



CASE STUDY: EXPANDING PEER ROLES TO PROVIDE TREATMENT AND ADHERENCE SUPPORT IN A UNIVERSITY HOSPITAL SETTING

PROJECT ARK

ST. LOUIS, MO

Main goals addressed by peer program:

- Increase the number of HIV-positive individuals presenting for medical care
- Increase number of clients who are adherent to HAART
- Expand the network of collaborating agencies

Capacity-building activities:

- Frequent communication with People to People staff via email, face-to-face meetings and phone throughout the process of developing the program
- Training to educate physicians, case managers, nurses and other clinic staff about how peer services can be integrated into HIV care
- Level 1 and 2 training of five peers by People to People
- Peer/peer supervisor shadowing at Kansas City Free Health Clinic
- Participation in peer retreats, training-of-trainers and capacity-building workshops
- Support for replication of peer training

Peer program funding source(s):

Funding is provided by Ryan White HIV/AIDS Program Part A through the Saint Louis Targeted Goal Area, City of St. Louis Department of Health, and Ryan White HIV/AIDS Program Part D through Washington University-Project ARK.

Results:

- Met grant goal for number of minutes of care with clients (a total of 414 hours)
- Referrals to peer services grew from 80 to 120 in the last grant year
- Improvement in peer and staff skills
- Lower turnover rate among peers
- Increase in number of collaborating agencies
- Improved peer supervision capacity
- Improved ability to track and document outcomes

Benefits to patients:

- Better linkage to care and support at time of diagnosis
- Clients lost to care have returned, increased engagement in care and treatment
- Better-informed clients take charge of their own care

Next steps:

- Provide continuing education services to peers who have completed People to People Level 1 and 2 peer training
- Continue to build capacity to track and document outcomes
- Improve the referral process
- Offer peer services in a second private physician's office
- Develop education documents for peers to use when teaching clients
- Find sustainability in funding

Advice for organizations developing peer programs:

- Educate the clinic systems and staff to make sure stakeholders understand the peer's role.
- Find the right peers, train those peers, and create opportunities for peers to network with each other and continue their educational development
- Don't reinvent the wheel—use the resources provided through the Peer Education and Training Sites/ Resource and Evaluation Center (PETS/REC) Initiative and call other agencies to ask for help.



From left: Linda Jones, peer, and Stacey Slovacek, Project ARK

No one can really understand what a client is going through other than those who have gone through it themselves. [Peers are] critical to providing services to clients.

Stacey Slovacek
Family Life Specialist, CCLS
Project ARK
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Background

Project ARK (AIDS/HIV Resources and Knowledge) coordinates medical care, social support, and prevention services to enhance the lives of children, youth, young adults, women and families living with, or at risk for, HIV infection in the greater St. Louis area. Services include: medical care, medical case management, mental health and substance abuse evaluation, adherence counseling, patient retention activities, support groups, primary prevention education, child care (during clinic), counseling and testing, prevention, early identification, and linkage to care. Funded as a Ryan White HIV/AIDS Program Part D Grantee since 1995, Project ARK operates under the auspices of the Washington University School of Medicine in St. Louis MO. It works with a network of pediatric, youth and adult HIV primary care clinics at both the Washington University and Saint Louis University Schools of Medicine. The network serves to integrate the delivery of HIV primary care, behavioral health, and support services offered in a co-located comprehensive care setting. In 2009, the program provided services to 900 HIV-infected persons including 19 children, 219 youth (ages 18-24) and 662 women; 78% of the clients served are African American, 20% White and 2% Other.

Since Project ARK's inception, HIV-positive peers have served as family advisors, offering support through activities such as collecting and distributing school supplies, holding an annual toy drive, organizing an annual women's retreat, and creating a summer camp for children and their families. In 2007, Project ARK received Ryan White HIV/AIDS Program Part A funding to further integrate peers into the treatment adherence support and education of clients. The goal of the program is for treatment adherence peer counselors to work one on one with newly diagnosed clients, clients struggling with adherence, and clients lost to care so that clients will achieve optimum health outcomes by accessing medical and support services, and reducing barriers to care and adherence. The treatment adherence peer program enables Project ARK to provide a crucial service to older youth (18 -24) and adults living with HIV throughout the greater St. Louis community.

The program has three treatment adherence counselors, working 8-20 hours per week, with an average caseload of 20-25 clients. Two peer counselors work in HIV primary care clinics at Washington University and St. Louis University as employees of Washington University. Through collaboration with another area AIDS service organization, the St. Louis Effort for AIDS, Project ARK has subcontracted a third peer counselor to work eight hours per week,

serving clients in a private physician's office in St. Louis. This peer counselor is an employee of the St. Louis Effort for AIDS, and works closely with Ryan White case managers co-located in the physician's office.

Activities

Strategy development and ongoing support

Stacey Slovacek, Family Life Specialist, CCLS, who heads up the treatment adherence peer program, first met the People to People staff at a food outreach workshop at the beginning of 2008. The timing was ideal: Project ARK had secured funding to integrate HIV-positive peers into treatment adherence services and was beginning the planning process just as People to People was intensifying capacity-building efforts in organizations throughout the region. Madison County AIDS Program (MadCAP), an AIDS service organization serving clients in 14 counties in southern Illinois, had received funding through a similar grant, and was also beginning to work with People to People to develop a peer program. Because their program goals were similar, the two organizations participated in a series of joint meetings with People to People staff to formulate a program vision and develop a strategy to achieve it.

Assessing organizational readiness and obtaining stakeholder buy-in

People to People supported Project ARK as it introduced clinic staff to the idea of integrating HIV-positive peers into the care team. Simone Phillips, Community Outreach Specialist at St. Louis Area Chapter American Red Cross, conducted staff trainings with physicians, case managers, nurses, and other employees, about the benefits of peers and how best to utilize them. This helped stakeholders become more familiar with the peer role, ask questions, and express concerns.

Phillips helped Project ARK to market the peer program to the larger community. "When you don't have a personal relationship with an organization, reaching the right individuals can be challenging," said Slovacek. "Simone had personal relationships with some organizations that we determined would be a good fit for peers. She came to introductory meetings with us."

Recruiting, hiring, training and orienting peers

The biggest challenge in launching the program was identifying the peers who would be the right fit for the clinics.* Desired characteristics included individuals who had a passion for the work, who would be able to share relevant experiences with clients, and



This is my passion. It's something I've always wanted to do—to give them [clients] my story and let them know they can live a long, healthy life if they take care of themselves.

Linda Jones
Treatment Adherence Counselor
Project ARK
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who weren't encountering issues that would interfere with their own self-care or prevent them from being effective. Networking with other organizations was a key factor in Project ARK's recruitment efforts. "The more word of mouth we created, the more phone calls we got," said Slovacek. "Our peers weren't recruited from one place; that brings a greater range of experience to the team."

Training was a requirement of the recruitment process as well. Prospective peers were expected to go through both Level 1 and Level 2 training provided

*Slovacek presented her observations on recruitment challenges at Project ARK in a HRSA-sponsored webcast entitled "Recruiting, Hiring, and Supporting Peers." For details, visit the PEER Center website at <http://peer.hdwg.org/webcasts>.

by People to People. This training not only provided peers with skills necessary to function in their new role, but helped them determine if peer work was something they wanted to take on. Of the peers trained by People to People, five were hired as treatment adherence counselors at Project ARK. Project ARK also worked with People to People to develop a three-day intensive workshop for peers as follow up to attending Level 1 and 2 training. This orientation used extensive role playing to introduce peers to all aspects of working with clients, from the initial phone call when a referral comes in, to transitioning a client out of the program when he or she has met the goal.

Addressing ongoing challenges

Referrals to the program came in slowly at first, Slovacek recalls. Project ARK enlisted People to People's expertise to help build relationships between peers and staff, and to educate physicians, nurses, and case managers on how best to present the program to clients, and to make referrals to the peer.

"Part of the peers' training is learning how to establish a working relationship with clinic staff through face-to-face connection," according to Slovacek. "I believe that face time is very important to becoming part of that team," she said. "Our peers have been really good about meeting every staff person, talking about the program, and making sure that they're seen at the clinic to remind staff 'I'm here as a peer.'"

Program evaluation

Program staff identified kept appointments, CD4 counts, and viral loads as measures to track for program evaluation purposes. Peer counselors monitor clients' kept medical appointments and laboratory test results, and document their work in the client's medical chart. One grant requirement is that the program track encounters with clients. Peers use a weekly staffing sheet (included in the [sample forms for documenting peer work](#), a resource in the capacity-building toolkit [Building Blocks to Peer Program Success](#)) to record the clients they worked with, how many minutes of care the client received, and what services were provided.

Developing programs through capacity-building and training-of-trainers workshops

In July 2009 People to People conducted a three-day capacity-building and training-of-trainers (TOT) workshop. Project ARK staff came away from this workshop with a concrete plan to conduct their own peer training. In March 2009, staff from Project ARK and MadCAP who had participated in the workshop collaborated with Phillips to conduct a joint three-day training in St. Louis, MO. Of the eight peers who participated in the training, one has gone on to volunteer as a counselor for Project ARK's family camp, another works as a peer in the treatment adherence program, and a third works as a family advisor, helping to plan women's retreats, eat-and-learn sessions for clients, and assist with Ryan White HIV/AIDS Program Part D programming.



When I was interviewing peers, the one thing that every single person told me was 'I wish this program had been around when I was newly diagnosed.'

Stacey Slovacek
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Networking to support peers and their supervisors: peer and supervisor shadowing

As peer supervisor, Slovacek meets with each peer every other week. She also organizes monthly group supervision meetings where peers discuss challenges, and receive continuing education training in areas they identify themselves. One of Project ARK's mental health professionals has begun participating in these monthly meetings and serves as a resource when peers have difficulties with certain clients. But the best way to support peers and their supervisors, Slovacek believes, is through networking. She considers the opportunities for networking that People to People provides as the most valuable component of its capacity-building assistance. In 2009 Project ARK and MadCAP peers participated in two People to People-sponsored peer shadowing events conducted at the Kansas City Free Health Clinic (KC

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Free), an organization that has integrated peers into its HIV care for more than ten years.

The peers involved were so enthusiastic that their supervisors wanted to learn more about the shadowing program, and saw great benefits in meeting with supervisors from other programs as well. So a third peer shadowing included a component for peer supervisors where they had the opportunity to meet and compare notes on work issues with other peer supervisors on site at both the Kansas City Free Health Clinic and the Truman Medical Center in Kansas City, an organization that has incorporated peers into its practice since 2000.*

In addition, Project ARK peers and supervisors have gone on two peer retreats sponsored by People to People

where peers participated in continuing education workshops on topics including communication, self-care, Hepatitis C coinfection, and new medications.

But the highlight of the retreats was the opportunity for peers and supervisors to develop working relationships with each other. Through these retreats, staff from partnering organizations in Missouri and Illinois have built relationships that continue beyond the retreats.

Results and Next Steps

Slovacek has ambitious goals for the program. She plans to continue to foster working relationships with regional organizations through networking sessions with other agencies providing peer services. Now that the process is in place and referrals are coming in steadily, program staff will focus on streamlining it. Slovacek hopes to build on the successful St. Louis Effort for AIDS relationship with area private physicians to place a peer counselor in a second office next year. The program will also focus efforts on the evaluation process to gain a better understanding of the strengths and weaknesses of the program, including automating the entry of data.

“We are working on training our peers to enter their data into a database that our case managers use,” said Slovacek. “By having these notes in one place, we’ll have more opportunity to track measurable outcomes so that our quality management team can run reports to determine how adherent

clients are after they’ve signed on with a treatment adherence counselor [peer].”

Slovacek takes pride in how far the program has come. “We have excellent peers who have really gone above and beyond,” she notes. The collaboration with People to People has led to improved peer and staff skills, increased peer supervision capacity, more collaboration with agencies in the region, and better tracking and documenting of outcomes. The number of referrals continues to increase as staff and peers work together; it went from 80 to 120 in the last grant year.

In terms of evaluation, the biggest achievement occurred when the program met the goal stipulated in the grant for 24,840 minutes (414 hours) of care with clients.

But the greatest success comes in the difference the program is making in the lives of clients. “We had one woman who tested positive several years ago who was very resistant to coming to clinic,” Slovacek recalls. “It was common for her to have panic attacks, and she said she would never be back, would never take medication. At home, she would not eat off glass plates—she converted everything to paper because she did not want to spread HIV to her children. The clinic team worked hard with her to provide education, but it just would not resonate with her. We linked her with a peer, and that relationship has really blossomed and grown. This woman has been working with her peer very diligently, coming to clinic, and taking her medications. To me, that is an amazing success.”

When Linda [a peer] came over and said, ‘The doctor was looking for me and wouldn’t let me leave until I saw a client,’ ...that makes me feel that things are going well. People are getting the process.

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*For more on peer shadowing and other Level 3 peer training, visit the PEER Center website at <http://peer.hdwg.org/mentoring>.

Cover photo from left: Project ARK staff Kelly Nolan, Linda Jones and Stacey Slovacek take a break during Camp Hope, a summer camp program for children infected and affected by HIV and their families.

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

This publication was supported by cooperative agreement #U20HA08557-01-00 from the Health Resources and Services Administration (HRSA). This cooperative agreement is funded through the HIV/AIDS Bureau's Division of Training and Technical Assistance with Minority AIDS Initiative funding. The contents of this publication are solely the responsibility of the PEER Center and do not necessarily represent the views of the funding agencies or the U.S. government.

