Intervention: Clinica Bienestar

Culturally Appropriate Interventions of Outreach, Access and Retention among Latino/a Populations Initiative: An Intervention Monograph

Content developed by the Philadelphia FIGHT demonstration site staff with support from the Evaluation and Technical Assistance Center Team at UCSF

Contents

Introduction 2
AIDS Foundation of Chicago 7
AIDS Project Los Angeles (APLA) Health 21
Bienestar Human Services, Inc. 33
The Ruth M. Rothstein CORE Center 46
Prism Health North Texas 58
University of North Carolina, Chapel Hill 79
Philadelphia FIGHT 96
Gay Men's Health Crisis 104
NYC Health + Hospitals Correctional Health Services 114

Introduction

Disparities in HIV care

Despite rapid advances in the availability and quality of HIV care in the US, Latino/as continue to be disproportionately affected. Although Hispanics/Latinos only compromise about 16% of the total US population,[i] they account for 21% of people living with HIV and are infected at a rate three times higher than their non-Latino white counterparts.[ii] Along the HIV care cascade, Hispanics/Latinos demonstrate higher percentages of linkage, retention, and prescription of ART as compared to the national population. However viral suppression among the Hispanic/Latino population remains low with only 36.9% of HIV-infected Latinos achieving viral suppression.[iii] This may be attributed in part to the higher rates of delayed HIV diagnosis and delayed engagement in care among Latinos,[iv] which has been associated with poor health outcomes.[v,vi] Rates of delayed diagnosis and engagement in care are even more pronounced among foreign-born Latinos[vii] and those born in Mexico or Puerto Rico have lower survival at 36 months post AIDS diagnosis compared to those born in the U.S. and South America.[viii]

Barriers to linkage, engagement and retention in HIV care

A range of social and structural barriers impedes timely and consistent access to HIV care for Latinos. *Social factors*, such as discrimination and HIV stigma, can negatively affect health seeking behaviors of HIV-infected Latinos/as. HIV stigma has been associated with delayed HIV testing and entry into care and HIV discrimination in the health care setting is also a

strong deterrent to accessing HIV medical services.[ix,x] In addition, many *structural barriers* result from economic disparities affecting Latinos in the US. For example, many Latinos living with HIV struggle with competing needs - such as finding and keeping work and housing - that take priority over health care.[xi,xii] Structural barriers that particularly affect Latinos include lack of bilingual services in Spanish, low rates of health insurance coverage, and lack of transportation.[xii] For Latinos who are not citizens or in the US with official documents, fear of deportation can also reduce willingness to access care.[xiii,xiv]

Cultural factors can also result in delays when Latina/os living with HIV, particularly immigrants, enter medical care.[xv,xvi] Among Latina/os, cultural values such as *simpatia* (politeness and the avoidance of hostile confrontation), *personalismo* (the value of warm personal interaction), *respeto* (the importance of showing respect to authority figures, including health care providers), *familismo* (collective loyalty to extended family and commitment to family obligation) and *fatalismo* (the belief that individuals cannot do much to alter fate) can play a significant role in when they access HIV care as well as influence the decisions they make around issues of HIV care.[xvii,xviii] While these values are generalizations and may not apply to any individual patient, understanding them may help health care providers to understand a particular patient's behavior in the context of lager cultural inclinations.

Among Latinos/as, access to HIV testing and HIV medical care is further influenced by *country of origin and U.S. citizenship.* CDC reports indicate that approximately 55% of Latina/os born in Mexico and 58% of Latina/os born in Central America have a late diagnosis (defined as progression to AIDS within 1 year of diagnosis), compared to 40% of Puerto Ricans and other Latinos born in the U.S.[xix] Although HIV testing is available for all U.S. residents at public health clinics, regardless of citizenship status, accessing these services requires an understanding of how to navigate the health care system, which may be difficult for monolingual Spanish-speakers. Undocumented immigrants may have suspicion or anxiety about visiting health centers for fear that information about them will be released to other government agencies.[xx]

Transnationalism

The application of a standard set of cultural elements to interventions and programs targeting Latinos/as fails to take into account the heterogeneity of Latino cultural practices and values. Because Latino culture and identity often differ between and within countries,[xxi,xxii] it may be beneficial to incorporate a transnational perspective in order to take into account the unique experience of each individual. The transnational perspective takes into account the "duality" of the immigrant experience, exploring the immigrant's process of adapting to their host country while continuing to maintain connection to their country of origin.[xxiii] As a result, health seeking behavior may be influenced by more than one culture.[xxiv] The transnational framework looks specifically at the social, political, social and cultural ties of an immigrant to their place of origin.[xxiii-xxv] Taken together, research around social, structural and possible cultural barriers to care and research on how transnational practices influence care, suggest a need for novel and tailored intervention approaches to improve linkage and retention in care for Latinos living with HIV in the continental US.

This Initiative

Under the Health Resources and Services Administration's (HRSA) Special Projects of National Significance (SPNS) Program **Culturally Appropriate Interventions of Outreach, Access and Retention among Latino/a Populations,** nine demonstration sites are developing innovative methods to identify Latinos who are at high risk or living with HIV and out of care or unaware of their HIV-positive status, and improve their access, timely entry and retention in quality HIV primary care. This initiative is one of the first public health adaptations of the transnational approach, with interventions targeting HIV-infected Latino subpopulations living in the US that are specific to their country or place of origin.

This manual describes each of these interventions, including:

- The local epidemiology and unique needs of the populations served
- A description of each organization
- Key components of each intervention including outreach, recruitment, and retention strategies
- A logic model and/or a description of how each key intervention component addressed various stages of the HIV Care Continuum (e.g. linkage, retention, ART adherence, and viral suppression)
- Core intervention staff
- Description of community partners, when appropriate
- Staffing requirements and cost estimates
- Program planning and development needs
- Preliminary programmatic outcomes
- Important lessons learned

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Philadelphia FIGHT

Project Name: Clinica Bienestar

Location: Philadelphia, Pennsylvania

Clínica Bienestar Philadelphia An HIV primary care clinic for individuals of Puerto Rican descent with a history of injection drug use

Local epidemiology

Substance abuse, sexually transmitted infections (STIs), and HIV infection are major public health epidemics affecting Latin@ communities in the United States. Complications from HIV are the sixth leading cause of death for Latino men ages 25–44, and one in ten deaths among Latin@ adults working-age (20–64) is due to excessive substance use.[2] [3] Substance abuse has been associated with HIV beyond intravenous transmission, with an increase in the likelihood of sexual risk behavior, HIV/STI acquisition, and late AIDS diagnosis.[4]

Addressing HIV continuity of care for Latin@s in Philadelphia requires paying close attention to the opioid epidemic affecting the region.

- In North Philadelphia, the current opioid epidemic is predated by a heroin epidemic dating back to the late 1980s. [5] [6]
- The HIV prevalence rate among Latin@s in Philadelphia is 1,476 per 100,000 population, compared to 660 per 100,000 population among non-Hispanic Whites. Latin@s represented 12.3% of the total population of Philadelphia in 2010, but comprised an alarming 17.2% of new HIV infections that year.[7] [8]
- Since 2009 Philadelphia has seen a 43 percent increase in drug-related overdose deaths representing the highest opioid death rate of any large city in the United States.[9]

[2] Gant Z, Dailey A, Hu X, Johnson AS. HIV Care Outcomes Among Hispanics or Latinos with Diagnosed HIV Infection - United States, 2015. MMWR Morb Mortal Wkly Rep 2017;66:1065-1072.

[3] Han, B., Compton, W.M., Jones, C.M. and Cai, R., 2015. Nonmedical prescription opioid use and use disorders among adults aged 18 through 64 years in the United States, 2003-2013. *Jama*, *314*(14), pp.1468-1478

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[5] https://6abc.com/health/emerald-city-ground-zero-of-phillys-opioid-crisis/2978752/

[6] https://www.voanews.com/a/philly-faces-heroin-crisis/4148075.html

[7] U.S. Census Bureau. Profile of General Population and Housing Characteristics: 2010 Demographic Profile Data. Available at: *http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk*

[8] City of Philadelphia. HIV/AIDS Coordinating Activities. HIV Surveillance Report. Available at: https://www.phila.gov/health/aaco/AACODataResearch.html

[9] City of Philadelphia (2017). *The Mayor's Taskforce to Combat the Opioids Epidemic*. Available at: http://dbhids.org/opioid

- Deaths related to Fentanyl, an extremely potent prescription painkiller, have increased more than 300 percent between 2013 and 2014 in Philadelphia.[10]
- Though Philadelphia currently has the highest burden of fatal and non-fatal overdose in Pennsylvania, with 42 deaths per 100,000 people, there are several communities in Philadelphia most impacted by overdose.[11]

The overall evidence strongly suggests that regardless of the amount consumed, substance use: (1) influences short and long-term health behaviors decision-making; (2) significantly increases the likelihood of sexual risk behaviors; and (3) increases the biological vulnerability towards acquiring HIV/STI. The target population for our intervention is:

- 18 years old +
- Puerto Rican Ancestry (Born in PR, or, one or both parents born in PR)
- Spanish-speaking, English-speaking or bilingual
- Men, Women, Transgender women, Transgender men
- Newly diagnosed with HIV or Out of HIV care for more than 6 months
- History or current injection drug use
- History or currently experiencing severe opioid or other substance use disorder

[10] City of Philadelphia (2017). *The Mayor's Taskforce to Combat the Opioids Epidemic*. Available at: http://dbhids.org/opioid
[11] City of Philadelphia (2017). *The Mayor's Taskforce to Combat the Opioids Epidemic*. Available at: http://dbhids.org/opioid

Program description

✓ Clinical at individual level
✓ Behavioral-cognitive at individual level
✓ Organizational level

Intervention priority area

- Retention in HIV care
- Viral suppression within 6 months of linkage to care

Level of intervention implementation cost per client/patient

$	Low = Educational advertisement, social marketing campaign, social media outreach to large target population
$$	Low to moderate = One or more of the following: Person-to-person outreach, fixed number of sessions educational group level intervention, or, point-of-referral to clients/patients
$$$	Moderate = Combinations of the above plus individualized patient navigation
√ $$$$	High = Combination of the above plus onsite provision of HIV medical care
$$$$$	Very high = Combination of the above plus provision of any of the following: short-term housing, in-patient treatment, or, chronic illness advanced treatment

Program planning and development

Clinica Bienestar Philadelphia is a 5 year demonstration intervention study to increase engagement in each step of the HIV continuum of care (i.e., from HIV testing to HIV viral suppression) among HIV positive injection drug users with

moderate to severe substance use disorders, of Puerto Rican ancestry. This multilevel, multipronged intervention combines evidenced-based practices in behavioral and clinical care with a transnational approach to the provision of comprehensive HIV primary care to a highly underserved population. Participants are recruited through near peer outreach, inter-organizational outreach, and inreach within the syringe exchange program and other service programs for substance users at Prevention Point Philadelphia (PPP). FIGHT provides all the primary care services onsite at PPP, thus facilitating integrated management of HIV for our participants. Furthermore, participants receive multiple forms of evidence-based intervention strategies intended to increase linkage and retention in HIV care. The final goal of Clinica Bienestar is to demonstrate that individuals who inject drugs can manage their HIV care effectively, achieve HIV viral suppression within 6 months of linkage (or re-linkage to care for those who have been out of care for more than 6 months within the past 2 years) with supportive services adapted to the transnational needs of the primary service population.

Taking a transnational approach to HIV linkage and retention in care

Clinica Bienestar Philadelphia is the first intervention for HIV positive Latin@s in the region to fully embrace addressing the needs of a transnational "air bridge" population.[12] This means the circular migratory movement between the island of Puerto Rico and cities in the northeast of the U.S. Puerto Rican injecting drug users between the island of PR and Philadelphia as a result of avoiding targeted drug-related violence; seeking better health and human services; and, avoidance of HIV and substance abuse stigmas in in Puerto Rico.

For long-term, US-born Puerto Ricans who are injecting drug users, other critical transnational factors that may have facilitated their engagement in heroin use and HIV infection, may continue to influence their life precluding them from accessing and linking to consistent HIV care.

Taking a transnational approach requires providing services that pay close attention to geographical, cultural and epidemiological contexts.

- ✓ Our clinic is geographically located at the epicenter of the intersecting opioid and HIV epidemics in North Philadelphia.
- ✓ 100% of our staff have demonstrated culturally competent skills in Puerto Rican culture and street-drug culture.
- ✓ 50% of the providers, case-managers and leaderships are racially-ethnically congruent to the target population

Inter-organizational partnership

Clinica Bienestar Philadelphia is the result of the inter-organizational collaboration between Philadelphia FIGHT and Prevention Point Philadelphia (PPP). Philadelphia FIGHT is a comprehensive AIDS service organization providing quality and culturally competent HIV primary care, consumer education, advocacy, social services, outreach to individuals

[12] Deren S, Kang SY, Colón HM, Robles RR. The Puerto-Rico-New York Airbridge for drug users: description and relationship to HIV risk behaviors. Journal of Urban Health, 2007;84(2): 243-254.

living with and at risk for HIV, and access to clinical research and clinical trials. For more information on FIGHT, please visit: https://fight.org. Prevention Point Philadelphia (PPP) is a multi-service public health organization dedicated to reducing the harm associated with drug use and sex industry work. Through education, outreach, advocacy, and direct services, PPP addresses the health and social service needs of Philadelphia's most underserved populations - people who inject drugs and sex industry workers - by providing culturally-sensitive, non-judgmental HIV/HCV prevention and care services. For more information on PPP, please visit: http://ppponline.org.

Unique features of Clinica Bienestar

- Is one of the first sites in the country to provide comprehensive HIV primary care within a syringe exchange program.
- It takes a critical-time approach. Clients receive a medical appointment within 6 days of identification.
- Abstinence from substance abuse is not a prerequisite to receive HIV primary care not HCV treatment.

Evidence-based services provided	*Innovations onsite*
○ ARTAS onsite ○ Syringe exchange onsite ○ Wound care clinic community/onsite ○ Inpatient substance abuse treatment referrals ○ Methadone referrals ○ Social-services case management ○ Emergency housing ○ Housing services assistance ○ Behavioral health onsite ○ Legal assistance onsite ○ Mental health referral ○ Trauma informed services	⇒ Comprehensive HIV primary care ⇒ Hepatitis C treatment ⇒ Cancer early detection screening ⇒ ⇒ STI detection and treatment ⇒ Gynecological testing ⇒ Patient navigation ⇒ Suboxone onsite ⇒ Vivitrol onsite ⇒ HIV peer education ⇒ HIV support group

Stage 1. Testing

In spite of general HIV education efforts, self-motivated HIV testing is not a routine practice among injection drug users (IDUs) where HIV and advanced HIV has been highly stigmatized.[13] The first stage of the Clinica Bienestar intervention is to improve and expand HIV testing services for IDUs of Puerto Rican descent in Philadelphia.

Objective 1.1	Increase access to culturally-appropriate HIV testing for IDUs as part of current organizational activities in drug using communities and venues.
Objective 1.2	Detect individuals with unknown HIV statuses including recently infected IDUs.
Objective 1.3	Identify structurally vulnerable individuals who inject drugs who have been lost to care (as defined by the HIV care continuum) or who have never engaged in HIV primary care.

[13] Earnshaw, V.A., Smith, L.R., Cunningham, C.O. and Copenhaver, M.M., 2015. Intersectionality of internalized HIV stigma and internalized substance use stigma: Implications for depressive symptoms. *Journal of health psychology*, *20*(8), pp.1083-1089.

To accomplish the above, our clinic draws from the on-going HIV testing efforts of PPP: a street side clinic, mobile van testing, routine testing as part of syringe exchange program (SEP) services, and general walks-in at PPP. Clinica Bienestar has created a special transnational and culturally-appropriate focus within the above activities to target recent migrants from Puerto Rico. Our clinic uses three markers of success for these activities: (1) # Individual and Organizational outreach contacts; (2) # Testing activities; and, (3) # of HIV care orientations.

Stage 2. Linkage

Before Clinica Bienestar was created, linkage to care for Spanish-speaking Puerto Rican IDUs was the single biggest challenge for the population served by PPP, because patients were referred to other locations to receive services, with little follow-up or support for the patient's transnational experiences.

Objective 2.1	Link the three types of HIV positive Puerto Rican IDUs to HIV care: (a) those who have tested positive in the past 6 days; (b) those who have been diagnosed yet never engaged in HIV care; and (c) those who have been out of care for a period of six months or more within the past two years.
Objective 2.2	Ensure that each newly-diagnosed person meets with Clinica Bienestar's HIV primary care physician (PCP) at within six (6) days of testing or detection during outreach.
Objective 2.3	Ensure that each newly-diagnosed person participates in a case management session within six (6) days of testing or detection during outreach.

To accomplish the above, our clinic provides a comprehensive first primary HIV care appointment, first social case management session, and first medical case management session, each of which gave careful attention to the transnational experience of the patient. The order of these may vary, depending on patient and provider availability. Our clinic uses three markers of success for these activities: (1) # Case management meetings; (2) # Medical appointments; and, (3) # Care navigator communications with participant.

Stage 3. Retention

Clinica Bienestar's retention in care draws on the current assets and strengths of the environments created by PPP, the infrastructure of FIGHT in creating access to services, and, on-going educational and social support activities.

Objective 3.1	Maintain a regularly scheduled HIV clinic with a transnational, empowering environment that motivates staying in care. Participants will have access to medical services at Philadelphia FIGHT on days separate from clinic days at Prevention Point. Participants will be able to participate in case management services during each day of the week.
Objective 3.2	Utilize outreach coordinators in the community and within Prevention Point to retain participants

in medical care and case management services. Support of transportation and medication costs are critical components.

Objective 3.3 Maintain communication with local, state, and federal correctional health services for incarcerated participants . The Institute for Community Justice, a program of Philadelphia FIGHT, will use its prison linkage staff and resources to connect with participants moving through the criminal justice system. This will enable project staff to communicate with medical providers within the prisons and jails to continue patient medication regimens without interruption. With this continuous communication, staff will also know when these participants are scheduled to be released so they can be re-linked into Clinica Bienestar.

Objective 3.4 Maintain internal systems of communications to monitor the health and well-being of participants, reduce excess mortality, and address in a timely manner acute social, mental health, or physical co-morbidities.

To accomplish the above objectives our clinic follows six steps starting at participation in ongoing general PPP activities, complemented by expanded PPP programming that promotes retention in medical care (Step 1) to on-going staff monitoring and coordination of patient/client's care (Step 6). Our clinic uses five markers of success for these activities: (1) # Case management meetings; (2) # Medical appointments; (3) # Case navigator communications with participant; (4) # Activities to promote retention to PPP; (5) # Tailored activities to promote retention to Clinica Bienestar.

Stage 4. Medical therapy

Because Clinica Bienestar's target population is Puerto Ricans, who are born US citizens, we can enroll all of our clients in various forms of health insurance. Furthermore, in the state of Pennsylvania there is no waitlist to receive HIV medications through the AIDS Drug Assistance Plan and the available plans in Pennsylvania cover all medications. Therefore, the PCP can offer comprehensive primary care and medical treatment to patients, and prescription of HIV medications is not a barrier to HIV care among our target population. Clinica Bienestar's prescription intervention activities follow the established standards of HIV care (at PPP and FIGHT) through 6 steps from testing for medication resistance (Step 1) to the PCP educating patients in the progression of HIV treatment (Step 6). Our clinic uses two markers of success for these activities: (1) #Prescription as usual activities; and, (2) #PCP-patient educational sessions as part of medical visit using a transnational approach.

Stage 5. Viral suppression

This intervention addresses dimensions in the lives of individuals who inject drugs that may threaten adherence to medications including improving physical health, mental health, reducing risks related to substance use, and improving the social-structural conditions that contribute to these three areas of IDUs' health and well-being.

Objective 5 Clinica Bienestar's viral suppression objective is to reduce viral load to undetectable among Puerto Rican IDUs within six (6) months of enrollment in Clinica Bienestar.

This objective will be accomplished through: doctor-patient interactions, building social networks of support for engagement in care, and doctor-case management coordination. Our clinic uses three markers of success for these activities: (1) # Interventions on social conditions affecting adherence; (2) #Treatments of co-morbidities including substance use disorder; and, (3) #Provider-patient communication.

Materials needed to replicate intervention

Minimum infrastructural materials	*Minimum human resources for 50-70 clients/patients*
1. Electronic medical records system 2. Staff office space 3. Group activity/educational space 4. Lunch and meals for clients, patients 5. Educational materials (flip charts, audiovisuals) 6. Emergency housing 7. Patient transportation 8. Private medical consultation space 9. Phlebotomy space 10. Clinical materials and equipment for HIV and basic primary care 11. Suboxone, Narcan, and, Vivitrol 12. Private space for mental health, behavioral health and medical case management sessions 13. Waiting room	1. Project director (1) 2. Organizational liaison coordinator (1) 3. Case manager (2) 4. Medical case manager (2), ARTAS Specialists 5. Health educator (1) 6. SNS testing specialists (2) 7. Case manager liaison for in/out correctional facilities (1) 8. Primary care medical provider (1) 9. Drug treatments medical provider (1) 10. Care Navigators (2)

Intervention outcomes

1. To reduce emergency department visits and health care costs associated with late HIV diagnosis and/or treatments of HIV related illnesses/conditions among injecting drug users
2. To reduce costs associated with overdose from opioids or other substances, excess mortality, and excess co-morbidities among injecting drug users
3. To increase quality of life indicators, facilitate pathways for overall wellness and productive years, including substance abuse treatment and effective management of HIV among Latin@s experiencing severe substance user disorders related to injecting drug use

Lessons learned

Working with individuals with severe substance use disorders, injecting drug users and groups affected by transnational barriers in care means adjusting the expectations of the effectiveness of any individual or mezzo level interventions

since the factors that shape their vulnerability towards HIV acquisition and treatment require structural level interventions. Clinica Bienestar intervention package does not address macro-structural drivers of HIV vulnerability such as: 1) Hyperincarceration of ethnic minority individuals[14]; 2) Societal stigmas against substance abusers and anti-immigrant sentiments[15]; 3) Housing availability for the poor and working poor[16]; 4) Major disparities in accessing substance abuse services for women due to trauma, domestic violence, childcare barriers[17] [18]; or, 5) Emerging types and rising lethality of street opioids such as fentanyl and black tar heroin[19]. Thus, interventions intended to work with HIV positive with severe substance use disorders confronting transnational barriers to care must prioritize: (1) patient-intensive retention in care techniques, (2) consider the 6 months (as opposed to 12, 18 or 24 months) as a marker of success implementation, and, (3) focusing on reducing excess mortality and overall morbidity as major long-term impact indicators of intervention effectiveness.

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