
  - Are there any outstanding or anticipated training or technical assistance needs?
  - **Reminder:** Review the Dissemination of Evidence-Informed Interventions newsletter! Read it, please! Let us know if you are not getting it. We’re including updates in the newsletter (i.e. guidance on who should attend the convenings)
  - **Reminder:** Peer Community of Practice Call on January 23
    - *This call is only for peers but please support them in attending call (i.e. having flash player/Adobe Connect plug ins on computers)*
  - Save the Date: 2017 Convening May 10-12, 2017
    - What would you like to see or find helpful to be included at the convening?
      - Send us this feedback via the monthly call form or TA request from in Qualtrics

- **General Brainstorming/Questions?**

- **Wrap Up**