

The Barrier Elimination and Care Navigation (BEACON) Project

The BEACON Project Uses a Team Approach and Collaborative Work in the Community to Re-engage and Retain Clients Who Have Been Lost to Care

82% OF CLIENTS WHO HAVE BEEN ENROLLED FOR 18 MONTHS WITH THE BEACON PROJECT HAVE A SUPPRESSED VIRAL LOAD



Background

The stages of HIV care, also known as the HIV care continuum, demonstrate significant gaps in HIV services, and efforts are underway at the federal, state, and local levels to develop and implement strategies to improve health outcomes for people living with HIV (PLWH). The HIV care continuum can be described by the following sequential steps: (1) diagnosis of HIV infection, (2) linkage to care, (3) retention in care, (4) receipt of antiretroviral therapy (ART), and (5) achievement of viral suppression (a very low level of HIV in the body). In the United States, there are 1.2 million people living with HIV, and according to the Centers for Disease Control and Prevention (CDC), 66% have been linked to HIV-specific medical care.¹ Engagement in care is a critical step in ensuring access to highly effective HIV treatment, which can ultimately lead to viral suppression. Viral suppression results in significantly improved health outcomes as well as dramatically decreased likelihood of HIV transmission (96% reduced risk of transmission).² According to the CDC, 30% of people living with HIV had achieved viral suppression, which means that only 3 out of 10 people living with HIV had the virus under control. Barriers to engagement in care include lack of stable housing, poverty, mental health and substance use issues, lack of access to culturally competent care, transportation, and other competing needs; interventions to engage people in HIV care must address these needs at the point of engagement in care as well as in subsequent support for retention in care. Improvements along the HIV continuum of care hold great promise for both treatment as well as prevention.



What Are We Doing?

The BEACON Project is a team approach to re-engage and retain clients who have been lost to care (meaning they have not had an HIV medical appointment for over 12 months). Previous to the project's inception, all clients were served solely by a general case manager with limited resources and no additional staff support. The BEACON Project has filled a much-needed gap for those clients who have never sought care, or those who have lived years without care. The project utilizes a three-person team who each work hands-on in various capacities (such as making and attending medical appointments, providing medical assessments, teaching health education and literacy, etc.) along with providing additional emergency stabilization funds. Because of this intensive approach, the project is highly successful in eliminating barriers, linking clients to care, and increasing treatment adherence.

UNIQUE FEATURES OF THE BEACON PROJECT

- ▶ Connects clients to the BEACON project through **outreach efforts** to community providers/referrers and the St. Louis region's central intake line
- ▶ Utilizes a **three-person team approach**, allowing each client to work with an engagement coordinator (case manager), peer advocate, and community nurse
- ▶ Collaborates with the Ryan White Program for utilization of resources and referrals to **eliminate barriers**, including transportation, housing, food, mental health, and substance abuse treatment
- ▶ Provides Emergency Stabilization Funds that offer additional support to **wraparound Ryan White services** and more intensely works towards eliminating barriers to care
- ▶ Graduates clients into a **stable case management system** to continue retention and viral suppression

¹"HIV/AIDS Care Continuum." AIDS.gov. U.S. Department of Health & Human Services, 6 Mar. 2015. Web. 11 May 2015.

²"Prevention Benefits of HIV Treatment." Centers for Disease Control & Prevention, 2013. Web. 11 May 2015.

Initial Trends of the BEACON Project

The Project has enrolled over 300 people living with HIV since its inception in 2011 and has linked over 80% of those clients to care (over 50% of clients within 30 days). Of the clients who have been enrolled in care for 18 months, 82% have a suppressed viral load, and the median viral load is 10 copies/mL. Looking at more

CLIENT STORY

“Eric”, a 46 year old male client, called the intake line very frantic and sick. He had recently quit his job because of failing health, was having trouble breathing, and believed he was dying. He had been living with HIV for 18 years and never sought medical care. Eric lives in a rural area and had a lot of anxiety about stigma. The Peer Advocate called him right away to connect him to the BEACON team and talked in depth about fear, stigma, and the importance of getting into care. The Engagement Coordinator persuaded him to come to the St. Louis Emergency Room to be connected quickly to an Infectious Disease doctor. He was reluctant but came over the weekend and talked with the community nurse, who also visited him in the hospital. He was connected to the Infectious Disease doctor and worked closely with the team to improve his acute health issues and begin managing his HIV. Eric has attended three medical appointments and his viral load fell below 200 within two months of initiating treatment. He graduated to general case management after six months.*

**Eric is a pseudonym for a client at Saint Louis Effort for AIDS.*

long-term retention, 76% of BEACON clients are connected and retained in case management at present.

Costs Associated with the Intervention

The average yearly cost of the BEACON Project is \$3,832 per client.¹

Agency Overview

Saint Louis Effort for AIDS' (EFA) mission is to provide education on the prevention of HIV/AIDS and comprehensive support services to those affected by the disease. EFA's vision is for individuals and communities to be educated about HIV/AIDS and fully empowered to address this preventable disease without stigma, fear or hate. EFA takes the lead in implementing innovative approaches that address the rapidly changing care, treatment and prevention environment for people living with or at risk for HIV. As an advocate for our clients and a comprehensive service provider, our goal is to support and enhance the health of people living in our communities.



PROGRAM CONTACT

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¹As our project partners with Ryan White grantees, this does not fully account for other services administered through that program.