
Presented by:

- Erin Nortrup, Senior Program Manager, AIDS United
- Dafina Ward, Chief Prevention Officer, AIDS Alabama
- Andrew Ballard, Peer Support Specialist, AIDS Alabama
- Liz Johnson, Executive Director, Christie’s Place
- Sabrina Heard, Community Health Worker, Positive Pathways/The Women’s Collective
Webinar Instructions

• All attendees are in listen only mode
• Everyone can ask questions at any time using the question/chat feature
• This webinar has too many attendees for questions to be submitted over the phone
• During Q & A segment, the moderators will read questions that have been submitted
Use the Question Feature to Ask Questions or Email Questions

You can also email questions to mdonze@aidsunited.org
Webinar Acknowledgements

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• The Women’s Collective
• AIDS Alabama
• Countless direct service providers and people living with HIV/AIDS from whom we have learned so much and contributed to this presentation.
Presentation Overview

• Introduction of Best Practices: Integrating Peers into HIV Models of Care
• Best Practices in Action #1: AIDS Alabama’s Living Well Program
• Best Practices in Action #2: Christie’s Place CHANGE for Women
Getting to Know You

- Please take a moment to answer the following polling questions:
  - Does your organization currently employ peers?
  - Is there a formalized training and/or certification process for peers in your state?
  - Are there any efforts in your area to work on Medicaid reimbursement for peer work
Best Practices: Integrating Peers into HIV Models of Care

• Features ten Peer Navigation programs at AIDS United partner organizations
• Provides guidance on implementing these best practices in your organization
Access to Care Initiative

Advancing the HIV Care Continuum

The Access to Care (A2c) Project utilizes Peer navigation to advance people living with HIV along the HIV Care Continuum. This work focuses on:

- Identifying high-need populations
- Outreach
- Linkage to care
- Medication adherence
- Psychosocial support promoting retention
- Re-engagement
As a client turned employee I believe the value of a Peer Navigator is incomparable. The overwhelming support and information I received from my Peer helped me to overcome the anxiety and fear of being newly diagnosed HIV positive. The positive impact she made on me and my life is what led me to my passion to become a Peer Navigator. I only hope to be as supportive, loving, and helpful for my clients as she was for me.”

-Rachel Moats, Peer Navigator
Peer Navigation Program Best Practices Checklist

• Design and Implement a Structured and Well-defined System that Supports Peer Navigators in the HIV Care Team
• Identify Specific Population(s) to be Served by Peers
• Establish a Standardized Title and Position for the Peer Navigator Within the Integrated Care Team
Peer Navigation Program Best Practices Checklist

• Establish Protocols and Procedures for Peer Navigation Programs
• Train Agency Staff and the HIV Care Team
• Implement a System of Open Communication and Coordination With Other Care Team Members
Peer Navigation Program Best Practices Checklist

- Implement a Competency-Based Training for Peer Navigators and Supervisors
- Provide Consistent Administrative and Clinical Supervision to Peers
- Create a Documentation System to Describe and Monitor Peer-Client Activities that is Linked to Case Management Records
Embracing the Power of Peers
May 26, 2015

Presented by:
Dafina Ward, Chief Prevention Officer
Andrew Ballard, Peer Support Specialist

An AIDS Alabama Initiative

“I’m not just living with HIV; I’m living well.”
- Urban, Rural, and Homeless Outreach
- HIV Testing/Counseling/Linkage to Care
- Prevention Services
- Community Empowerment Groups
- Housing/Rental Assistance
- Healthcare Enrollment
- Case Management
- Substance Abuse Program
- Mental Health Services
- Transportation
- Financial Assistance
1) Comprehensive, individualized **ASSESSMENT** of participant needs (must be adult living with HIV/AIDS residing in or receiving HIV-related care in Jefferson County, Alabama)

2) Identification of, and documented **LINKAGE** to, community services that can address these needs and barriers

3) Culturally competent health **NAVIGATION** and advocacy provided by trained peers

4) No-cost, flexible **TRANSPORTATION** to and from non-emergency medical care and social services

5) Provider **EDUCATION** for improved integration of supportive services into primary HIV/AIDS medical care
1. Effective supervision of peer staff requires open communication and compassion.
   ✓ Professional and personal support provided for Peer Support Specialists
   ✓ Open lines of communication for effective clinical and administrative supervision
   ✓ Policies and procedures must be clear and must be regularly revisited.

2. Peer staff must be fully integrated into agency culture.
   ✓ Integration of Peer Support Specialists into care team
   ✓ Integration of peer staff into agency’s “traditional” case management model

3. Building relationships with other agencies is a necessity.
   ✓ Listen to Peer Support Specialists regarding their personal experiences with organizations
   ✓ Meaningful relationships allow for honest interagency communication
   ✓ Bridge building takes time
BEST PRACTICE: ALLOW PEERS TO BUILD BRIDGES

AIDS Alabama Peer Support Specialists (L-R): Tommy, Debra and Andrew
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Christie’s Place
Transforming lives since 1996™

Strengthening the health and resilience of women, children and families impacted by HIV/AIDS
Peer Program Model

- Evolutionary process
- Evidence based approach
- Essential members of care team
- Location, location, location
- Integration and replication with clinical partner care team(s)
Implementing Best Practices

- Readiness
- Defined populations
- Recruitment
- Clear roles and expectations
- Training and development
- Supervision and support
- Care coordination
- Evaluation
- Sustainability
Consistent Administrative and Clinical Supervision

- On-boarding
- Supervision
  - Weekly 1:1 Clinical Supervision
  - Case Consultation
  - Treatment Team Meetings
- Performance monitoring
- Continuous staff development
Qualities of a Trauma-Informed System of Care

• Intentionality
  – Purposeful efforts towards creating and sustaining healing and growth

• Mutuality
  – “Healing happens in relationship.”
  – Reciprocal connections which foster increased understanding and shared learning

• Commonality
  – “We all have a story.”
  – Life experiences shape our perceptions of ourselves and others

• Potentiality
  – Positive change is possible for all (individuals, organizations, & communities)

Office on Women’s Health, 2013
Unexpected Challenges

• Acceptance and validity
• Role ambiguity
• Client “ownership”
• Acuity level of clients
• Systems limitations
• Sustainability in a healthcare reform landscape
Successes

- Individual level health outcomes
- Systems level change
- Cost effectiveness
THE WOMEN’S COLLECTIVE: COMMUNITY HEALTH WORK

Sabrina Heard
Community Health Worker
Positive Pathways
PRESENTATION CONTENT:

1. Best Practices
2. Data Collection
3. Assisting Clients to Empower Themselves
4. Self-Care
BEST PRACTICES

- Positive Pathways
  - Participating Training
  - Attending Retreats
  - Staying connected with other CHWs

- Staying connected to the clients
  - Meet the client where they are at
  - Don’t be afraid to use creative methods to locate clients

- Client Locator Form
DATA COLLECTION

- Your bread and butter
  - The data is just as important as working with the clients
  - The data is directly connected to the funds that support your program

- Ways to improve data collection:
  - Keep track of when your clients complete labs
  - Teach clients to bring in labs
  - Create relationships with providers to request labs
ASSISTING CLIENTS TO EMPOWER THEMSELVES

- Self sufficient client
  - Teach clients how to read their labs
  - Teach clients how to schedule and attend their own medical appointments
  - Assist client with understanding their medications
  - Encourage clients to seek help when they need it (i.e. case manager, support system, other community resources, etc.)

- Suppressed viral load
  - When clients become more self sufficient they have a better chance of having a suppressed viral load.
**Self-Care**

- CHW has to establish boundaries
- Career ambitions
- Mentorship of other CHWs
Questions?

Use the question feature to ask questions or email questions to Melissa Donze at mdonze@aidsunited.org
Thank You!

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