

Beating the Odds: From Chaos to Care

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Family Centered Care

- Engage HIV positive women, their children, their intimate partners, their family members and their extended support network as active participants in the care process.
- Provide support, not only to the index client, but also the client's defined support system to improve self-sufficiency.
- Provide culturally appropriate services that are responsive to the needs of the family.
- Encourage HIV positive women and their support systems to determine their needs and make decisions concerning care and services.
- Continuity of care is maintained regardless of change in family structure.

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Who We Are

<p>Brooklyn, New York Kings County Hospital Center Alliance for Family Education Care and Treatment (KCHC-AFFECT)</p> <ul style="list-style-type: none"> • Funded in 1989 under Title IV of the Ryan White CARE Act as a Pediatric demonstration project-formerly the Brooklyn Pediatric AIDS Network. • One of the largest providers of health care to persons with HIV disease in Brooklyn, New York. • Approximately 7,000 visits per year are for the outpatient management of HIV disease. • Provides a comprehensive continuum of primary medical care and supportive services to 1300 clients-approximately 49% are HIV+ women. Established a Prenatal Care Collaborative to address the needs of HIV+ pregnant women 15-44 and their families. 	<p>Chicago, Illinois The Women and Children HIV Program (WCHP)</p> <ul style="list-style-type: none"> • The WCHP opened in 1988 to provide comprehensive specialized services to women, children and youth living with HIV in Illinois. • In 1990 the WCHP received Title IV funding and continues to be the largest provider of medical and psychosocial services to HIV positive women, children, youth and affected family members in the state of Illinois. • The WCHP provides care to an estimated 70-75% of all HIV infected women and 25-30% of HIV infected children known to be in care in the Chicago area. • More than 1200 unduplicated clients received Part D services in 2007.
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Who We Are

Dallas, Texas
Dallas Family Access Network
(Dallas FAN)

Philadelphia, Pennsylvania
The Circle of Care

- Began as a demonstration project at the University of Texas Southwestern Medical Center under the Department of General Pediatrics in 1989 it is the lead agency of the network.
- The network's mission is to increase access to healthcare and social services for HIV impacted families through coordinated efforts within our family-centered model.
- Dallas FAN offers primary medical care and support services to approximately 2,400 clients. This reflects 1,516 women, 275 children, 56 youth and 558 affected family members. model.
- The only Part D program within a Title X agency – a department of the Family Planning Council since 1989.
- Built on a vision of integrated and consumer centered services responsive to the priorities of individuals and families affected by HIV.
- Target population – HIV positive women with infected and/or affected children. HIV positive and at risk adolescents and partners of HIV positive women. Clients are primarily African American 75%, Latino 15% Caucasian 9%.

What We Do

- Engage HIV positive women, their intimate partners, youth, children, family members and their extended support network as active participants in the care process.
- Provide support, not only to the index client, but also the client's defined support system to improve self-sufficiency.
- Provide culturally, linguistically and age appropriate services that are responsive to the needs of the family.
- Encourage HIV positive and affected women and their support systems to determine their needs and make decisions concerning care and services.
- Provide continuity of care that is maintained regardless of change in family structure.

Points of Entry

Enhanced Street Outreach Activities

- A core of 25 case finding workers drawn from seven different outreach organizations.
- Case finding team employs a recruitment model based on harm reduction principles of engagement.
- Values the client's priorities and relies on repeated interactions to build a relationship of trust.

Criminal Justice System: Prisons and Jails

- A network was formed to build a reentry bridge from jail to prison.
- Network consist of discharge planners, medical records staff, medical providers and case managers.
- Transition of women from jail to prison to care and back to the community.

Points of Entry

Co-location of Services

- Pediatric and women's team meets at bedside before discharge of mom and baby to make first appointment at the Women's Specialty Clinic.
- Access to wrap-around services through the WSC.
- Pediatric services at the WSC is pending.

Family Planning Clinic Where Peer Counselors Provide

- Support for individuals diagnosed with HIV while in the family planning setting
 - Linkages to women-focused HIV medical care, intensive and gender-specific case management for both newly diagnosed clients, and those that know their HIV status
 - Disclosure Counseling
 - Adherence Counseling
 - Emotional Support

Identified Barriers to Optimal Care

- Late, inadequate or no prenatal care
- Utilization of emergency rooms for medical care
- Offering HIV counseling and testing at intake at jails and prisons
- Unclear policies and procedures related to HIV counseling and testing in Family Planning Clinics
- Financial strain on the clinic to purchase HIV test
- Limited staff to do HIV testing
- Stigma associated with receiving care at a known HIV center
- Waiting room not conducive to women and children and families
- Fragmentation of services

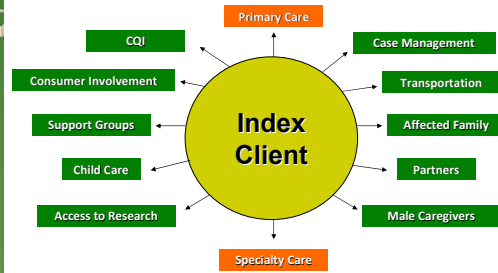
Missed Opportunities to Connect Women and Youth to Care

- Identification of risk behaviors of family planning clients (client profiling)
- Smooth integration of HIV counseling and testing
- Smooth transition from incarceration into care
- Reside in communities with high HIV prevalence rate
- Unmet need for concrete supportive services
- Failure to ask women about their families
- Routine mental health screening and substance abuse
- Failure to recognize the important role of partners
- Role of male care givers
- Other

Goals

- To ensure that all identified HIV+ women and women who are HIV+ and pregnant and their families have access to primary health care and supportive services.
- To create a system that identifies incarcerated HIV positive women before discharge that links them immediately into primary care and support services.
- To increase retention of HIV positive women in care by co-locating a range of coordinated and culturally competent services for HIV+ women and their impacted family members.
- To demonstrate the effectiveness of the Peer program in Family Planning settings. To ensure appropriate counseling and testing methods that identify HIV positive women and connect them to care.

Resources



Moving Women From Chaos to Care

CHAOS

- Break in family structure
- Poverty
- Unemployment/working poor
- No health insurance
- Racism
- Homeless
- Sexual abuse
- Domestic Violence
- Partner Abuse
- Mental Health
- Incarceration
- Low Education
- Age
- Immigration Status
- Substance Abuse

C.A.R.E.

- Clinical Access Research Education*
- Design services based on client needs
 - Flexibility to meet clients where they are
 - Client-driven programming
 - Family-centered care
 - Non-traditional scheduling of appointments
 - Sliding fee-scale and no fee
 - Routine assessment for substance abuse and mental health
 - Building community partnerships with non-medical providers
 - Strengthening relationships with prevention community providers
 - Working with public health departments and elected officials
 - Department of state children welfare agencies
 - In-reach across disciplines within large hospital
 - Consumers are involved in programs at all levels

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Action Steps

- Board Game

Access To Care

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- It is estimated that comprehensive, coordinated systems of care include the entire family and its support system for ensuring that women enter and continue in treatment and care.
- Successful engagement requires the use of both harm reduction principles and behavioral change theory.
- Marshalling a wide variety of resources within a given community ensures that all of the service needs identified by HIV+ women are addressed

Women tell us that.....

"This program saved my life".

"This program has given empowerment and encouragement to be at a time that I found emotionally, spiritually and overall profusely challenging".

"This program not only provided me with additional tools to cope with everyday life in general, but most importantly how to take my medicine."

"I have gotten my family back and I learned how to love myself".

"Life has given us lemons we have learned how to make a mean lemonade. I just had to make my lemonade sweeter".

Acknowledgements

- Our families for allowing use into their lives.
- Our staff and network partners who are on the front lines.
- HRSA for the funding to continue the work in our communities.
- Our design team: Reynonda McFarland, Ruth M. Rothstein CORE Center, Chicago, Illinois; June Trimble and Mae Rupert, Dallas Family Access Network (Dallas FAN).

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