BEST PRACTICES

FOR INTEGRATING PEER NAVIGATORS INTO HIV MODELS OF CARE

MAY 2015

LESSONS LEARNED FROM PEER NAVIGATION PROGRAMS

PRESENTED BY

AIDS United

AIDS United's mission is to end the AIDS epidemic in the United States.

We seek to fulfill our mission through strategic grantmaking, capacity building,

policy/advocacy, technical assistance and formative research.

TABLE OF CONTENTS

1. INTRODUCTION

"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 Navigators have been around since the beginning of the HIV epidemic. They assist clients in HIV prevention, care, and treatment. Over time, the role of Peers has evolved and, today, Peer Navigators play an important role in multidisciplinary care teams. How so? Peer Navigators can motivate attitudinal and behavioral change in people living with HIV/AIDS (PLWHA) and tap into existing social networks to connect with even the hardest-to-reach populations. Involvement of Peer Navigators can motivate not only clients but also the Peers themselves.

For the purposes of this document, Peer Navigators are defined as HIV-positive, medication-adherent role models living with a shared experience and a shared community membership as the populations with which they work. Peers are trained, often paid, professional staff members rather than volunteers. Their work includes case finding and community outreach; routine appointment reminder phone calls; accompaniment to appointments; transportation assistance; referrals and associated follow-up; and adherence education and support.

> Peer Navigators are defined as HIV-positive, medication-adherent role models living with a shared experience and a shared community membership as the populations they work with.

With the passage of the Affordable Care Act (ACA) and its emphasis on primary care, prevention, and access to affordable health insurance coverage, the role for Peer Navigators in connecting clients living with HIV to care has never been greater. Elizabeth Brosnan Johnson, Executive Director of Christie's Place, an AIDS United grantee site, agrees. "We were founded with a Peer based model and knew intrinsically what the research supported, that Peers improve chronic disease outcomes," says Johnson. "However, we didn't utilize Peers [as Patient

Navigators] prior to 2010. Peer navigation couldn't have been timelier given the shifting landscape of HIV care and health care reform implementation."

With findings across diverse Peer Navigator models and grantee types, this AIDS United *Best Practices for Integrating Peer Navigators into HIV Models of Care* guide has something for everyone. As federal, state, and local programs work to leverage the promise of ACA for better health outcomes, using approaches that facilitate greater access to affordable, quality HIV care and treatment like Peer Navigators is essential.

Learn about unique and effective Peer navigation that successfully—and efficiently—reaches vulnerable HIV populations in America and how to sustain these services. As HIV care becomes part of a primary medical home model, sustaining Peer services such as Peer navigation is critical.

The AIDS United Access to Care (A2C) initiative supports innovative, evidence-based, collaborative programs that connect thousands of low-income and marginalized people living with HIV to supportive services and health care. All funded projects within the A2C portfolio have developed a team of organizations that collaborate to reduce barriers along the care continuum, provide innovative solutions to long-standing access problems, and to change the way that systems operate in their community. Over the past five years, AIDS United has supported three initiatives working to improve access to care for people living with HIV, and all three fall under the overarching work of A2C.

The first of these initiatives was **Positive Charge,** a multi-million dollar investment by Bristol-Myers Squibb that supported organizations in five areas across the United States working to improve linkage to care and health outcomes for people living with HIV. Positive Charge supported collaborative and targeted interventions aimed at building the capacity of organizations to reach populations hardest hit by HIV, particularly communities of color, men who have sex with men, individuals in rural areas of the South, and women.

AIDS United's **Social Innovation Fund** was shaped by the lessons learned from Positive Charge and inspired by the first ever United States National HIV/AIDS Strategy, which emphasized the necessity of public-private partnerships to help end the epidemic. The Social Innovation Fund, a program of the Corporation for National and Community Service, supports twelve innovative, evidence-based, collaborative programs working in communities across the country to connect low-income and marginalized individuals living with HIV to care and support services. The Social Innovation Fund is a prime example of the success of public-private partnerships: in addition to the Corporation for National and Community Service, the Social Innovation Fund is supported by 14 private funders. Through intense collaborations between community-based organizations, clinics, and other supportive service providers, the Social Innovation Fund has linked thousands of individuals living with HIV to the care and support services they need.

The AIDS United **Retention in Care** initiative focuses on another aspect of the care continuum critical to achieving

INITIATIVES SUPPORTED BY AIDS UNITED

- **Positive Charge,** a multi-million dollar investment by Bristol-Myers Squibb that supported organizations in five areas across the United States working to improve linkage to care and health outcomes for people living with HIV

- **Social Innovation Fund,** shaped by the lessons learned from Positive Charge and inspired by the first ever United States National HIV/AIDS Strategy, which emphasized the necessity of public-private partnerships to help end the epidemic

- **Retention in Care** initiative, supporting seven organizations working with populations that experience some of the worst HIV-related health outcomes in the United States.

viral suppression and ending the epidemic. Supported by the The M·A·C AIDS Fund, Retention in Care supports seven organizations working with populations that experience some of the worst HIV-related health outcomes in the United States. With the goal of addressing one of the largest drop-off points along the HIV care continuum, these organizations are implementing innovative and emerging program models rooted in collaboration.

Supported by a rigorous national evaluation conducted by Johns Hopkins University, all three of these AIDS United initiatives have been successful in helping individuals living with HIV access and remain engaged in care, and have positively impacted other aspects of the care continuum as well. These programs continue to inform one another as well as other initiatives across the country, and their successes put them at the forefront of the innovative, evidence-based, collaborative care necessary to end the HIV epidemic in the United States.

Although they represent three different initiatives, the overarching term A2C will be used to encompass these initiatives.[1] A central component of many A2C sites supported was Peer navigation.

---

1. AIDS United Access to Care (A2C) grantees represented three cohorts, Positive Charge (PC), Retention in Care (RiC) and Social Innovation Fund (SIF).

3. OVERVIEW OF FEATURED INITIATIVES AND GRANTEES

Peer navigation makes a difference in removing client barriers and improving access to HIV primary care and support services. Peer interventions can improve client self-efficacy, quality of life, HIV knowledge, and more.

Featured A2C grantees represent 13 unique Peer program projects (across 10 organizations).[2] The organizations included:

- five (5) HIV/AIDS service organizations
- four (4) multispecialty social service organizations, and
- one (1) community health center.

These organizations illustrate what a strong Peer service component can look like and what it can achieve. On average, the grantees have two decades of experience working with Peers or community health workers (CHW) to promote HIV/AIDS prevention, care, and treatment. No organization is from a large hospital or medical center, or affiliated with an academic institution.

Specifically, the projects studied and highlighted here excel in critical areas of Peer navigation work—particularly linkage, retention, and medication adherence services for PLWHA.

IN THE SPOTLIGHT:
FEATURED ORGANIZATIONS

This guide includes grantee profile summaries and lessons learned from the following organizations:

- AIDS Action Committee of Massachusetts
- AIDS Alabama
- AIDS Foundation of Chicago
- BOOM!Health
- Institute for Public Health Innovation
- Christie's Place
- Health Equity Institute
- Mazzoni Center
- The Open Door, Inc.
- Washington AIDS Partnership

2. The process of studying these models to better understand best practices in Peer service provision included the following: a review of initial grant applications, subsequent progress reports and data pulls, and extensive telephone interviews with key staff on each of the projects.

Boom!Health's Bronx Health Connect (BHC) program is an innovative harm reduction approach designed to maximize effectiveness along key points in the HIV care continuum/treatment cascade.

To better engage and retain PLWHA in ongoing medical care, the BHC program implemented several strategies including a Peer health navigation approach. Trained Peers' responsibilities include:

- outreach to target populations;

- support services;

- health navigation and accompaniment services to medical appointments;

- appointment reminders and counseling;

- assistance with transitional health care after hospitalization; and

- linkage to onsite primary care, behavioral health, recovery programs, pharmacy services, and supportive housing services.

The BHC Health Navigation Supervisor and Peers perform daily huddles/case conferencing and engage in intra-agency referrals, resulting in strong linkages and effective communication. These efforts facilitate coordination of services and integration of care planning for BHC participants, thus improving health outcomes.

4. INITIAL STEPS TO BEGIN OR EXPAND A PEER NAVIGATION PROGRAM

While there is no single Peer navigation model, there are common characteristics and best practices across sites. Providers should plan, be flexible, and adapt their community and organizational resources to meet client needs.

Providers should develop a system supportive of Peer Navigators; establish a standardized title, position, protocol, and procedure for navigators; and train Peers as well as supervise and monitor Peer-led client activities. By doing so, providers will have implemented important aspects of a Peer Navigator program and set themselves up for success. (See also "Peer Navigation Program Best Practices Checklist" on page 10 to learn more.)

Design and Implement a System that Supports Peer Navigation in the HIV Care Team

Peer Navigators work in a variety of organizational settings. Of A2C sites, the most common include:

- *AIDS Service Organizations.* The majority of sites are AIDS service organizations (ASOs) where Peers provide one-on-one individual support, group psychosocial support, as well as referrals (and accompaniment if needed) to community resources.

- *Community.* Peers also work in the community at large and provide community outreach to locate those lost to care, engage or re-engage clients into care, and market Peer navigation services.

- *Partner Sites.* Of the A2C Peer Navigators, some are housed at a community partner's clinical site.

- *Medical Homes.* Peer Navigators work within a Medical Home with co-located community and clinical services. In this model, Peer Navigators may be employees of the ASO but have office space and/or set hours within the clinic or are part of a multi-disciplinary team.

- *Clinics.* Peer Navigators are also clinic-based and part of the clinic team.

- *Mobile Vehicle.* Peer Navigators provide HIV care services within a mobile clinic.

All A2C projects have structured, well-defined systems that support the integration of Peer Navigators within the care team. The following sections include things to consider *prior* to hiring Peer Navigators.

THE WASHINGTON AIDS PARTNERSHIP, IN COLLABORATION WITH THE INSTITUTE FOR PUBLIC HEALTH INNOVATION

Beginning in 2011 through a collaboration with the Washington AIDS Partnership on Positive Pathways, the Institute for Public Health Innovation (IPHI) developed a number of broad-scale community health worker (CHW) initiatives. These initiatives focused on increasing use of HIV care services throughout the District of Columbia; Northern and Northwest Virginia; West Virginia; and suburban Maryland. Through these interventions, IPHI is establishing the use of CHWs as integral members of medical and HIV care teams across the region. CHWs work at their employing or host organizations and in the community to identify people living with HIV who are not receiving HIV-specific care. CHWs utilize their unique position to address barriers to care that can present challenges for other medical professionals, such as providing trust-based information and education, conducting outreach and support services among hard-to-reach populations, assisting clients in navigating the health care system, and facilitating self-care management strategies within the context of busy and complicated lives.

IPHI has formal partnerships with 18 community and medical organizations, and supports a cadre of HIV-specialty CHWs working across the region. The IPHI model is to partner with community-based organizations, managed-care organizations, and medical sites that are closely connected to the communities most affected by HIV. IPHI works with partner sites to recruit, train, and integrate CHWs and then supports the sites and CHWs to effectively identify, link, and retain HIV-positive persons in care. CHWs are expected to work closely with clinical and case management staff to identify eligible clients and to coordinate CHW support services with case managers, nurses or physicians, and other staff.

Identify Priority Populations for Peer Navigators to Serve

Identify the key target populations most in need of Peer services and recognize that clients are more comfortable around people most similar to them. Consider this when hiring Peers because, for clients, seeing someone reflective of themselves can be a difference between connecting to or falling out of care. Because of this increased comfort, clients may also share information with Peers that they don't with other care team members.

Shared similarities may mean Peers are of a similar gender, sexual orientation, faith, socioeconomic level, racial/ethnic identity, or speak the same language as clients. These are important qualifications since having a shared "lived experience" is a critical component of being identified as a "peer." Another notable, but not necessary qualification, is a shared history of lived experiences. In many of the programs, Peer Navigators have been involved with the sex industry, struggled with substance use, lived with mental health challenges, or experienced homelessness/unstable housing at one point in their lives.

Qualified Peer Navigators are at a level of emotional and physical readiness to serve in their role. This readiness means they are "living well" with HIV. This means Peers are medication and appointment adherent and comfortable disclosing their status in many but not necessarily all settings. Peer Navigators at A2C projects focus on the following populations:

- One program (Boom!Health) serves hard-to-reach communities in the Bronx, NY, including newly released and incarcerated people living with HIV.
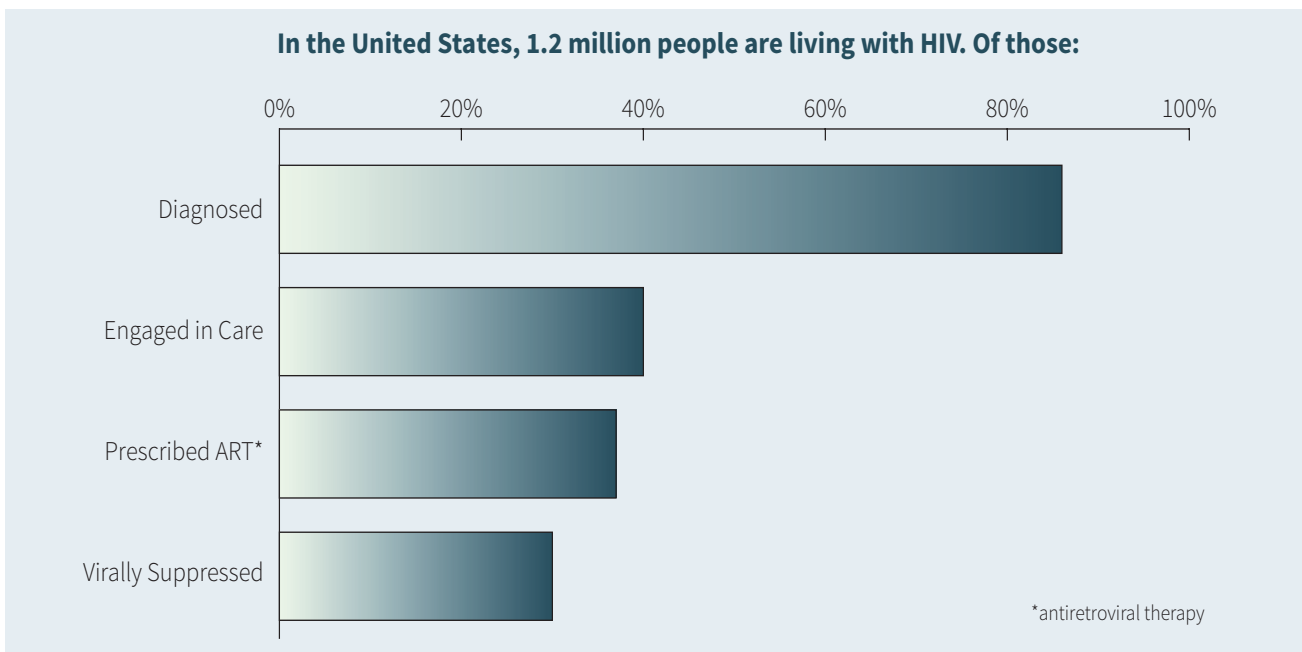
- another program exclusively serves transgender women (Mazzoni Center);

- several programs target HIV homeless and marginally housed populations; and

- more than half of A2C projects serve a diverse range of PLWHA who are out of care or at risk of falling out of care.

To make the most inroads in HIV care and treatment, providers should focus on populations most at risk for infection and who fall off along the "steps" of the HIV care continuum/treatment cascade (see graphic). Of the approximately 1.2 million people living with HIV in the United States, only 86% are diagnosed, 40% are engaged in care, and just 37% are prescribed antiretroviral therapy (ART).[3] Providers should keep in mind that people newly diagnosed with HIV may need support in managing and accepting their diagnosis as well as finding HIV primary care.

The Mazzoni Center, a nonprofit community-based organization that serves the Greater Philadelphia region, saw the need and vast health disparities among the transgender population, particularly transgender women and girls. In response, the Mazzoni Center created the Trans Wellness Project. The project established a Community Advisory Board comprised of transgender women who provide critical direction and input for the program and in the hiring and training of transgender women as Peer Navigators. Peer Navigators have successfully engaged this hard-to-reach population and decreased barriers to care. To address the need for culturally competent health care, the Mazzoni Center initiated a collaboration between the Peer program and their primary care practice to provide a regular, drop-in health service specifically tailored to serve the needs of transgender people.

HIV CARE CONTINUUM SHOWS WHERE IMPROVEMENTS ARE NEEDED[3]

In the United States, 1.2 million people are living with HIV. Of those:

	0%	20%	40%	60%	80%	100%
Diagnosed						
Engaged in Care						
Prescribed ART*						
Virally Suppressed						

*antiretroviral therapy

---

3. Centers for Disease Control and Prevention (CDC). National HIV Surveillance System and Medical Monitoring Project, 2011.

Providers can use this Peer navigation checklist to assess their organization's program readiness and ensure its comprehensive approach.

❑ **Design and Implement a Structured and Well-defined System that Supports Peer Navigators in the HIV Care Team**
Regardless of the type of care or service setting that Peer navigation services exist within, it is critical to create a system of integration prior to the hiring and arrival of Peers.

❑ **Identify Specific Population(s) to be Served by Peers**
Matching clients with a Peer that has a solid understanding of their barriers and opportunities for optimal health and wellbeing is a key strategy.

❑ **Establish a Standardized Title and Position for the Peer Navigator Within the Integrated Care Team**
Common roles include outreach, linkage, and retention in HIV care and treatment adherence support. Peers in these projects are paid staff rather than volunteers, reflecting a shift in the field in recognizing the role of Peer Navigators as a professional one. Peers offer a unique supportive role due to their shared life experiences with clients. Basic qualifications include emotional and physical readiness for the duties, computer literacy, and a deep understanding of the community being served. Across sites, Peer Navigators are defined as *"medication-adherent role models living with HIV who share the same experiences and community membership and who are trained to provide effective services that increase the linkage, retention, and medication adherence of the people they serve."*

❑ **Establish Protocols and Procedures for Peer Navigation Programs**
It is critical that the *"who" and "how"* of assigning and utilizing Peers is in place at the organization, including Peer priorities and how they will interact with colleagues.

❑ **Train Agency Staff and the HIV Care Team**
Hold organizational meetings to share policies and procedures, including how Peers will complement the team and the organization's mission. Ensure that all staff members are clear on roles and lines of communication with Peers and how to coordinate work across departments. Share the "value added" benefit of Peer Navigators, and provide an opportunity to address staff questions or concerns.

❑ **Implement a System of Open Communication and Coordination With Other Care Team Members**
Team meetings with case managers or social workers are helpful. Peers may need training on meeting procedures and how to present clear and concise client information in this setting. Peers may have access to electronic medical records and may need training on how to utilize these records and help clients do so as well.

❑ **Implement a Competency-Based Training for Peer Navigators and Supervisors**
Competency areas may include: HIV and healthful living, communication skill-building, Health Insurance Portability and Accountability Act (HIPAA), various roles of HIV care team members, health and health care literacy, developing service plans, electronic health records (EHRs), and documentation and local implementation of the Affordable Care Act (ACA).

❑ **Provide Consistent Administrative and Clinical Supervision to Peers**
Have a supervision structure in place with identified staff filling this role. A key to Peer success is the provision of training, guidance, and support in their own self-care as individuals living with HIV/AIDS.

❑ **Create a Documentation System to Describe and Monitor Peer-Client Activities that is Linked to Case Management Records**
Train Peers on how to report data and use critical information to inform the care team of client progress and ongoing needs.

Peer Navigators can be role models for these individuals, having accepted and managed their lives with HIV. People newly diagnosed with HIV often step away from care as they digest what their diagnosis may mean in their lives. Failure to link to a provider following diagnosis, however, can lead to years of lost care.

Peer Navigators provide culturally competent client support and advocacy. If a client has fallen out of care within a specific health care facility, for example, Peer Navigators can facilitate re-engagement via community outreach or home visits. "I feel like I'm a life-saver," says Peer Vernita Perry, "because some clients we come across have given up on life. After they meet us, we talk to them and we give them hope. And they start living, taking care of themselves. They start smiling."

Establish a Standardized Title and Position for Peer Navigators in the Context of the Integrated HIV Care Team

Clearly define the role and specific tasks for Peer Navigators. This will help Peers to be recognized as important care team members.

Peer Navigators guide clients through each step of the process and act as the initial connection to HIV care. When a person is newly diagnosed, providers should have Peers meet with the client to talk through concerns and to assess their needs. Peer Navigators serve as educators, CHWs, resources for information, and support group facilitators. Providers often offer standardized competency-based training for Peers. In some cases, Peers may even receive certification as CHWs (if a certification option is available), which may help with reimbursement of Peer-led services and sustainability of programs.

Emphasize the Peer Navigator's Role of Outreach, Linkage, and Retention in HIV Care and Treatment Adherence Support

PEER NAVIGATOR ROLES IN THE HIV HEALTH CARE TEAM

Providers typically use Peer Navigators for the following activities:

- Case finding and community outreach to bring newly diagnosed and out-of-care clients to services

- Weekly/regular calls to check-in, for encouragement, appointment reminders, and to reschedule missed appointments

- Accompanying clients to medical and social service appointments

- Coordinating and assisting with transportation

- Referrals and follow-up with mental health providers

- Treatment adherence education and support

Consider using Peer Navigators to provide outreach, linkage, and retention services as well as the variety of ways this can be done. For example, when clients have missed scheduled appointments or lab visits, or have not rescheduled missed visits, Peers can follow-up by phone. In fact, reminder phone calls, phone check-ins to ascertain reasons for missing an appointment, and appointment accompaniment (e.g. for medical care, legal services, social services, and Supplemental Security Income (SSI)-related appointments) are among the most common Peer Navigator tasks. Peers can also be used to perform community outreach and home visits—something that may not be feasible for case managers or front desk staff due to caseloads and required office-based tasks. "Peer navigation services are excellent," says an A2C client. "It is a beautiful thing that Peers take the time to drive me to my medical appointments. I am very appreciative. My health has improved overall since I have been offered Peer navigation services. I am well, and alive!"

Peer Navigators are *not* meant to replace case managers. They are, however, intended to enhance the efforts of case managers. With specialized experience and success living and coping with HIV, Peer Navigators can provide a unique perspective and support to clients that other HIV care team members cannot. For instance, clients may not understand how to navigate the service system and this process can be overwhelming. Qualified, successful Peer Navigators have experience working with the fragmented service system, likely having obtained health care, housing, and mental health services for themselves at one point. As such, they can assist a client from the consumer side—knowing what materials to bring or questions to facilitate access to needed services, such as obtaining an identification (ID) card for a housing application, health insurance, or application for

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

other social support services. Having someone help with necessary paperwork, obtaining transportation, or helping to locate offices can be critical. All of these tasks reduce barriers that impact health and HIV treatment adherence.

Peer Navigators can help with medication adherence. For example, at one site (AIDS Alabama), Peer Navigators provide clients with pillboxes and weekly in-home delivery of ART in partnership with a local pharmacy. At other sites (e.g. The Open Door), Peer Navigators provide directly observed therapy. Providers can also use Peers to co-facilitate (with the support of mental health specialists) treatment adherence support groups. Such groups offer an opportunity for clients to discuss treatment management strategies and communication strategies to better discuss questions or concerns about treatment with providers.

Also consider using Peer Navigators to help clients understand their viral load and CD4 counts and to provide associated support. "I give my clients encouragement when their numbers are doing well. That's valuable," says an A2C Peer. "I give them credit for the work. They need to hear the encouragement; it gives them strength. They need to hear they're making a difference by going to the doctor and taking their medication."

The more complex a client's needs, the more intensive the Peer Navigator intervention should be. As such, caseloads are related to the number of high-needs clients who need intensive interventions. This approach facilitates client progress and reduces Peer Navigator burnout.

PROGRAM PROFILE

THE OPEN DOOR, INC.

The Open Door, Inc. recognizes the importance of supporting not only their clients, but also their Peers with medical and treatment adherence. Peers should be able to prioritize their own health while helping others do the same. The Open Door, Inc. Peers receive paid time off incentives for attending their HIV-related medical appointments as well as monthly therapy appointments. At these appointments, Peers can advocate for themselves, problem solve, identify coping skills to prevent burn-out, and deal with compassion fatigue.

Peer Navigators are Employees, not Volunteers

Compensate Peer Navigators for their time and effort, just as other members of the care team. Almost all of the A2C organizations (92%) pay their Peer navigators as staff, and of those who are paid, 58% receive benefits. This represents an evolution in Peer Navigation models. In the past, Peers were often volunteers or "buddies" that built a relationship with other PLWHA to help them manage and cope with living with HIV. The role of the Peer navigator has evolved to include encouragement and promotion of positive behavior change, particularly related to treatment adherence and retention in care. These are areas where Peer Navigators can play a particularly critical role.

Discuss the decision to hire a Peer Navigator as full- or part-time with the HIV care team, human resources, and with the Peer Navigator at the time of hiring. The decision to make the Peer role full or part time has many considerations. For example, some lessons from the field indicate that Peer Navigators may wish to hold a part-time position because they do not want to jeopardize their benefits (such as Supplemental Security Income) and are restricted by the amount of additional income that they can earn. For other Peer Navigators, working part-time may be a preferred because they are living with a chronic illness and may not want the burden of working full-time; they may also need the flexibility to take care of their own and other family members' needs. Discuss this decision openly prior to hiring a Peer Navigator to balance the professional needs of the program and clients with the needs of the Peer Navigator. Establish a strong and consistent supervision system to check-in with Peers about their professional work and how it's affecting their personal health. Having this support in place ensures Peer Navigators have successful working relationships while also remaining in good health.

> Establish a strong and consistent supervision system to check-in with Peers about their professional work and how it's affecting their personal health.

Establish Protocols and Procedures for Peer Navigation Programs

Establish protocols and procedures for Peer Navigators and ensure the rest of the care team is aware of what they are. Policies should include administrative guidelines of the agency and provide specific guidance on the Peer navigation role, including the job responsibilities, lines of communication, and coordination with other care team members, as well as necessary documentation for client services. Having these policies in place legitimizes the Peer role in the HIV team and ensured all employees were held to a standard of operation for client services. In order to create such policies, senior managers should decide how the Peer navigation program is structured. Important questions to consider include the following:

- How will clients be referred to a Peer Navigator and who will refer them?
- How will Peer Navigator caseloads be assessed? Will Peer Navigators be assigned a specific client caseload or work with clients as needed?
- What will a Peer intervention look like? Will Peers provide a time-limited intervention working intensively with clients then transitioning them to case managers or work continuously with clients?
- What is the process for referring and transitioning a client to a case manager?
- What is the process for referring a client to community-based social support services?

Assess target population needs in order to address these questions. Recognize that clients with higher acuity likely require Peers to work in close partnership with case managers or other clinic staff in order to meet the clients' basic needs (e.g. food, housing). Peer Navigators should also focus on treatment adherence education with clients who are struggling with medication or have been newly prescribed treatment. Examine the Peer Navigator role and decide the most efficient service they can provide to clients to move them along the care continuum.

Train Agency Staff and the Care Team

Inform agency staff about the Peer Navigator role and train staff on what to expect. Help staff understand how Peers may impact their job tasks and responsibilities prior to implementing a Peer Navigator program. Explain to staff the role of Peers in the referral process to other departments, such as substance use counseling, mental health services, nutrition, or other clinical care specialties (e.g. obstetrics/gynecology). By training other staff, providers create opportunities to address concerns, brainstorm solutions, and ensure issues such as confidentiality and Health Insurance Portability and Accountability Act (HIPAA) compliance are addressed.

PROGRAM PROFILE
AIDS ALABAMA

Since the development of Living Well, AIDS Alabama has built a meaningful collaborative relationship with the University of Alabama 1917 Clinic to ensure medical adherence and full engagement of clients. AIDS Alabama social workers and the Living Well Retention in Care team met with the Clinic's lead social worker to discuss new policy changes to the AIDS Drug Assistance Program (ADAP) and opportunities for Peers to assist with enrolling participants. AIDS Alabama is partnering with the Clinic to locate and enroll clients in the new health insurance program, HealthPLUS Alabama. This partnership will prevent interruption of client service—and also make sure clients receive the additional medical benefits associated with the program. This is an example of the developing clinic/community partnership approach to addressing the comprehensive health needs of those living with HIV/AIDS in Greater Birmingham.

PROGRAM PROFILE
CHRISTIE'S PLACE

Christie's Place was founded and operates on the belief that Peer-based support for women living with HIV is integral to good health outcomes and quality of life. As Christie's Place moved to a mobile/home-based model of Peer navigation in 2010, an expanded level of team assimilation was needed with their new Coordinated HIV Assistance and Navigation for Growth and Empowerment (CHANGE) for women program. With increased Peer Navigator responsibility, agency staff and partner clinics/agencies were educated and trained on the broadened position. Part of Christie's Place support for Peer Navigators is ongoing training, such as trainings on trauma-informed care, self care, motivational interviewing, crisis management, and more. Peers were meaningfully integrated into the broader interdisciplinary teams at clinics, and the agency strategically aided this by building strong rapport and communication among partner organizations. Peer Navigators are included in all levels of programming and clinic activities, whether it's the agency's retreats, clinical meetings, or their role in making meaningful referrals to mental health services. Peer Navigators are trusted members of the team.

5. IMPLEMENT AND MONITOR STRATEGIES TO FACILITATE SUCCESS

Implement a System With Open Communication and Coordination With Other Care Team Members

Open communication and coordination among all care team members—including Peer Navigators—can improve quality of services. The Peer contribution is beneficial to clinical team members, particularly as Peers may observe—or clients may share—information with Peers separate and apart from their clinical providers. As such, have Peer Navigators participate in multidisciplinary team huddles (case conferencing) or weekly team meetings to streamline communication. In particular, have Peer Navigators review and discuss client needs with case managers and social workers. When Peer Navigators have important information about client challenges that may affect medical needs, they need to know how to share this information in a timely fashion to assist efficient clinic operations. Offer training to Peers on how to sensitively but comprehensively—and in compliance with HIPAA—discuss emerging client needs during huddles. Doing so may improve Peer self-confidence as a member of the team, improve communication during team huddles, and help clients achieve their HIV service plan goals.

Because health care information is increasingly in an electronic format, and communication to other team members is often administered through email and electronic records, it is helpful for Peer Navigators to have a basic level of computer literacy. Be prepared to teach Peers computer skills if necessary and hire Peer Navigators who are willing to learn documentation and computer skills if they do not possess these skills at time of hire.

Learning how to communicate openly together may be a culture shift for Peer Navigators and clinicians but it's an important skill to have. Normalizing the role of the Peer Navigator to the client helps establish them as a formal team member. Dr. Kathleen Clanon (as a part of the Health Equity Institute grant) introduces her clients by saying, "I have a member of our team that I would like you to talk with."

Moreover, clinician feedback to Peer Navigators about the level and amount of information being shared can provide supportive direction to the Peer Navigator. Feedback such as, "That was a great contribution that you shared about the client. It helps with my work," are ways that Peers can be recognized as valuable members of the team. This can also make clients and care team members see the value of Peer Navigators.

In turn, Peer Navigators need to learn the culture of the clinical environment and the team system. Participating in case conferences and team huddles as well as learning clinic operational procedures, and documentation, may be new for individuals unaccustomed to working in structured environments such as health clinics. Regular and consistent supervision of Peers is important to provide support and guidance as Peers adjust to the work environment.

Other ways to promote open communication and trust is to give Peer Navigators access to electronic health records (EHRs). This is also beneficial in informing Peers' work with clients. By allowing Peer Navigators access to EHRs they can easily access laboratory tests results and provide client education regarding health progress. Train Peer Navigators, just like other employees, to ensure they abide by HIPAA regulations. Ensure Peers understand that if they violate these principles by accessing records inappropriately or revealing confidential information, their employment could be jeopardized, and there could be potential legal ramifications. Additionally train Peer Navigators to assist clients with patient portals so clients are comfortable accessing and reviewing provider communications and test results.

PROGRAM PROFILE

AIDS ACTION COMMITTEE OF MASSACHUSETTS

To support Peer advocates' ability to effectively do their work and communicate with medical case managers, AIDS Action Committee of Massachusetts has ensured that their Peer advocates have access to an electronic database to collect service utilization data and write notes. Peer advocates are trained in issues around confidentiality, data collection, and in writing progress notes. The Peer supervisor meets with Peer advocates in both individual and team meetings to discuss and review data collection. Moreover, Peer advocates are expected to be prepared to discuss clients on their caseloads on a weekly basis, including the goals they're specifically working with clients on to help connect and retain them in HIV care.

Implement a Quality, Competency-Based Training Program for Peer Navigators and Supervisors

Critical to the tasks and roles of the Peer Navigators are the following competencies:

Peer Navigators

Competencies	Tasks
Communication skills	Motivational interviewing and harm reduction with clients
	How to present information in a professional, efficient manner
	How to present client information and challenges when communicating with providers
	How to encourage clients to ask providers productive questions, getting them the information they need
Understands health care system (including availability of local medical and social services)	Links with case management
	Makes referrals to housing, substance use, and mental health treatment
	Develops individualized service plans/assessments
HIV and healthful living	Provides treatment motivation and adherence support
Confidentiality	Adheres to HIPAA regulations
	Addresses stigma and disclosure issues
ACA	Assist with patient navigation related to health care exchanges in local area
Other	Support trauma-informed care

Professional development opportunities are also essential for Peer Navigators. In some instances Peer Navigators can be trained as "patient assistors," helping clients sign-up for and receive health insurance coverage through the ACA. In other instances Peer Navigators can go on to become case managers. The critical piece is that Peer Navigators be aware of the changing environment of the health care system and its coverage. Even if a Peer Navigator cannot provide the information for a client, knowing who in the system a client could be referred is important.

Teach Peer Navigators how to document what services clients have received; this includes documentation for both internal and external reporting purposes. Peer Navigators should know agency standards for what information should be provided to others and how this information should be provided. To document Peer Navigator-client activities and their associated progress and outcomes, consider site assessments and surveys. Such tools were found effective across A2C sites.

Provide Consistent, Regular, Administrative, and Clinical Supervision

Provide a staffing chart with full clarity on who is supervising Peer Navigators **and** discuss supervisory check-ins with Peers. A2C sites found this to be successful with four programs providing twice-weekly supervision for Peers; five programs providing weekly supervision; and one program having biweekly supervision. Supervision can include monitoring concrete measures such as client caseload and referral tracking as well as more clinical issues, such as how Peers support clients with untreated mental health issues. It is important to have clear guidelines and tools for Peer supervision so that it is provided in a consistent manner. Consider the following tools for Peer supervision: motivational interviewing or trauma-informed care; clinical, group, or individual supervision; and regularly scheduled supervision times. Providers may also offer Peers access to individual mental health counseling to help them process challenges their clients are facing. Doing so helps ensure clinic operations and client encounters proceed in a high-quality and coordinated manner.

A2C sites addressed a variety of issues related to providing clinical supervision of Peers. This included working with Peer Navigators to manage challenging relationships and establish professional boundaries with clients, and managing staff-member relationships and workloads. Sites offered both individual Peer and group Peer Navigator supervision. Having regularly scheduled time for Peer Navigators to discuss the

CRITICAL FEATURES OF SUPERVISION

- Dedicated supervisor who is trained to work with Peer Navigators
- Consistent weekly or biweekly supervising
- 1-on-1 time is essential in addition to group supervision
- Administrative supervision to address policies, procedures, and caseloads
- Clinical supervision to address issues such as countertransference and boundaries with clients and staff

Over the past four years, the Institute for Public Health Innovation (IPHI) and its training team has trained nearly 250 community health workers (CHWs) as part of their own projects and as a contract trainer for other initiatives. IPHI has developed an accessible and comprehensive CHW training program that incorporates adult learning methods and meets the needs of diverse learners. The IPHI CHW training builds upon the core roles and competencies of CHWs, as identified in the National Community Health Advisor Study conducted by The University of Arizona in 1998. The training is comprised of: core skills training, intervention-specific training (designed based on the type of public health intervention and health issue(s), such as HIV/AIDS); required ongoing CHW continuing education; drop-in continuing education opportunities; and annual CHW retreats. The ongoing training program allows for monitoring of CHW progress and the inclusion of training topics that CHWs and supervisors identify based on their day-to-day needs. CHWs involved in IPHI's initiatives generally receive over 200 hours of training in the first year.

As critical as the training is for CHWs, IPHI also provides training for supervisors and multidisciplinary care team members on the CHW model and how to support CHW success. Key training issues include: the unique role of the CHW; components of an effective CHW model; site-supervisor responsibilities and supervision of CHWs; CHW roles and responsibilities on a multidisciplinary team; how these roles/responsibilities relate to other staff; how to support ongoing professional development; and data collection and reporting issues.

impact their work and work environment may be having on them are essential components to promoting mental and physical wellbeing. It is recommended that this supervision be provided by a licensed professional.

Create a Documentation System (to Describe and Monitor Peer-Client Activities) that is Linked to Case Management Records

It's important to document Peer services provided to clients. This enables organizations to better describe and monitor the impact of Peer contributions to client health outcomes. This information can also be linked to either EHRs or case management records. This process ensures that information gathered by Peer Navigators is shared with other care team members, facilitating completion of referrals and identifying additional service needs as they arise.

To support these skills, train Peer Navigators on how to document information and data in an efficient and effective manner (i.e. progress notes), HIPAA regulations, and other procedures related to electronic records.

The AIDS Foundation of Chicago (AFC) has created a model of Peer navigation that incorporates separate and distinct roles for both Peer Navigators and case managers. Peer Navigators are expected to focus on emotional barriers that prevent people living with HIV from engaging and/or remaining in HIV primary care. When resource or insurance-related barriers present themselves, Peers provide an active referral to case managers.

At any point in the provision of Peer services, client interactions may be tracked through a shared client-level data system. All clients who wish to receive case management services must sign releases that facilitate client-level data (ie. de-duplication of their record) in the database system. Clients must also confirm whether or not they are active within the data system. This authorization allows AFC to prevent duplication not only of records, but also of effort thereby facilitating higher quality case management and Peer navigation. Peers are expected to attend a minimum number of professional development sessions coordinated by the AFC; these meetings also offer the opportunities to share any dual enrollment information, which they may be aware of.

6. CONCLUSION

Peer Navigators have been involved in HIV prevention, care, and treatment since the beginning of the HIV epidemic. Over that time the Peer role has been transformed from volunteers to paid professional staff members on the care team. Increasingly, Peers are playing critical roles in providing linkage, retention, and medication adherence support. In doing so, Peer Navigators are assisting clients along the HIV care continuum/treatment cascade and assisting their health care organizations in adapting to the shifting ACA landscape.

Address the Sustainability of Peer Navigation Programs

Consider Peer Navigators' role in the HIV workforce. With ACA and its emphasis on primary care prevention and health insurance coverage, Peers have a unique and important role to play. They help improve client access to and quality of HIV care and treatment.

There is a growing interest in investigating reimbursement for CHW services through ACA provisions and Peer Navigators could be included as part of that provision. To meet those requirements and best sustain Peer navigation programs, a certification for the Peer navigation role should be developed.

Sustainability of Peer services is critical to linking and retaining PLWHA in care and improving health outcomes. As health care moves to integrate HIV care into a medical home model it is important not to lose a key, life-saving, and proven efficacious intervention. We must work to maintain Peer services in this new landscape, with appropriate training, certification, and funding streams for reimbursement. This is the critical work ahead for policy, clinical, and community leaders across the United States.

PROGRAM PROFILE

WASHINGTON AIDS PARTNERSHIP

The Washington AIDS Partnership's Positive Pathways initiative addresses barriers to HIV medical care for low-income African-Americans in Washington, D.C. and Prince George's County, Maryland. When the initiative was first implemented, Positive Pathways was one of the only multisite interventions in Washington, D.C. with a focus on creating a network of community health workers (CHWs) placed in community, managed care, and primary care settings. Positive Pathways has been able to change the culture at its partner sites where CHWs were not often valued or effectively utilized in the past. The initiative's CHWs function as full members of interdisciplinary care teams, a key strategy to helping hard-to-reach, out-of-care clients. The D.C. government has funded additional CHWs across the city, due in part to this initiative's success, and there are several new CHW programs in Maryland and Virginia. The city's medical and community-based providers, policy advocates, and CHWs and navigators are now working together to pursue Medicaid reimbursement for Peer positions.

A2C GRANTEES

AIDS Action Committee of Massachusetts - www.aac.org

AIDS Alabama - www.aidsalabama.org

AIDS Foundation of Chicago - www.aidschicago.org

Boom!Health - www.boomhealth.org

Christie's Place - www.christiesplace.org

Health Equity Institute - http://healthequity.sfsu.edu

Institute for Public Health Innovation - www.institutephi.org

Mazzoni Center - https://mazzonicenter.org

The Open Door, Inc. - http://opendoorhousing.org

Washington AIDS Partnership - www.washingtonaidspartnership.org