

KEEPING PATIENTS WITH IMMIGRATION CONCERNS IN HIV CARE AND SERVICES

Thursday, October 12, 2017

9:30 am – 10:30 am

Presenters

- **Tom Donohoe, MBA**

Professor of Family Medicine & Director, LA Region PAETC

David Geffen School of Medicine at UCLA

- **Alonso Bautista, MA, MFTI**

Supervisor/Mental Health

AltaMed Health Services Corporation

- **Ayako Miyashita, JD**

Director, Los Angeles HIV Law and Policy Project

UCLA School of Law

Objectives

At the end of the session, participants will be able to:

- Discuss how to make a HIV clinic a safer space
- Ensure clients remain in HIV care
- Reduce anxieties of impacted client populations
- Review key laws (and misperceptions) about healthcare rights
- Utilize fact sheets and other referral resources to empower clients to know their rights, and stay in care

PATIENTS WITH IMMIGRATION CONCERNS & THE HIV CARE CONTINUUM

Tom Donohoe

Professor of Family Medicine

Director, Los Angeles Region Pacific AIDS Education and Training Center

Associate Director, UCLA Center for Health Promotion and Disease Prevention

David Geffen School of Medicine at UCLA

Tdonohoe@mednet.ucla.edu

(310) 794-8276

I have worked in HIV for ____ years.

15% A. 0-1

12% 1-3

8% C. 3-5

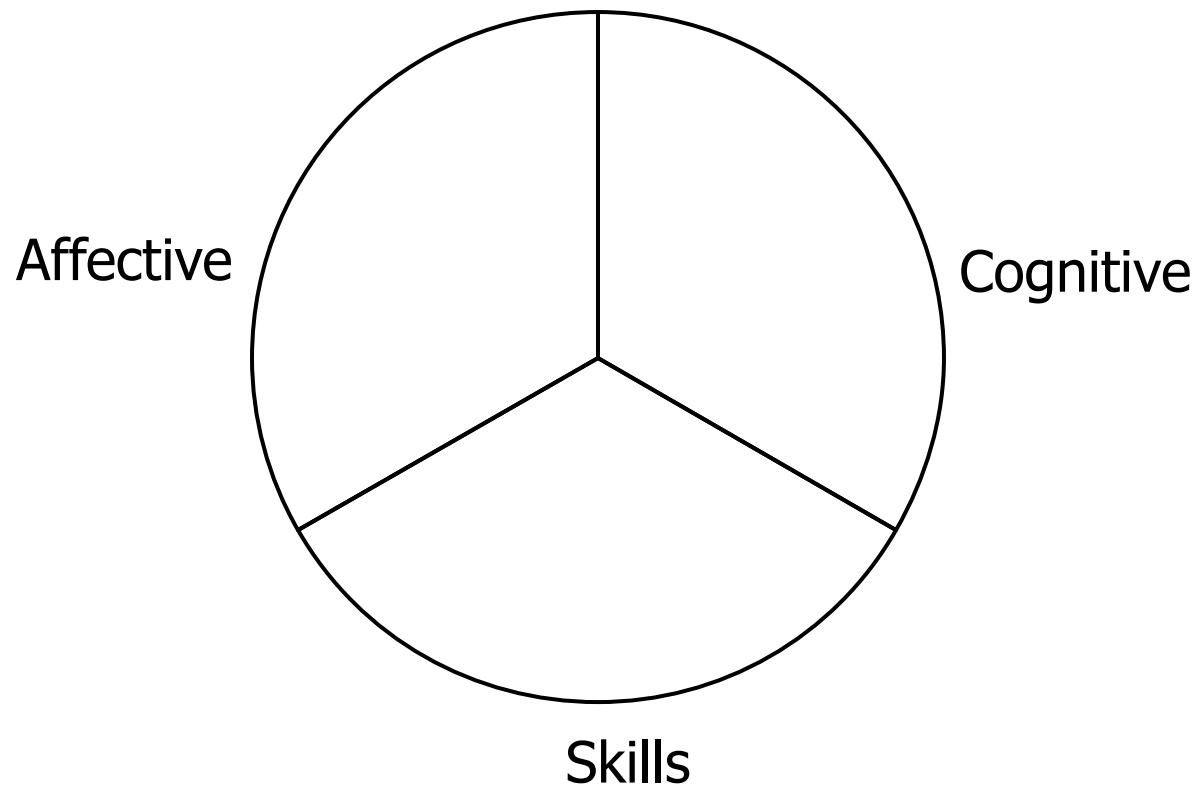
12% D. 5-10

15% E. 10-15

15% F. 15-20

23% G. 20+

Learning and Teaching Domains



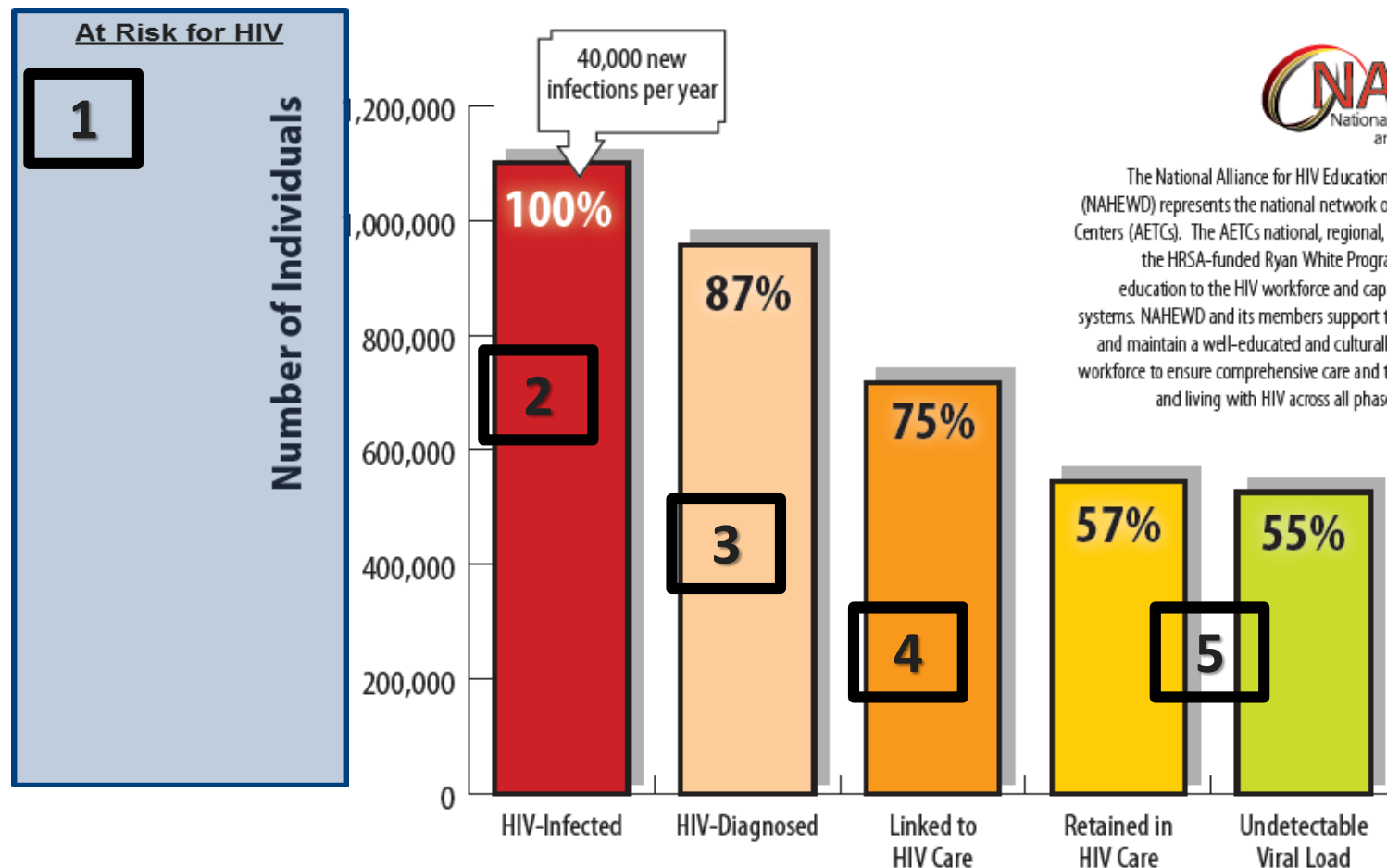
HRSA Continuum of Engagement

Not in Care  **Fully engaged**

Unaware of HIV status	Aware of HIV status	May be receiving other medical care but <u>not</u> HIV care	Entered HIV medical care but dropped out	In and out of HIV care or infrequent user	Fully engaged in HIV medical care
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What about patients/clients worried about immigration status?

The U.S. HIV Care Continuum¹



The National Alliance for HIV Education and Workforce Development (NAHEWD) represents the national network of AIDS Education and Training Centers (AETCs). The AETCs national, regional, and local centers are a part of the HRSA-funded Ryan White Program. The AETCs provide clinical education to the HIV workforce and capacity-building support to care systems. NAHEWD and its members support the work of the AETCs to build and maintain a well-educated and culturally-sensitive health professions workforce to ensure comprehensive care and treatment to people at-risk for and living with HIV across all phases of the HIV Care Continuum.

1. White House Office of National AIDS Policy. National HIV/AIDS Strategy for the United States: Updated to 2020. Indicator Supplement. Dec 2016. Accessed 1/5/2017: <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-indicators-supplement-dec-2016.pdf>



Where do you think immigration concerns most impact the HIV Continuum?

20%

1)

Prevention

29%

Testing & diagnosis

18%

3)

Linkage to care

22%

4)

Retention in care

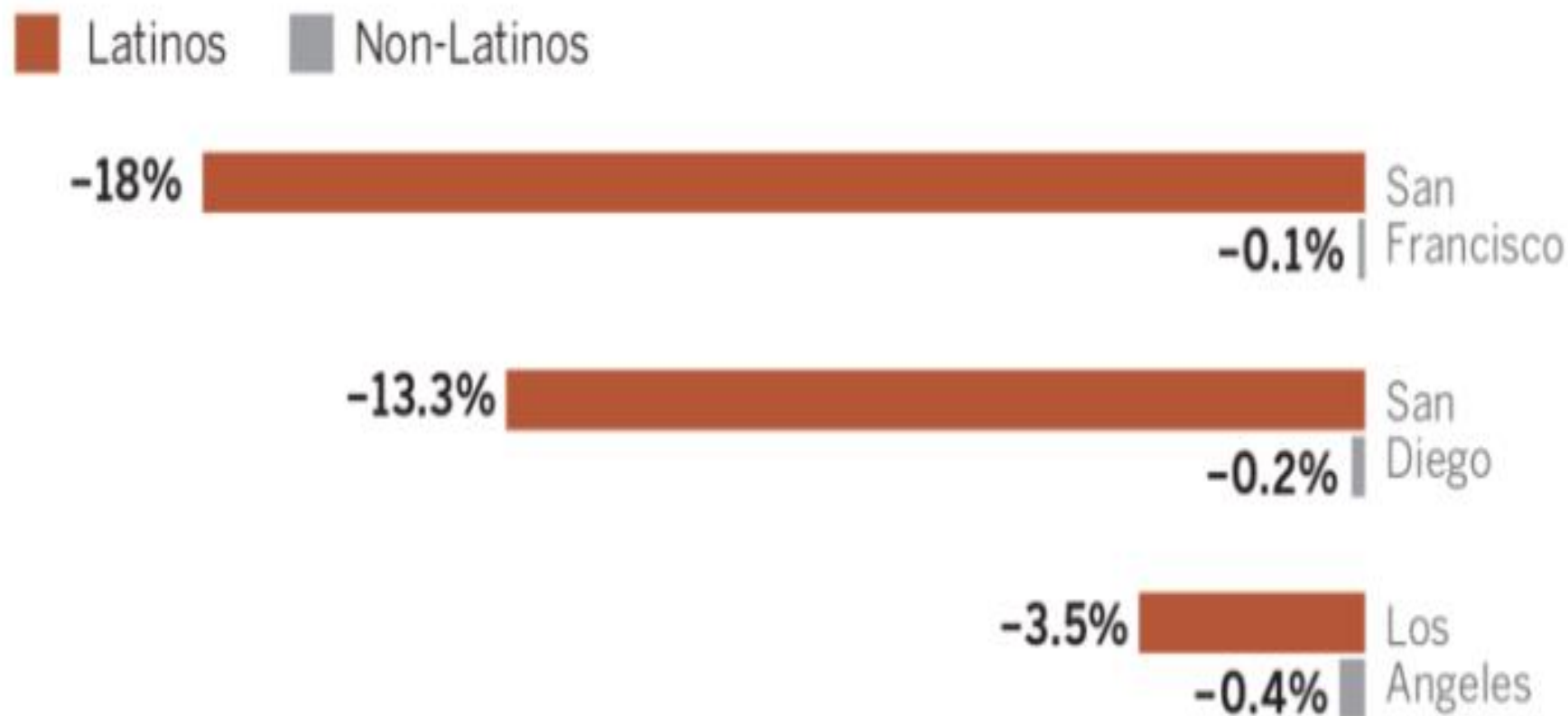
11%

5)

Treatment

Domestic violence reports down among Latinos

In the first six months of 2017, Latino residents have reported fewer instances of domestic violence to police compared with the same period in 2016



Sources: Los Angeles, San Francisco and San Diego police departments

Chris Keller / @latimesgraphics



THE BLOG 07/15/2016 02:43 pm ET | Updated Jul 16, 2017



Fears Over Immigration Status Can Affect HIV/AIDS Testing And Treatment Seeking



By Joseph T. Spadafino

The divisive rhetoric regarding immigration being used by a presidential candidate (who shall remain nameless) may render very real consequences in the present, even if he is not elected in November. Truth be told, I consider myself neither qualified nor sufficiently informed to speak directly on the matter of immigration policy. However, I would like to draw your attention to a relatively small, but nonetheless important, facet that shouldn't be overlooked when engaging in discourse on immigration: the impact that fears over immigration status can have on HIV/AIDS testing and linkage to care among at-risk immigrants living in the United States.

To be clear, the factors that influence an individual's decision and ability to seek out HIV testing and (if HIV positive) linkage to care are numerous and complex. It would be naïve



Over the past 2 years, I have worked with ____
HIV positive patients who have shared with me
immigration concerns.

33%

A.

Zero

13%

1-2

15%

C.

3-5

38%

D.

More than 5

I believe our HIV clinic/program is perceived to be a “Safe Place” for patients with immigration concerns.

51% A. Yes, 100% sure

22% Yes, 50-99% sure

17% C. I'm not sure

10% D. No

DON'T DELAY CARE!

KNOW YOUR HEALTH,

KNOW YOUR RIGHTS



YOUR HEALTH CARE OPTIONS AND PROGRAMS:

(Regardless of Immigration status)

PUBLIC, SAFETY-NET HOSPITALS, COMMUNITY HEALTH CENTERS, MIGRANT HEALTH CENTERS, AND FREE CLINICS.

PUBLIC HEALTH SERVICES:
Immunizations, mental health, screening and treatment for communicable diseases such as tuberculosis, HIV, sexually transmitted infections, services to treat drug and substance abuse.

EMERGENCY ROOM CARE:
In an emergency, you should get care regardless of whether you have insurance. Eligible for screenings and basic care for emergency medical conditions in the emergency room.



**Undocumented Children
Now Qualify For
Full-Scope Medi-Cal**

PROGRAMS PROVIDING HEALTH SERVICES NECESSARY TO PROTECT LIFE OR SAFETY:

Food or shelter, mental health crisis, domestic violence, crime victim assistance, disaster relief.

MEDI-CAL:

Treatment for an emergency medical condition or pregnancy-related services, Health4all Kids, etc.

FINANCIAL ASSISTANCE OR CHARITY CARE:

Help paying medical bills. Health care programs provided for free or at reduced prices to low income patients at community health centers and hospitals (*sometimes called Charity Care*).

Your Information Is Confidential, Including For Families With Mixed Immigration Status.



HEALTH PROGRAMS:

California residents who are undocumented may be eligible for Emergency/Restricted Medi-Cal or can purchase private insurance. Undocumented immigrants may also be eligible for the following health care services:

¡NO DEMORE EL CUIDADO! CONOZCA SU SALUD, CONOZCA SUS DERECHOS

Guía



PROGRAMAS Y OPCIONES DE ATENCIÓN MÉDICA:

(Independientemente de su estatus migratorio)

HOSPITALES PÚBLICOS, CENTROS DE SALUD DE LA COMUNIDAD, CENTROS DE SALUD PARA MIGRANTES Y CLÍNICAS GRATUITAS.

SERVICIOS DE SALUD PÚBLICA:

Inmunizaciones, salud mental, la detección y el tratamiento, las enfermedades transmisibles como la tuberculosis, VIH, las infecciones de transmisión sexual, tratamiento del abuso de drogas y sustancias.

SALA DE EMERGENCIA:

En una emergencia, usted debe recibir atención independientemente de si tiene seguro. Elegible para exámenes y atención básica para condiciones médicas de emergencia en la sala de emergencia.



**LOS NIÑOS INDOCUMENTADOS
AHORA SON ELEGIBLES PARA
EL MEDI-CAL COMPLETO**

PROGRAMAS DE SERVICIOS DE SALUD NECESARIO PARA PROTEGER LA VIDA O LA SEGURIDAD:

Alimentos o refugio, crisis de salud mental, violencia, asistencia a víctimas de crímenes, socorro en casos de desastre.

MEDI-CAL:

Tratamiento para una emergencia médica, condición o servicios relacionados con el embarazo al igual que otros programas.

ASISTENCIA FINANCIERA O DE CARIDAD:

Ayuda para pagar las facturas médicas, programas de atención médica de forma gratuita o precios reducidos en centros de salud comunitarios y hospitales (a veces llamado Charity Care).

Su Información Es Confidencial, Incluyendo Para Familias Con Diferentes Estatus Migratorios.



PROGRAMAS DE SALUD:

Los residentes de California que son indocumentados pueden ser elegibles para Medi-Cal de Emergencia / Restringido o pueden comprar un seguro privado. Los inmigrantes indocumentados también pueden ser elegibles para los siguientes servicios de atención médica:

• Capacidad de Pago (ATP) 1-800-378-9919

• Programa de Salud Infantil Kaiser Permanente 1-800-464-4000



KNOW YOUR HEALTH RIGHTS

Under federal law, hospitals with emergency rooms & Federally Qualified Health Centers must screen and offer services to people regardless of whether they have insurance, their ability to pay, or their immigration status.

COVERAGE PROGRAMS

- ✓ May Require Social Security Number And Immigration Status Information To Receive These Programs.

HOSPITALS AND HEALTH CENTERS

- ✓ Social Security Number And Immigration Status Information **Not** Needed To Receive Services.

REGARDLESS OF IMMIGRATION STATUS OR PROGRAM

- ✓ Everyone Has The Right To An Interpreter When Applying For Health Coverage Or Seeking Health Care, At No Cost.
- ✓ You Always Have The Right To Remain Silent.
- ✓ Your Information Is Confidential And Protected By Federal And State Laws. Information Is Used Only To Determine Eligibility For Programs.
- ✓ California Does Not Share Any Information About Household Members Who Are NOT Applying For Benefits.
- ✓ There Have Been No Changes Made To Any Of The Public Benefit Programs, Including Medi-Cal, CalFresh (Food Stamps), And Or CalWorks.
- ✓ California Applicant Information Is NOT Used For Immigration Action.
- ✓ Families Should Not Disenroll From Programs That Keep Us All Healthier. Choosing To Stop Your Benefits Could Mean Losing Critical Health Care And Less Resources For Your Family.



Common Questions About Health Coverage

Will using health care affect my immigration status by making me a “public charge”?

CONOZCA SU SALUD, CONOZCA SUS DERECHOS

Guía



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LOS NIÑOS INDOCUMENTADOS AHORA SON ELEGIBLES PARA EL MEDI-CAL COMPLETO

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- Capacidad de Pago (ATP) 1-800-378-9919
- Programa de Tratamiento del Cáncer de Seno y de la Cerviz (BCCTP) Medi-Cal 1-800-824-0088

- Programa de Salud Infantil Kaiser Permanente 1-800-464-4000

- **MEDI-CAL- SALUD PARA TODOS LOS NIÑOS**

Medi-Cal para niños de bajos ingresos menores de 19 años, independientemente del estatus migratorio. 1-877-507-4777



PSYCHOSOCIAL STRESSORS AND BUILDING INTERNAL RESILIENCIES AMONG IMMIGRANT COMMUNITIES LIVING WITH AND IMPACTED BY HIV

Alonso D. Bautista, MA, MFTI

Marriage and Family Therapist Registered Intern, #IMF 91449

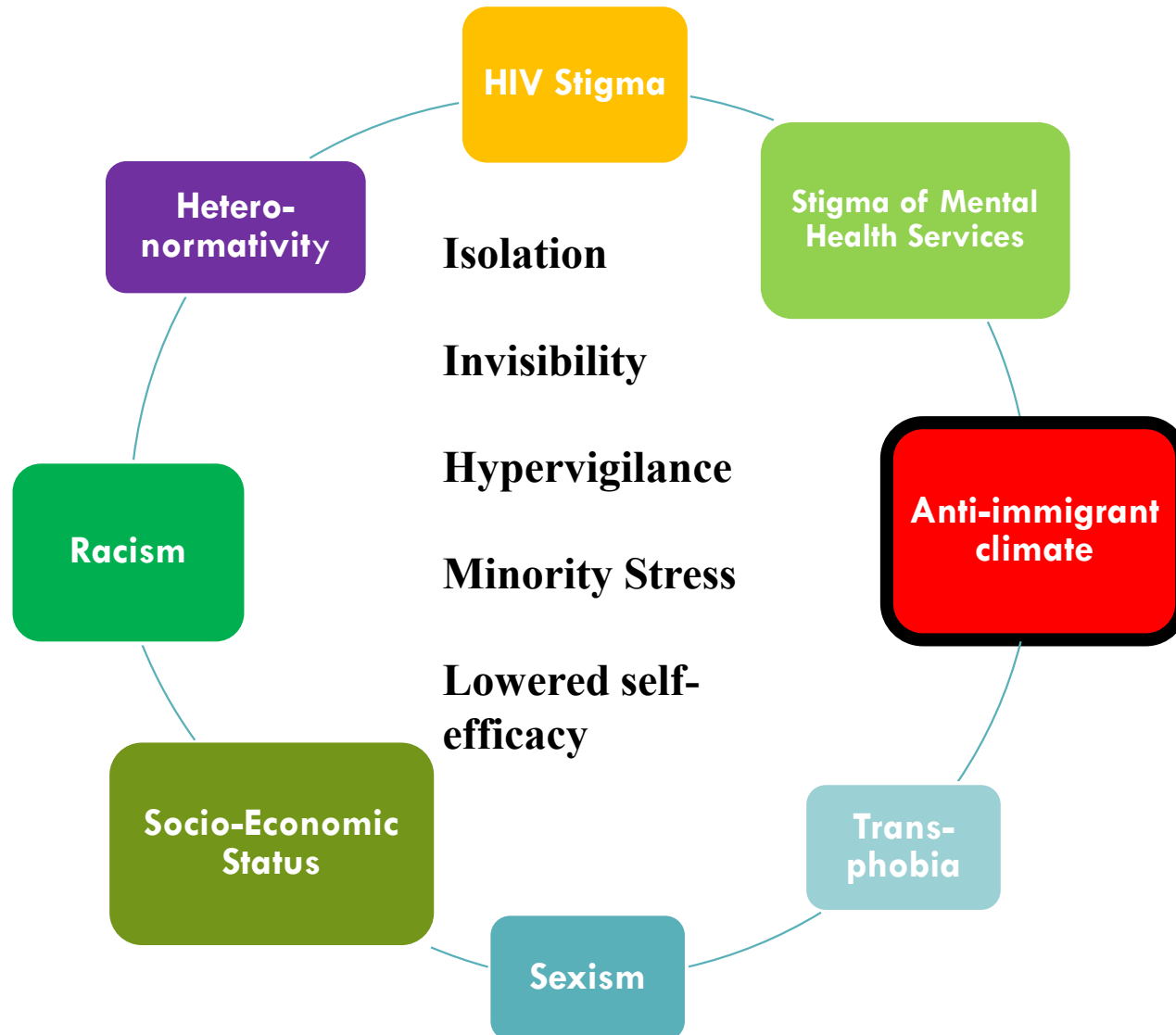
Supervisor, Mental Health Services

AltaMed Health Services Corporation

abautista@la.altamed.org

323-869-5408

Psychosocial Stressors of Latinos Living with HIV



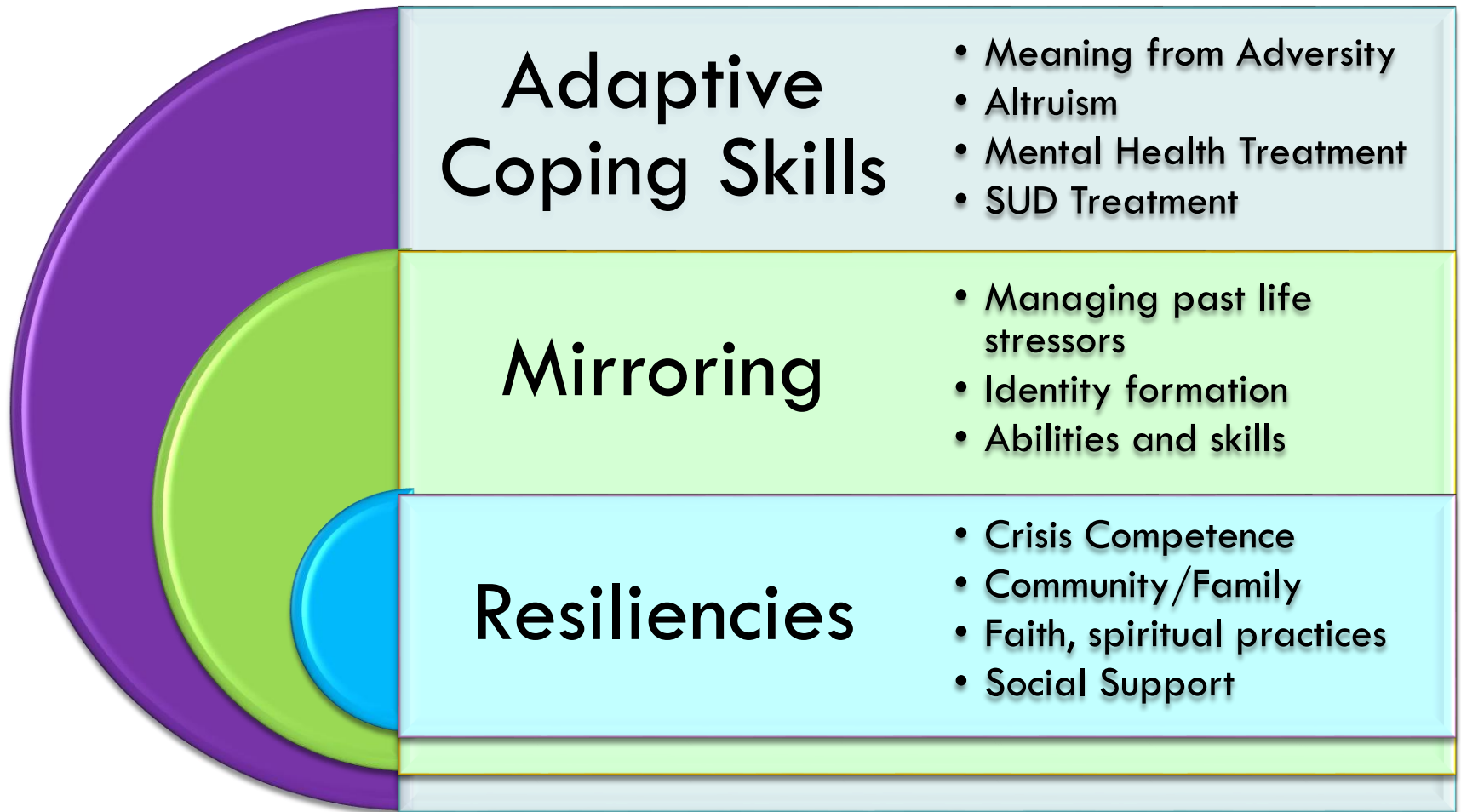
I have worked with patients/clients living with HIV whose mental health has recently been negatively impacted by immigration concerns.

66% A. Yes

21% No

13% C. Don't know

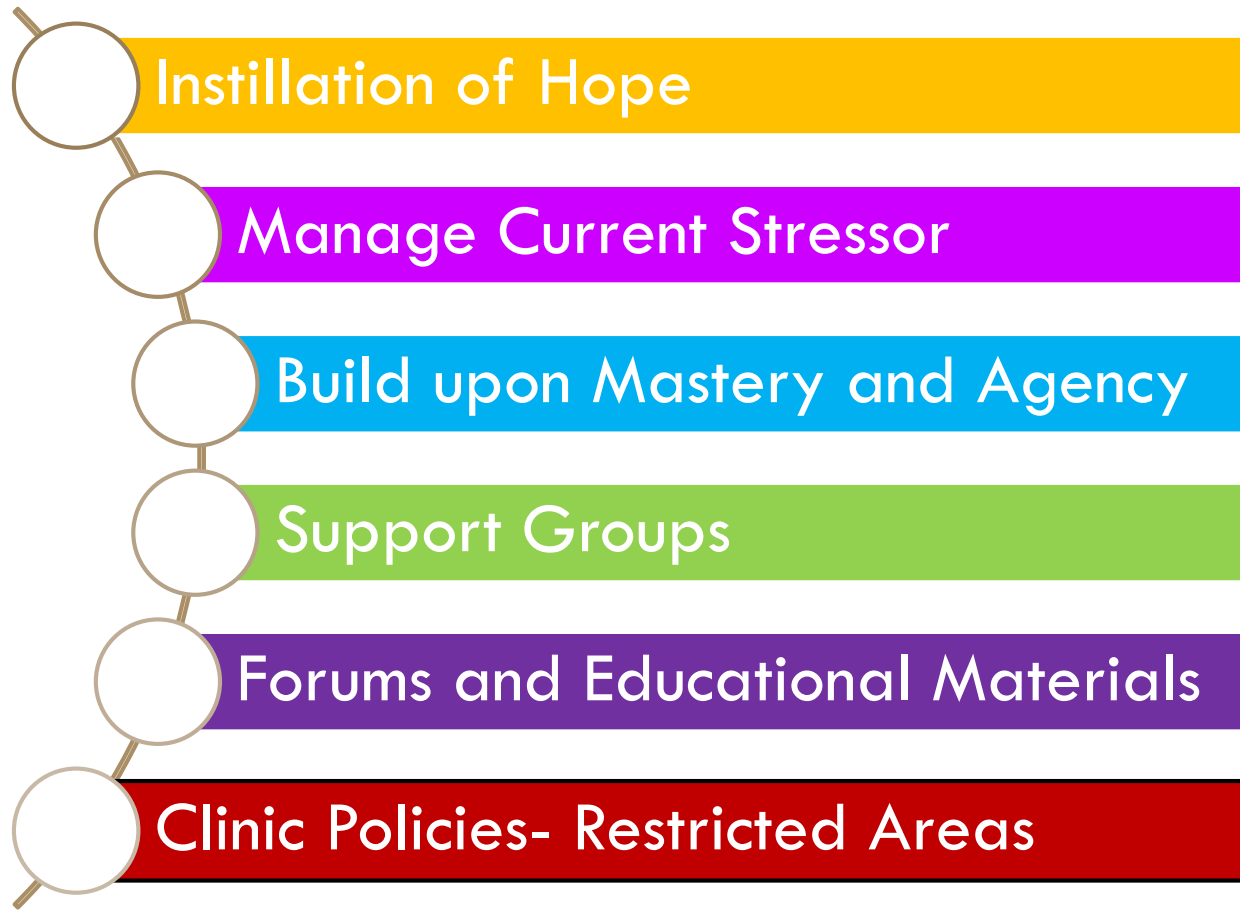
Strength-based, Resiliency Model



Building Internal Resilience

- Build on the client's belief that they can cope with stress (Self-worth)
- Assess client's inner-dialogue and reflect back or provide alternative affirming messages
- Assess the client's perceived sphere of influence regarding societal messages (Activism)

Creating an Environment of Safety





Maintain a Stance of CULTURAL HUMILITY

IMMIGRATION ENFORCEMENT:

DEVELOPING A PROFESSIONAL RESPONSE

Ayako Miyashita

Director, L.A. HIV Law and Policy Project

Associate Director, California HIV/AIDS Policy Research Center

(310) 206-9088

miyashita@law.ucla.edu

Visit us at www.thelahlpp.org and www.chprc.org

Objectives

- ❑ Identify constitutional rights and understand how they can be deployed for protection during interactions with immigration enforcement bodies.
- ❑ Develop the foundational capacity necessary for sharing this information with clients/patients.
- ❑ Demonstrate the difference between immigration law and policy.
- ❑ Consider the role of providers (individual and/or organizational) in the context of current conditions.

Disclaimer



All materials have been prepared for general information purposes only to permit you to learn some basic information. The information presented is not legal advice, is not to be acted on as such, may not be current and is subject to change without notice.

How frequently do you service immigrants?

8%

A.

Never

24%

Somewhat

42%

C.

Frequently

26%

D.

Always



Does your agency serve undocumented individuals?

89%

A. Yes

9%

B. No

2%

C. I don't know

In the past several months, have HIV positive immigrant clients/patients expressed concerns with regard to their immigration status?

20%

A.

Never

22%

Somewhat

39%

C.

Frequently

20%

D.

Always

In the past several months, has your agency specifically discussed current immigration policies and impacts on the HIV positive immigrant client/patient population?

53% A. Yes

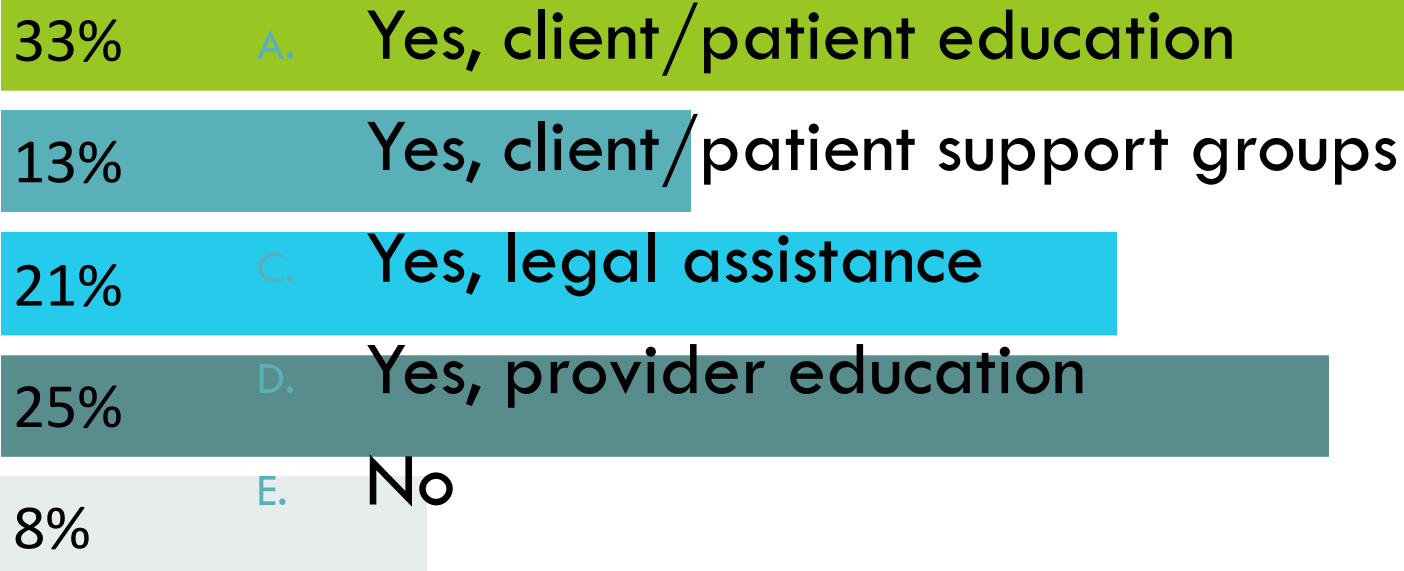
47% No

If yes, has your agency taken to address this issue
(ex. sharing information, establishing a policy)?

58% A. Yes

42% No

Do you and/or your agency need more resources to address these issues?



At Risk of Removal

- “Visa abuser” – a visa holder who violates the terms/conditions of their visa
- Non-citizens with criminal convictions
 - Felonies
 - Misdemeanors
 - Other violations
- Undocumented immigrants

U.S. Constitution



Reasonable Expectation of Privacy

- ☐ At home
- ☐ At work
- ☐ Grocery store
- ☐ School
- ☐ Parking lot
- ☐ Waiting room
- ☐ Patient examination room

Immigration Enforcement: In Public

ALWAYS carry these documents, if you have them:

- Valid temporary visa or LPR/Green Card
- Copy of your DACA Work Permit
- CA Driver's License or ID Card
- Proof of physical presence in the US for at least the last 2 years:
 - Taxes
 - School records
 - Utility bills
 - Bank statements

Immigration Enforcement: In Public



NEVER carry these documents:

- ❑ Fake LPR/Green card
- ❑ Fake social security card
- ❑ Fake passport
- ❑ Birth certificate
- ❑ Home country ID cards
- ❑ Home country passport

Immigration Enforcement: Health Settings

- Immigration Law
- Constitutional Law
- Use of Discretion
- Law vs. Guidance
- Collateral Consequences

Sensitive Locations

As of March 1, 2017, Guidance still intact

- Enforcement should not be occurring at healthcare facilities unless:
 - ▣ Agents are there with preapproval
 - ▣ Agents are led there via another enforcement action; or
 - ▣ Unless exigent circumstances exist

Sensitive Locations



5:39

+ Queue

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Transcript



AROUND THE NATION

Border Patrol Arrests Parents While Infant Awaits Serious Operation

September 20, 2017 · 7:06 PM ET
Heard on All Things Considered



JOHN BURNETT



Sensitive Locations

2011 DHS Sensitive Locations Memo

What are sensitive locations?

Immigration enforcement actions generally are not to occur at sensitive locations, such as:



Hospitals

Hospitals



Schools

Schools (all levels from preschool through college, also vocational and trade schools)



Places of Worship

Places of worship or buildings rented for religious services



Funerals

Public religious ceremonies, such as funerals



Weddings

Public religious ceremonies, such as weddings



Demonstrations

During a march, rally, parade or other public demonstration

Problems for Healthcare Settings

- When Guidance is not law
- When there is no reasonable expectation of privacy
 - ▣ Subjectively believes they have an expectation
 - ▣ That expectation is reasonable
- When a warrant requirement can be waived
 - ▣ Eroding expectation of privacy
 - ▣ “Knowingly exposing to the public”

Developing Protocol and Procedures

- Require a designated staff member who is the only person authorized to review a warrant to “sign off”
 - Consider adding legal counsel to the review process
 - Maintain privacy consistently in the spaces you deem private

Rules of Engagement

- Do file a complaint with the appropriate enforcement organization
- Do give clients and patients information about their rights
- Do not do the following:
 - Hide a patient
 - Fail to cooperate or impede law enforcement efforts
 - Rely on Guidance



Questions?



Thank You!!!!