



THE BRANDY MARTELL PROJECT

TRICITY HEALTH CENTER:
THE BRANDY MARTELL PROJECT

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LOCAL EPIDEMIOLOGY

DESCRIPTION OF LOCAL HIV EPIDEMIOLOGY, TARGET POPULATION AND ANY UNIQUE NEEDS OF LOCAL POPULATION

Trans women of color are highly impacted by HIV—more than any other key population in the U.S. The Alameda HIV prevention plan for 2014-2016 reported local data that at least 61 transwomen in Alameda County, California are known to be living with HIV. These 61 individuals make up 1.2 percent of the region’s total population living with HIV. Over time, trans women have made up an increasing proportion of all HIV cases. From January 2010 to December 2012, transwomen made up 1.8 percent of all newly identified cases of HIV (n=12) . Numerous studies have identified factors such as substance use, mental health disorders, economic instability, and discrimination to be associated with HIV risk. However, none of these factors explain African American transwomen’s 30 times greater odds of being HIV+ compared to whites¹. Social determinants are particularly relevant for transwomen of color in Alameda County due to their multiple stigmatized identities. Stigma has long been known to impact HIV care engagement and retention. And factors such as mass incarceration, residential segregation, and socio-economic factors may create low engagement in HIV care and low medication adherence.

Scant studies specific to Alameda County transgender women of color exist; available data focus mostly on transwomen and show very high HIV risk. In 2007, TransVision staff conducted a Needs Assessment

¹ Rapues, J., et al., Correlates of HIV infection among transfemales, San Francisco, 2010: results from a respondent-driven sampling study. *Am J Public Health*, 2013. 103(8): p. 1485-92.

and interviewed 104 Alameda County transwomen, 58 percent of whom were under 30. Of the sample, consisting of 57 percent African Americans, 44 percent did not often use condoms for anal sex; 47 percent were living with HIV, and 39 percent used drugs during sex. Over 60 percent reported suicidal gestures and depression. Factors linked to unprotected sex included stigma, social isolation, poverty, and sex work. Sex work was practiced by 92 percent of African American transwomen and 60 percent of transwomen of other races. Transwomen who practiced sex work reported a monthly average of 15 anal sex partners.

Other research reveals high HIV risk in areas within the same Metropolitan Statistical Area as Alameda County. A 2004 San Francisco study included 133 participants of color and found that 40 percent engaged in sex work, 26 percent were living with HIV, and 54 percent reported drug use with sex. During fiscal year 2012, TCHC's TransVision program enrolled 55 transgender women into its HIV prevention program. During the mid-year assessment, TransVision reported that it had conducted 35 HIV tests, and 25 clients were identified as high risk. Overall, TCHC has 23 transgender women of color living with HIV enrolled in HIV care and management; nineteen of these clients were African American and four were Latino. Together, these transgender women of color represented 8.8 percent of Tri-City's overall HIV positive patient load, which included individuals from all racial/ethnic, sexuality, and gender backgrounds. Thus, transgender women of color are highly over-represented among HIV-positive people in the area and were and continue to be in great need of services to engage and retain them in HIV care.

PROGRAM DESCRIPTION

THE ORGANIZATIONAL CONTEXT

Geographical & Organizational Context

Tri-City Health Center's TransVision program is an award-winning service provider and resource for trans people in Alameda County that has provided trans health care, HIV prevention, testing, and care services to transgender women of color in Alameda County, California since 2002. TransVision's program goal is to lower HIV infection among Alameda County's transgender women by increasing knowledge of HIV risk factors, addressing factors that include HIV risk behaviors, and improving access to treatment and primary care services. Program Awards received include: Recipient of The 2007 Transgender Law Center Community Partner Award, Joint Member Resolution, California State Legislature, Nov 2008-2013, City of Oakland Mayors Proclamation 2013, Certificate of Special Congressional Recognition, 2010: Congresswoman Barbara Lee, D-9.

TransVision provides services including:

- Hormone therapy
- Outreach

- One-on-one risk reduction counseling
- Agency and venue-based HIV/HCB, TB and STD screening
- One-time and multi-session groups
- Comprehensive Risk Reduction Counseling Services (CRCS)
- Comprehensive HIV care

Our clients consistently report in satisfaction surveys that they like our tailored services and recommend TransVision to friends. Specifically, our hormone therapy is a big draw for clients. Every year, approximately 60 percent of TransVision clients come in for hormone therapy. To qualify for the treatment, they have to undergo HIV testing and mental health assessment. As a result, hormone replacement therapy (HRT) clients are enrolled into HIV prevention programs. In addition, TCHC provides confident, competent Trans health care. Our providers are trained in providing health services to transgender clients; TCHC patient intake forms and medical charts have provision for preferred names and pronouns. TCHC is currently transitioning to an Electronic Health Record (EHR) system that will continue to provide for identification and treatment of transgender clients. In addition, TCHC has a TransVision specific website that provides: enrollment forms, transgender specific resources, and protocols for safe injection. Current clients are sent appointment reminders in the form of emails and text messages. TCHC serves as a one-stop shop, providing comprehensive health services for clients. THHC currently has served approximately 200 trans women. The Brandy Martell project is a project within the TransVision program. We were funded as a Special project of National Significance (SPNS) by the Health Resources and Services Administration branch of the federal Department of Health and Human Services to implement this project to engage and retain transwomen of color in Alameda County into their HIV care.

TCHC Transgender Advisory Board (TAB)

Our Client Advisory Board, (TAB), is a diverse group of Latina, African-American, and API trans men and women, including youth. All TAB members have crucial roles and responsibilities to provide input, feedback and advice on TransVision projects and interventions, materials, outreach, and recruitment and retention into TransVision interventions. The TCHC TAB served a central role on the Brandy Martell Project (BMP). TAB members will shared information about community needs and trends, attitudes and behaviors, and assisted in promoting The Brandy Martell interventions, projects and events.

THE INTERVENTION

Naming the Brandy Martell Project

The SPNS-funded intervention project was named The Brandy Martell Project in honor of former TransVision Peer Advocate Bandy Martell who was shot to death April 29 in downtown Oakland. By

naming the project after Brandy Martell, her legacy of helping her friends and other trans community members in the East Bay continues and brings awareness of her murder and the epidemic of violence targeted towards transgender women of color.

Theoretical Basis

The development of the demonstration project was based on Critical Race Theory (CRT), which provides a theoretical basis for understanding the issues of racialization, race consciousness, and social location with the intention to understand and eliminate health inequities. As identified in the Needs Assessment described above, transwomen of color face multiple barriers that are linked to their racial and socio economic status. A resonating theme from the needs assessment was that for any health interventions to work, we have to eliminate the socio economic barriers that transgender women of color encounter. Furthermore, transwomen explicitly stated their interest in disengaging from high-risk sex work and other activities but lack the opportunity and assistance to do so. TransVision's experience with clients falling out of care to meet their basic needs underscores the significance of implementing comprehensive programs. Critical Race Theory (CRT) allows for public health research and interventions outside the standard public health paradigm to allow for study of the impact of contemporary social dynamics - race and ethnicity, transphobia, and marginalization – that directly impact and effect high of the HIV prevalence of transgender women of color. Critical Race Theory (CRT) encourages the development of solutions that bridge the gaps in health, housing, employment, and other factors that lead to health disparities and health inequities.

Key Components of the Intervention

Transwomen enrolled in this intervention were offered access to direct legal counsel and participation in the Living Real Workshop/Sessions series. The following were key components of the intervention:

- An Oakland-based attorney served as our project Legal Liaison. He worked individually with clients in need of assistance with legal issues such as solicitation offenses, warrants, failure to appear (FTA) offense, court fees, driving while under the influence (DUI) offenses, as well as helping to navigate the court systems/processes in Alameda County. The Legal Liaison assisted clients with overcoming existing legal structural barriers that prevent transgender women color from staying consistently in HIV care and treatment services. He conducted a monthly legal clinic as needed for BMP clients to help identify legal issues/barriers and he conducted Know Your Rights and Expungement Sessions in the Living Real Curriculum. Clients who utilized his services were offered the following:
 - One-on-one 30-60 minute counseling session with lawyer
 - Follow-up legal sessions on a case-by-case basis
 - Pro-Bono Rate: \$50 per hour non-court rate, \$60 per hour in court rate. All fees were paid by the project.
- Living Real Workshops (5 Tracks, 16-sessions) consists of facilitated sessions intended to tackle barriers to HIV care, as well as assist clients in moving forward in their lives. The barriers and challenges, such

as substance abuse, domestic violence, police harassment, unemployment, and safer transitioning, were included in the Living Real sessions. Session content was driven by the needs identified by the clients, advisory board members, and staff. Empowerment sessions that facilitated community and personal pride were developed to increase community involvement, job skills, healthy family and personal relationships, and personal development. Each session was designed to build off one another.

- **Track 1: What Connects Us All: Community, History and Identity**
 - **Session 1:** We put the “T” in LGBT history
 - **Session 2:** Learning from our elders and mentorship
 - **Session 3:** Challenges in finding community and solutions
- **Track 2: Living for Today and Tomorrow: A Healthy YOU**
 - **Session 4:** Trans healthcare basics
 - **Session 5:** Transition resources
 - **Session 6:** Safe transition practices
 - **Session 7:** HIV and Me
 - **Session 8:** HIV and Treatment Adherence
 - **Session 9:** Moving beyond condoms
- **Track 3: LIVING for It: Life, Love and Healthy Relationships**
 - **Session 10:** Communicating with family, friends and partners
 - **Session 11:** Anger management, dealing with setbacks and fostering resilience
- **Track 4: WORK! Employment**
 - **Session 12:** Getting started, getting a job and unable to work
 - **Session 13:** Career counseling and successful resumes, cover letters and interviews
- **Track 5: Express Yo’ Self, Protect Yo’ Self**
 - **Session 14:** Know Your Rights! Legal Advocacy
 - **Session 15:** Expungement/Clean Record
 - **Session 16:** Self-defense skills

Intervention Logic Model

Please see Appendix..

Core Intervention Staff (including supervision structure)

The Brandy Martell Project staff was comprised of a Program Manager/Project Manager who supervised five full-time benefited, hourly staff, which included two African-American trans women, two Latina trans women, and one African-American MSM. Not all were fully funded through the HRSA SPNS Initiative.

All positions were Health Education Specialists with one also being a certified Medical Assistant, M.A. All hourly staff began in the Peer Advocate Program as Peer Advocates, a compensated, non-TCHC benefited employee position. TransVision utilized part and full time volunteer peer advocates, including young transgender women of color. Their primary responsibility was outreach, recruitment, and program assistance; they came with connections to their own social networks and were trained in social network-based recruiting. All Peer Advocates were promoted to Health Education Specialist over the course of four years of the project. The Program Manager/Project Manager managed all transgender services at TCHC, oversaw implementation and delivery of the project, oversaw daily supervision of program/project staff and delivery of the interventions to clients, and maintained the master schedule of activities. Working directly with the HIV and primary clinical care team and maintaining quality assurance for all program/project deliverables, this person also performed annual staff performance reviews, completed annual reports as required by the funders and agency including site visit reports as preparation, interfaced with Project Officers, and attended all relevant trainings and meetings.

Intervention Outreach, Recruitment, and Retention Strategies

Social Networks

Existing staff and client social networks were utilized in outreach and recruitment for participants into the BMP. We also elicited input from staff and clients regarding how to access their social networks and what recruitment strategies would work best.

Street and Venue-Based Outreach

Outreach included distribution of palm cards at clubs and street venues, and outreach took place a minimum of twice a month at five to six different venues. Street outreach was scheduled on Friday/Saturday nights from 9-1 AM with a team of three: an outreach team leader and two peer advocates. BMP Project were promoted at established outreach venues such as:

- Transgender specific and LGBT social events: Oakland Pride, Oakland Trans Pride Gala, Castro Valley Pride, Trans March
- Sex work “tracks” in Downtown Oakland
- Gay bars in Oakland, Berkeley, Hayward: Turf Club, Bench and Bar, White Horse
- Latina specific bars/clubs/shows in San Jose (Santa Clara County) and Concord (Contra Costa County)

Internet Outreach

TransVision has a successful track record of Internet outreach for recruitment of clients, and as a source of program and clinic information such as clinic/testing hours, trans health, TransVision services and interventions. TransVision maintained its own comprehensive program website separate from the main TCHC website as well as a Facebook page. Both served as sources of program and clinic information, resources, support, as well as immediate points of contact to TransVision staff. The TransVision program

website created its own Brandy Martell Project page to provide clients with up to date information on the BMP and its interventions and how to link to it. TransVision staff also contacted transgender women of color who engaged in sex work through Internet sites such as Craigslist and Backpage.com by placing advertisements for TransVision’s services on specific sites.

Legal Assistance

- Peer advocates distributed business card/marketing materials regarding the availability of legal services
- Peer advocates focused on recruiting sex workers and other transwomen who engaged in other high risk activities
- The BMP advertised its legal services on its website/Facebook page, and client social network.
- The BMP corresponded with correctional facilities to reengage hard to reach clients who have fallen out of care due to incarceration in a bid to resolve their criminal records and re-engage in care.

Agency-Based Outreach

Internal marketing took place at TCHC’s primary/hormone and STD clinics and through HIV medical, mental health and case management services. TCHC promoted TransVision during its existing HIV Counseling Testing and Referral (CTR), care and other prevention activities. External marketing also took place at agencies that have HIV prevention, care, and Counseling Testing and Referral (CTR) services. Referral consent forms were used to allow follow up with referred clients. Brandy Martell Project discreet business cards marketing all BMP interventions were designed for other agency staff to hand out discreetly to their HIV-positive transwomen of color clients.

MOUs with LGBT Community Centers/Legal

TCHC/TransVision set up formal MOU (Memorandum of Understanding) agreements for referrals of transgender women of color (African American and Latina) to the Brandy Martell project. The MOUs were with the Billy De Frank Center (BDF) in Santa Clara County, the Pacific Center for Human Growth (PCHG) in Berkeley, Alameda County, and the Rainbow Community Center (RCC) in Contra Costa County. All three centers serve the LGBT community in a variety of capacities including HIV Screening, Peer/group support and activities, mental health counseling, and referrals. All three had African American and Latina transgender women accessing services.

Referrals of clients to the Brandy Martell Project were followed up with an email or phone call to Health Educators for a soft hand off and appropriate documentation of each referral. MOU partners referred African American and Latina transgender women to the BMP if participants were interested in participating in transgender services offered at TransVision, which include Primary Care, HIV Care/Treatment and the Brandy Martell Project for transgender women of color living with HIV or unknown status.

Description of the Community Partners

The Pacific Center for Human Growth, (PCHG), fosters and enhances the well-being and self-respect of Lesbian, Gay, Bisexual, Transgender, and Queer youth, seniors, and adults through the delivery of LGBTQ

competent mental health and wellness services, and through the cultivation of a strong community of LGBTQ-proficient mental health care professionals in Alameda County. The Billy De Frank Center serves a large and diverse LGBT community in Santa Clara County. The Rainbow Community Center (RCC) is the only organization in Contra Costa County that is solely focused on serving the lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) community; our current priorities are to build services for LGBT youth, seniors, people living with HIV/AIDS and to develop community building efforts that will diminish the sense of isolation and promote greater acceptance of all LGBTQ people.

Staffing Requirements

Title: Project/Program Manager – 75.00% FTE x 12 months

Project Role: Submission of budget and program reports on program end, supervised all Brandy Martell Project activities and daily supervision of staff/peer advocates ensuring success of interventions, assuring adherence to core elements. Leads QA activities, scheduling of interventions and Living Real facilitators, process all facilitator and legal contracts and payments, work with Project Directors directly.

Title: Health Educator – 80% FTE x 12 months

Project Role: Works specifically with Latina transgender women, including enrollment in program, intakes, scheduling appointments, counseling and case management, conducts data entry, schedules appointments, prepares client files, maintains master incentives log, works as a patient/client navigator for project clients at medical appointments, social service agencies, court, and for Living Real Intervention, including Spanish language translation services.

Title: Health Educator/ Medical Assistant – 100% FTE x 12 months

Project Role: Conducts data entry, schedules appointments, and prepares client files, works as a patient/client navigator with social service agencies, and in court. Team Lead in scheduled and administered new participant enrollments in Brandy Martell Project.

Title: Health Educator – 20% FTE x 12 months

Project Role: Works as a patient/client navigator for project clients at medical appointments, social service agencies. Outreach Team Leader, working with Peer Advocates to conduct outreach/recruitment activities for new participants/clients, assists in conducting Living Real intervention, including reminder calls and coordination of intervention activities.

Title: Peer Advocate – 50% FTE

Project Role: Works specifically with African- American transgender women, recruitment/outreach services/activities for new participants/clients, patient/client navigation, assists in conducting Living Real intervention, including reminder calls and coordination of intervention activities.

Title: Peer Advocate – 50% FTE

Project Role: Works specifically with Latina transgender women, recruitment/outreach services/activities

for new participants/clients, patient/client navigation, assists in conducting Living Real intervention, including reminder calls and coordination of intervention activities.

Title: Peer Advocate – 50% FTE

Project Role: Works specifically with Latina transgender women, recruitment/outreach services/activities for new participants/clients, patient/client navigation, assists in conducting Living Real intervention, including reminder calls and coordination of intervention activities.

Title: Project/Program Manager – 75.00% FTE x 12 months

Project Role: Submission of budget and program reports on program end, supervises all Brandy Martell Project activities and daily supervision of staff/peer advocates ensuring success of interventions, assuring adherence to core elements. Leads QA activities, scheduling of interventions and Living Real facilitators, process all facilitator and legal contracts and payments, work with Project Directors directly.

Title: Health Educator – 100% FTE x 12 months

Project Role: Works specifically with Latina transgender women, including enrollment in program, intakes, scheduling appointments, counseling and case management, conducts data entry, schedules appointments, prepares client files, maintains master incentives log, works as a patient/client navigator for project clients at medical appointments, social service agencies, court, and for Living Real Intervention, including Spanish language translation services.

Title: Health Educator/ Medical Assistant – 100% FTE x 12 months

Project Role: Conducts data entry, schedules appointments, and prepares client files, works as a patient/client navigator with social service agencies, and in court. Team Lead in scheduling and administering new participant enrollments in Brandy Martell Project.

Title: Health Educator – 20% FTE x 12 months

Project Role: Works as a patient/client navigator for project clients at medical appointments, social service agencies. Outreach Team Leader, working with Peer Advocates to conduct outreach/recruitment activities for new participants/clients, assists in conducting Living Real intervention, including reminder calls and coordination of intervention activities

Title: Health Educator – 64% FTE

Project Role: Works specifically with African- American transgender women, recruitment/outreach services/activities for new participants/clients, patient/client navigation, assists in conducting Living Real intervention, including reminder calls and coordination of intervention activities.

Title: Health Educator - 50% FTE

Project Role: Works specifically with Latina transgender women, recruitment/outreach services/activities for new participants/clients, patient/client navigation, assists in conducting Living Real intervention, including reminder calls and coordination of intervention activities.

PROGRAM PLANNING AND DEVELOPMENT

IMPLEMENTATION

Challenges

The legal clinic started in February of Year 2 and was easier to implement than the Living Real Sessions, as we were only working with the Attorney/Legal liaison and his schedule as opposed to the multiple facilitators, sessions, and schedules, and contracts required for Living Real intervention that took several months to finalize a sixteen session schedule for Cycle one, which finally started in June of Year 2. The legal clinic was originally planned to take place twice a month at Tri-City, either in Fremont or our then satellite site in Hayward. The Attorney/Legal liaison anticipated that most of the participants in the legal clinic would need to have more than one appointment in order for them to bring all of the necessary paperwork and documents, as well as follow up. We also realized that a barrier to having clients access the legal clinic was their past history of negative connotation with the words “legal,” “attorney,” and “court.” It took more than six months of scheduling legal clinics and attendance to the legal Living Real Sessions, facilitated by the Attorney/Legal liaison, Know Your Rights!, Expungement/Clean Record, in order to gain the trust of participants as well as our reframing the legal clinic to “legal assistance”.

The primary barriers to intervention enrollment were found with Latinas, who were clients of the clinic but were not interested in the interventions. We found that a number of clients had competing priorities with partners and jobs and do not access any other services in the agency. There were also trans women living with HIV who dropped care at TCHC who are not ready or willing to be involved in HIV care again, including being involved in BMP.

Another barrier found was the lack of HIV+ Latinas identified through HIV testing or outreach activities. As far as engagement in care, the transwomen with whom we work with are incredibly hard to reach and retain. One of the biggest problems we have with our clients is housing. Despite our best efforts and dedicated staff whose primary focus is housing for clients, it is very difficult to find housing in the East Bay. Our staff are constantly working to help patients/participants to find housing, though most often it is transient and unstable, such as shelters or SRO hotels.

We also realized that a barrier to having clients access the legal clinic was their past history of negative connotation with the words “legal,” “attorney,” and “court.”

Recruitment

Successful intervention recruitment strategies were through word of mouth (i.e. client-client, staff-client and community outreach). Throughout implementation of the project, TCHC realized that word of mouth referrals, especially client/participant to other trans women in their social networks, combined with community outreach, were still the best and most effective ways to reach potential and recruit new participants. This approach was the most effective among African-American participants, as 14 were recruited and enrolled in the Living Real intervention in Year 3. However, this recruitment strategy was staff time intensive, as it was a bit of a challenge for participants to actually make it to our Fremont location to enroll where our clinic and interventions are located. Geographically, Oakland, where most participants live, is 30 minutes from Fremont. Travel on public transportation or by car between Oakland and Fremont can often take an hour. As a solution, TCHC found that sequential reminder calls and scheduling same day appointments with their medical visits to be a best practice.

The project's best strategies for retention were keeping participants connected with consistent, weekly phone /social media messaging reminders of sessions/appointments, providing transportation assistance (i.e. BART tickets), and providing psycho-education on the importance of taking care of their individual health. Providing transportation assistance (such as BART tickets and gas cards) for medical appointments in addition to intervention transportation assistance has also been a successful and necessary facilitator for recruitment and retention. Providing the \$100 gift card bonus for completing all Living Real sessions has been a powerful motivator for retention. The majority of clients coming from Oakland have a harder time attending week-to-week intervention sessions.

The Brandy Martell Project staff noted many barriers to identification, recruitment, and retention, by staff and peer advocates. These barriers included: lack of communication with some BMP clients regarding changes to contact information; lack of funds for clients to maintain cell service; client no-shows; and other competing priorities and concerns experienced by clients (i.e., housing needs, substance use/abuse, mental health, sex work, stigma associated with HIV, and confidentiality concerns among clients regarding other clients enrolled and attending interventions).

Retention Strategies

Each cycle of the Living Real intervention consists of 16 facilitated sessions delivered in five different cycles. In order to create access specifically to monolingual Latina trans women, cycle three was conducted in Spanish, with the curriculum translated in Spanish for facilitators. Despite this specific accommodation, BMP staff continued to experience difficulty engaging enrolled Latina Trans women in Living Real, as evidenced by only 4 of 11 participants engaging in the Living Real Cycle 3. One Latina client cited stigma and confidentiality concerns among other participants as reasons not to attend the Living Real Cycle 3 sessions and needed consistent patient navigation to stay linked to HIV care and services. We also saw an increase in reluctance from those with male partners to attend the intervention sessions. Partners are now attending medical appointments and answering reminder phone calls to clients resulting in much less direct staff to client/participant communication and navigation.

BMP staff continued to strategize around reengagement as opportunities presented. Staff experience over the last eight years with retaining the hardest to reach clients enabled the BMP staff to trust that the clients would reengage when their current needs were not being met or their HIV care becomes a necessity. BMP staff are continuously at work to identify, contact, and reengage all BMP participants who dropped out of the project, dropped out of care, and link them back to care and into the program. Latina participants engaged in the interventions were enlisted to help reach and engage others in their social networks who had not been responding to BMP staff. By focusing on prevention and education with these Latina participants, they were more likely to pass on the knowledge gained from their engagement in the interventions, emphasizing the importance of maintaining their HIV care and staying connected to BMP staff for patient navigation and support.

Strategies to Address Staff Turn-Over

TransVision had only one BMP team member, a Latina Peer Advocate, who left TCHC and the project during the life of the project. The other two Peer Advocates were promoted to Health Education Specialists/ benefited employees during year four. This unprecedented lack of staff turnover may be attributed to the economic necessity of maintaining employment and the lack of employment opportunities for trans women in the Bay Area, a history of friendships and working together, longtime trust relationships with many of the participants, and the deep friendship and respect to the BMP namesake, Brandy Martell. Promotion of two Peer Advocates to Health Education Specialists/ benefited employees during year four was the primary retention factor in keeping them.

INTERVENTION OUTCOMES

TOTAL NUMBER OF PARTICIPANTS AND PARTICIPANT DEMOGRAPHICS

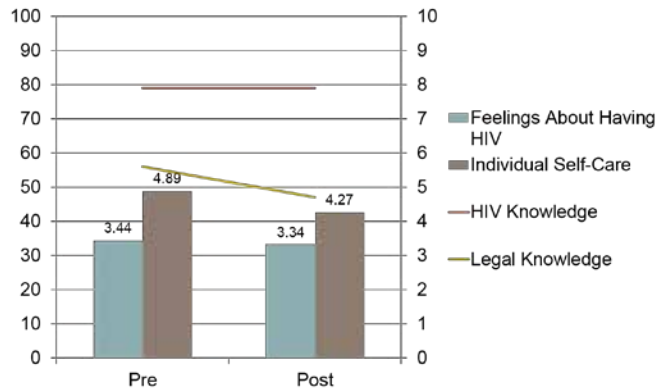
Forty-six trans women of color took part in the intervention. The majority (80 percent) of participants were born in the United States, followed by 11 percent in Mexico and 9 percent in another country or unknown. A total of 13 percent of participants were incarcerated within the last six months at baseline and the majority (78 percent) of participants reported attaining a high school diploma or less. At baseline, 27 percent of participants reported a detectable viral load and 34 percent of participants reported ever been diagnosed with AIDS. At baseline, 11 percent of participants reported not ever accessing HIV primary care and 44 percent reported that they did not access HIV primary care in the past six months.

LIVING REAL ATTENDANCE, CYCLES 1 AND 2

For Cycle 1, sessions 15 (“Self-defense skills”) and 10 (“Communicating with family, friends and partners”) were the most attended sessions. For Cycle 2, sessions 6 (“Safe transition practices”), 7 (“HIV and Me”), and 8 (“HIV and Treatment Adherence”) were most attended.

PRELIMINARY PRE- AND POST-TEST DATA

The figure at right shows data from measures administered at baseline and at the conclusion of one cycle of the Living Real workshop series. This line graph is of percentages of correct responses assessing HIV knowledge (20 items) and legal knowledge (9 items). The bar chart is the average response on a 5pt Likert scale (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree) measuring feelings about having HIV and Individual Self-Care.



HIV knowledge appeared to be stable and there was a decrease in legal knowledge. Feelings about having HIV remained stably neutral over time. Individual self-care was stable and positive over time despite a small drop over time.

APPROXIMATE COST OF THE INTERVENTION ANNUALLY

Approximate total cost annually for interventions: \$200,000.

Cost Breakdowns:

- **Staff: Year 1-2: \$115,000**, not including Fringe Benefits. **Year 3: \$137,378** not including Fringe Benefits but adding \$22,378 for 3 Peer Advocates.

- **Workshop Consultants/Facilitators = \$20,000**

Various consultants were hired to provide mentorship, skills training, and linkages for life skills training at \$400 X 2 hour session, includes prep, delivery, and any associated costs.

Note: This line item dropped to \$10,000 Year 3-5. We initially budgeted \$200 per session, but increased to \$400 due to difficulty finding/maintaining qualified Facilitators

- **Legal Liaison = \$15,000**

The Legal Liaison was hired to provide clients with legal assistance in eliminating their criminal and solicitation records.

Note: The legal Liaison budget decreased to \$10,000 in year 3-4, and to \$5,000 in year 5. Legal Presentations in Living Real, 2 X \$400, were budgeted in Workshop Consultants/Facilitators Line Item. A core budget of \$5,000-\$10,000 should be maintained for projects hoping to utilize this component of the intervention.

- **Marketing**

Educational Pamphlets/Materials/ Outsourced Printing

This line item covered the cost of printing educational materials: 1,500

Marketing Campaign/Community Outreach Events: \$1,540.00

This line item will cover registration fees events

- **Participant Incentives**

Client Incentives - This line-item covered the costs of purchasing gift cards from supermarkets / drugstores for clients @ \$100 per participant 40 clients x \$100/participant = \$4,000

Client Referral Incentives - This line-item covered the costs of purchasing gift certificates from supermarkets and drugstores for clients who referred new clients to BMP @ \$50 per referral.

10 client referrals x \$50/referral = \$500

- **Transportation Vouchers – Participants/Client Advisory Board = \$2,000**

This line-item covered the costs of purchasing BART and Bus tickets for Enrolled Brandy Martell participants to attend the Legal Clinic and Living Real Session Interventions, Trans Advisory Board, and medical appointments.

- **Occupancy Cost/Space Utilization = \$2,000**

Basis of Allocation: FTE

Calculations: This covered a portion of the cost associated with utilizing the workspace to administer the intervention activities, which included maintenance/janitorial supplies, security expenses, janitorial expenses, and building maintenance. Total Space Utilization costs for the department were \$49,470.

The total Space Utilization cost for the intervention was \$2,473.50.

LESSONS LEARNED

Efforts to engage transwomen of color living with HIV into the Brandy Martell Project were time and labor intensive, requiring extreme flexibility and unique outreach, recruitment and follow-up methods. Providing access to a range of legal support services decreased institutional barriers to care. Addressing the desire for structured regular services through workshops sessions boosted retention in care and had a positive effect on social and clinical outcomes related to HIV.

1. The interventions worked best when delivered through peer patient navigation and support by dedicated transgender staff who understood the complex realities and issues in which transgender women of color live daily and must navigate such as housing, substance abuse, incarceration, stigma, sex work, targeted violence, unemployment, and family rejection.
2. Transgender women of color targeted by the intervention do not live their lives on a nine-to-five schedule, and to be a successful intervention, programs should understand this and

be flexible in meeting the clients beyond nine to five programming and services. Agencies/ organizations implementing the BMP Intervention should preferably have a demonstrated history of serving transgender population, with an emphasis on trans women of color.

3. As demonstrated with the Brandy Martell Project, trans women of color faced many daily, structural issues that even challenged the most experienced staff. For organizations just beginning to work with the trans community, engaging with trans peer leaders for program development and input as well as hiring trans staff from the community is highly recommended to build trust and recruitment. Consider creating a trans community advisory board to help guide organizationally.
4. Existing programming that includes transgender staff and transgender-specific programming that should include HIV Prevention and Care and Treatment access and services, access to affirming transgender primary care services that include HRT, a successful history with transgender specific interventions that incorporate gender affirmation as key components of all services.
5. Successful intervention implementation and maintenance requires top down administration support which includes supporting the staff, programming, and clients with inclusive policies, practices and mission statement supporting transgender staff and clients, a preferred demonstrated history of serving the LGBTQ and transgender population in services and staffing, access to existing public transportation systems, ability to partner with trans supporting organizations for services and referrals.

RECOMMENDATIONS

Despite having access to health insurance and health care, transwomen living with HIV have competing needs far beyond those related to health that impact their HIV care engagement. Services and care sites are needed that address instrumental needs for economic opportunities, education and legal services are a great start for improving HIV care outcomes among transwomen of color. While The Brandy Martell Project addressed structural barriers of legal access and representation with empowerment, education, and employment, many other structural barriers combine to prevent trans women from maintaining retention and linkage to HIV care that co-exist simultaneously such as substance use, housing, homelessness, discrimination, and incarceration and form multiple competing priorities. Interventions that can effectively help address and mitigate those issues would greatly complement the Brandy Martell Project interventions, making the interventions much more likely to have permanent, positive lasting impact and would create greater engagement with clients/patients. ■

INTERVENTION APPENDIX

Figure 1: Brandy Martell Project Logic Model

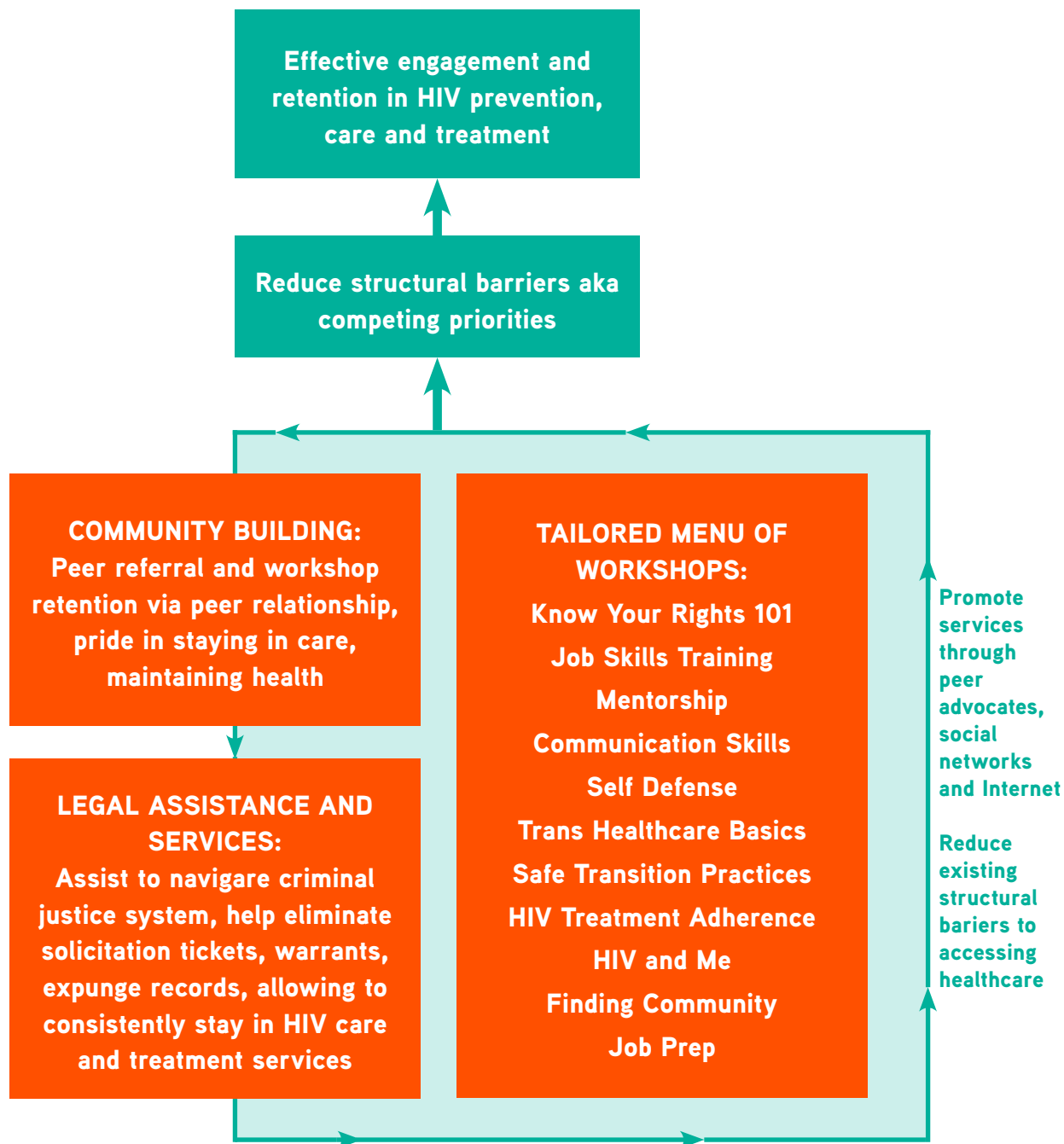


Illustration 1: Brandy Martell Project Flyers



	<p>Free Monthly Legal Clinic</p>	<p>For More Information Contact TransVision: 510-456-3521 9am-5pm</p>
	<p>Are You A Transwoman of Color? -Newly diagnosed -HIV Status Known/Unknown -Recently Released From Incarceration</p>	<p>TransVisions' Brandy Martell Project Announces a New Legal Service That Provides Advocacy and Guidance in Legal Matters.</p>
	<p>Do You Have Legal Issues?</p> <ul style="list-style-type: none"> *Arrests *Warrants *Tickets *Need Advocacy? *Clear Your Record *Navigate Legal System 	

