



CASE STUDY: BUILDING STATEWIDE SUPPORT FOR INTEGRATING PEERS INTO HIV CARE AND TREATMENT

FLORIDA DEPARTMENT OF HEALTH, BUREAU OF HIV/AIDS

Main goal(s) addressed by peer program:

- Ensure better linkage of people newly diagnosed with HIV to care and treatment
- Help to reduce number of people lost to care throughout Florida

Capacity-building activities:

- Ongoing involvement of Consumer Advisory Group (CAG) in determining need and promoting peer programs
- Needs assessment around using peers to engage others in HIV care and treatment
- Development of presentation and training of CAG members to deliver information about benefits of peers within each of 14 consortia throughout the state
- Workshop on integrating peers into HIV services at Florida Ryan White All Grantee meeting
- Two-day capacity-building workshop
- Four-day training-of-trainers workshop
- Peer navigator trainings within individual consortia
- Ongoing support through periodic check-ins and consultations

Peer program funding source(s):

Varies according to individual consortium

Results:

- 14 Florida organizations participated in capacity-building workshops
- Four peer training workshops held, with several more planned
- Three consortia currently in the process of setting up new peer programs, with several more considering development of programs

Benefits to patients:

- Easier linkage to care at time of diagnosis
- Clients lost to care returning to care and treatment
- Easier linkage to other services
- Better informed clients taking charge of their own care
- Assistance with entering into a Patient Assistance Program

Next steps:

- Standardization of levels of peer training
- Development of “best practice” standards around integration of peers into HIV care and treatment teams throughout Florida
- Additional regional capacity building and training-of-trainer workshops
- Continued marketing efforts in agencies throughout Florida
- Continued support to develop new peer programs

Advice for organizations developing peer programs:

Work with your Consumer Advisory Group to promote the integration of peers into care and treatment



I see the peer program as a way to overcome clients' fear: the fear of being found out, the fear of not knowing what's going to happen. Because of those fears, people aren't coming for treatment. If we get somebody who's positive to work with them one on one, that can help them get to a point where they can figure out how to live with this disease.

I can say the same thing to [clients] that their case manager says, but they listen differently. It's so much more effective coming from someone who's been there.

Valery Wojciechowicz
CAG Member and
volunteer peer
Sarasota Department of
Health

Background

Ranked third in the U.S. for incidence of HIV, Florida is divided into 14 consortia, which are groups of agencies contracted to provide Ryan White HIV/AIDS Program Part B services to people with HIV in the service region. Within each consortium, one or more members of the statewide Consumer Advisory Group (CAG) act as a liaison between the local consortium and the state Department of Health (DOH). CAG members provide valuable consumer perspectives on the quality of local HIV care and prevention services, and help to coordinate efforts between the Florida DOH and the local consortia.

Bruce Campbell, Community Program Coordinator for the Florida DOH, Bureau of HIV/AIDS, manages the activities of the Consumer Advisory Group. At the 2008 U.S. Conference on AIDS (USCA) in Ft. Lauderdale, Florida, Campbell attended a seminar titled "HIV Peer Educators as Part of the Health Care Team," conducted by the Peer Education and Training Sites/Resource and Evaluation Center (PETS/REC) Initiative. During this workshop, several HIV-positive peers discussed their experiences working to engage and retain patients in care and treatment.

Campbell recognized the integration of peers into HIV care and treatment as a way to address several HRSA priority themes that the HIV/AIDS Bureau had adopted as key goals: improving linkage to care for people newly diagnosed with HIV; finding

and helping HIV-positive individuals who have been lost to care to access services; and eliminating disparities in accessing services among affected subpopulations. He saw an opportunity for the Consumer Advisory Group to play a key role in improving services to assist clients in Florida. When Campbell presented the idea of introducing peer programs in their consortia to the CAG, the members endorsed it, and Campbell contacted the PEER Center, the evaluation and resource center of the PETS/REC Initiative.

Activities

PETS/REC Initiative staff met with Campbell and the CAG to develop a vision for integrating peers into HIV services in Florida. Together, they developed a plan of action.

Needs-assessment survey

At the end of 2008, PETS/REC Initiative and Florida DOH staff collaborated through a series of phone and on-site meetings to develop a needs assessment. CAG members within each consortium administered the survey to determine if agencies were incorporating peer services into the care of clients, if they were interested in including peers in that care, and how they thought peers might be beneficial.

Out of 60 organizations returning the survey, fifteen already incorporated HIV-positive peers into their practice, either as a member of the staff, through a stipend program, or on a volunteer basis. Peers within those organizations

had a range of responsibilities including prevention education, linkage to services, outreach for testing and counseling, treatment education and adherence support, and one-on-one emotional support. Of those organizations that did not have a program in place, a majority believed that peers would improve the services to their clients, and were interested in integrating peers into their care and treatment teams.

Strategy development

Based on these results, PETS/REC staff, Campbell and the CAG developed a strategy to market and develop peer programs in organizations throughout Florida. They determined that CAG members would market the idea to the lead agencies and organizations within their consortia. The CAG developed two working groups: one to develop a presentation to introduce the benefits and roles of peers in HIV care and treatment, and the other to catalog the skills within their group and pull together resources to help organizations develop peer programs.

Presentation at Ryan White all-grantee meeting

A statewide Ryan White all-grantee meeting in April 2009 provided a forum to present these findings to a wider audience. The CAG, Florida Department of Health and PETS/REC staff conducted a joint workshop on peer programs to a standing-room only crowd of over 100 Ryan White HIV/AIDS Program-funded organizations. Campbell presented the situation in Florida and the findings from the needs assessment and Laura Fizek, Justice Resource Institute, introduced the

The HUG Me peer mentoring program at the Howard Phillips Center for Children and Families

The HUG Me (Help Understand and Guide Me) clinic at the Howard Phillips Center for Children and Families in Orlando, FL, began as a medical pediatric program for HIV-infected children and their families. In 2000, the program expanded to provide family-centered comprehensive services to all people living with HIV. It specializes in providing care to HIV-positive pregnant women and serves about 60-90 pregnant women annually. The program is recognized for the virtual elimination of HIV transmission from HIV-positive mothers to their infants. In October 2009, administration of the program moved from the Arnold Palmer Hospital to the Florida Department of Health (DOH).

Peer counseling services are integrated into the model of care, and full-time peers have an active caseload of 35-50 patients.

Peer program founded: 1998

Program mission: Engage HIV-infected patients in the Orlando area in care and treatment

Number of peer counselors: 4 full-time peers and a peer supervisor with a reduced patient caseload

Number of clients peers have served: In 2009, peer counselors provided services to over 1,100 clients.

Funding source: Ryan White HIV/AIDS Program Parts C & D, and local funding

Work Schedule: All full-time peers

Compensation: Peers are paid an hourly rate and receive the same benefits as other DOH employees

Peer responsibilities:

- Provide one-on-one support to HIV-positive patients, working with clients to develop treatment plan goals and monitor progress toward those goals
- Work with primary care and case management staff to counsel newly diagnosed patients
- Help patients navigate the clinic system and community resources
- Coach patients in adapting treatment regimens to their lifestyle
- Facilitate communication between patients and providers
- Facilitate support groups
- Make appointment reminder/missed-appointment phone calls

Success measures: Retention in care

PEER Center (the resource and evaluation center for the PETS/REC Initiative) and resources to help organizations develop peer programs. Then two peer program directors outlined their programs: CAG member Alelia Munroe, Program Manager of the HUG ME peer program at the Howard Phillips Center for Children and Families in Orlando [see sidebar on previous page] and LaTrischa Miles, peer supervisor at the Kansas City Free Health Clinic, an organization that has integrated peers into the interdisciplinary team for HIV patient care since 2000.

CAG members reach out to organizations in their consortia

To reach a wider audience within the state, the PETS/REC staff and CAG held a workshop for CAG members. There they refined the presentation created by the CAG task force about integrating peers into HIV services. The workshop also helped CAG members develop skills to present it effectively. By August 2009, all CAG members had delivered the presentation to agencies within the 14 consortia to explain the concept, address questions and concerns, introduce resources available on the PEER Center website, and determine the level of support.

Capacity-building and training-of-trainer workshops

Through the CAG's efforts, a number of organizations expressed interest in developing programs, but were unsure where to begin. In February 2010, staff from the PEER Center, PETS, and

Florida DOH collaborated to conduct two workshops in Tampa. The first was a two-day capacity-building workshop based on the principles of the *Building Blocks to Peer Program Success* toolkit (at http://peer.hdwg.org/program_dev). Seventeen participants from eight Florida-based organizations drafted program visions, peer job descriptions, training plans, supervision models, and program evaluation criteria - all with the goal of creating or enhancing peer programs to help HIV-positive clients link to care and adhere to treatment in their organizations.

Participants came away from the workshop with an operational plan to integrate peers into HIV services in their area. As one participant expressed it, “[I feel] ready to meet with community stakeholders to share [a peer program] model to meet needs of agency, clients and community.”

The second workshop was a four-day training of trainers to teach facilitators how to conduct a training of HIV-positive peers. Fifteen participants from 12 organizations developed their peer training skills, covering topics including training curriculum planning, recruitment strategies, facilitation skills and training evaluation, based on the *Building Blocks to Peer Success* toolkit (http://peer.hdwg.org/training_toolkit) for training HIV-positive peers.

CAG Member Valerie Wojciechowicz, who volunteers as a peer at the Sarasota Department of Health and who has been living with HIV for 24 years,



In treating families, and especially working with women, you need to have role models, individuals who can show that it's possible to live with the disease.

Alelia Munroe
Program Director
HUG Me peer mentoring
program at the Howard
Phillips Center for Children
and Families
Orlando, FL

participated in both workshops in February 2010. “When I left the capacity-building training, I knew I wanted to put a program together,” said Wojciechowicz. “When I returned from TOT [the training-of-trainers workshop], I had a good outline of the training I was to provide.”

Replication trainings

To date, workshop participants have held four replication training workshops in Sarasota, Pensacola, Tampa and Tallahassee, with support from PETS/REC Initiative staff. Feedback from CAG members who facilitated these replication workshops attribute their success in part to the expertise provided by the PETS staff. “I could have done this training without Shalini [staff member from the Lotus Project], but could not have done it nearly as well,” said Wojciechowicz.

“The experience was of immense value to me, as it allowed me a hands-on peer training class from a very capable and experienced trainer from other successful peer programs,” added CAG member James Talley, who trained six peers in Pensacola assisted by LaTrischa Miles. “We now have a secure cornerstone for the growth and development of our new peer program to proceed. We see this not only as our consumers’ opportunity to benefit from this training, but as a possible example to others who might be considering peer programs as an answer to their unmet consumer/client needs.”

Results and Next Steps

In the near term, Campbell plans to support more replication trainings resulting from the TOT workshop. He plans to repeat the capacity-building and TOT workshops, held in Tampa in February 2010, in other regions in Florida. He is assembling a mobile training team, including experienced CAG member-facilitators like Wojciechowicz, Talley, and Janet Kitchen, who conducted a training in Tampa, to assist him in these efforts.

Longer term, Campbell is focused on developing standards around peer programs statewide for peer training, continuing education, and professional development. For example, he envisions a prescribed initial training course for new peers, followed by a time period when a new peer would partner with an experienced peer mentor to work with a limited number of clients before reaching the next level.

“I want to make sure that there is a basic set of training and experience that every peer goes through, so if a peer wants to move from one organization to another within the state, that peer has the credentials to fit into that organization’s peer program,” Campbell explained.

Campbell recognizes that the AIDS Drug Assistance Program (ADAP) crisis in Florida has slowed efforts to integrate peers into HIV care and treatment, as organizations have little choice but to use the Ryan White dollars intended for funding peer services to ensure their clients receive the medications they depend on. Despite this major setback,



From left clockwise: Participants in replication training in Pensacola, FL in May 2010: Deborah Carty, Contract Manager, HIV/AIDS Program, Area 1, Escambia County Health Department; Bruce Campbell, Community Program Coordinator, Florida Department of Health (DOH) HIV/AIDS Bureau; Jennifer Benz, MSW, Center for Prevention and Treatment of Infections; Thomas Taylor, Peer Navigator Trainee; Brock Herren, Peer Navigator Trainee, OASIS; LaTrischa Miles, Treatment Adherence Specialist, Kansas City Free Health Clinic. Photos by James Talley.

programs in Pensacola, Tallahassee and Jacksonville continue to gain momentum.

“It’s thrilling for me to see the activities going on around the state, thanks to people realizing the importance of having a consumer out there who can talk to other consumers,” said Campbell. “Thanks to all these activities, I can give agencies some true technical assistance and really get something started.”



One rural county health department wants to use peers with the hospitals so that as clients are being discharged—either newly positive or lost to care—the discharge planners will contact the peer navigators to meet [clients] in their hospital room and make that one-on-one contact. It’s no longer a referral.

Bruce Campbell
Program Director
Community Program Coordinator
Florida Department of Health
HIV/AIDS Bureau
Tallahassee, FL

Cover photo: The Florida Department of Health Bureau of HIV/AIDS Consumer Advisory Group in 2008.

About the Peer Education and Training Sites/Resource and Evaluation Center Initiative

This case study accompanies the report *Integrating Peers into HIV Care and Treatment Teams: Lessons Learned from the Peer Education and Training Sites/Resource and Evaluation Center (PETS/REC) Initiative 2005-2010*, available on the PEER Center website at <http://peer.hdwg.org/lessons>. The PEER Center, the initiative’s resource and evaluation center, is a collaboration between the Boston University School of Public Health’s Health & Disability Working Group and the Justice Resource Institute (JRI). The PEER Center works in partnership with the PETS/REC initiative’s three national peer education and capacity-building centers:

- Lotus Project in Oakland, CA—a collaboration between the Center for Health Training (CHT) and Women Organized to Respond to Life-Threatening Diseases (WORLD)
- Peer Advanced Competency Training program (PACT) at Columbia University and Harlem Hospital in New York, NY
- People to People in St. Louis and Kansas City, MO—a collaboration between the American Red Cross St. Louis Area Chapter and Kansas City Free Health Clinic

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