

# **Outreach, Care and Prevention to Engage HIV Seropositive Young MSM of Color**

## **Harris County**

MSM of Color SPNS Initiative Grantee Meeting  
Washington, DC  
27 July 2009

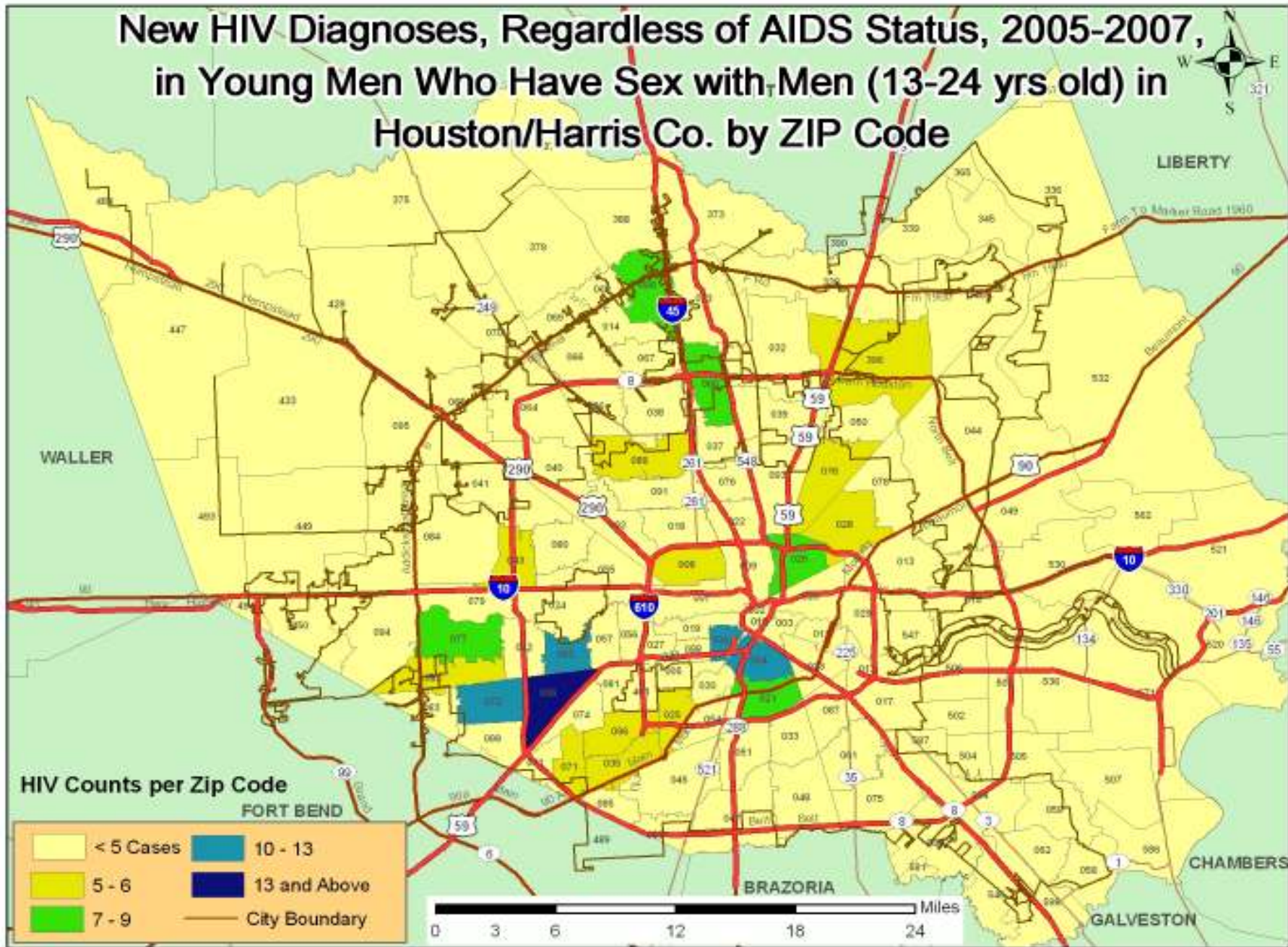
# Staff acknowledgements

- Harris County Department of Public Health & Environmental Services (HCPHES)
  - Charles Henley, LCSW
- Harris County Hospital District (HCHD)
  - Nancy Miertschin, MPH
  - Diana Parkinson-Windross, LCSW
  - Randall Ard
- Houston Department of Health & Human Services (HDHHS)
  - Beau Mitts, MPH
  - Sonny Ballard
  - Sheronda Allen
- Baylor College of Medicine
  - Thomas Giordano, MD, MPH
  - Jessica Davila, PhD
  - Elizabeth Soriano, MA

# Overview of Harris County SPNS partnerships

- Harris County Public Health & Environmental Services
  - Experienced Ryan White Part A Admin Agency
  - Established client-level data system (CPCDMS)
- Harris County Hospital District
  - Operates the nations first and largest freestanding comprehensive HIV/AIDS outpatient care clinic
- Houston Department of Health & Human Services
  - Established HIV prevention agency which provides comprehensive HIV prevention and outreach activities in the Houston/Harris county area
- Baylor College of Medicine
  - Provided leadership in local study design and evaluation activities

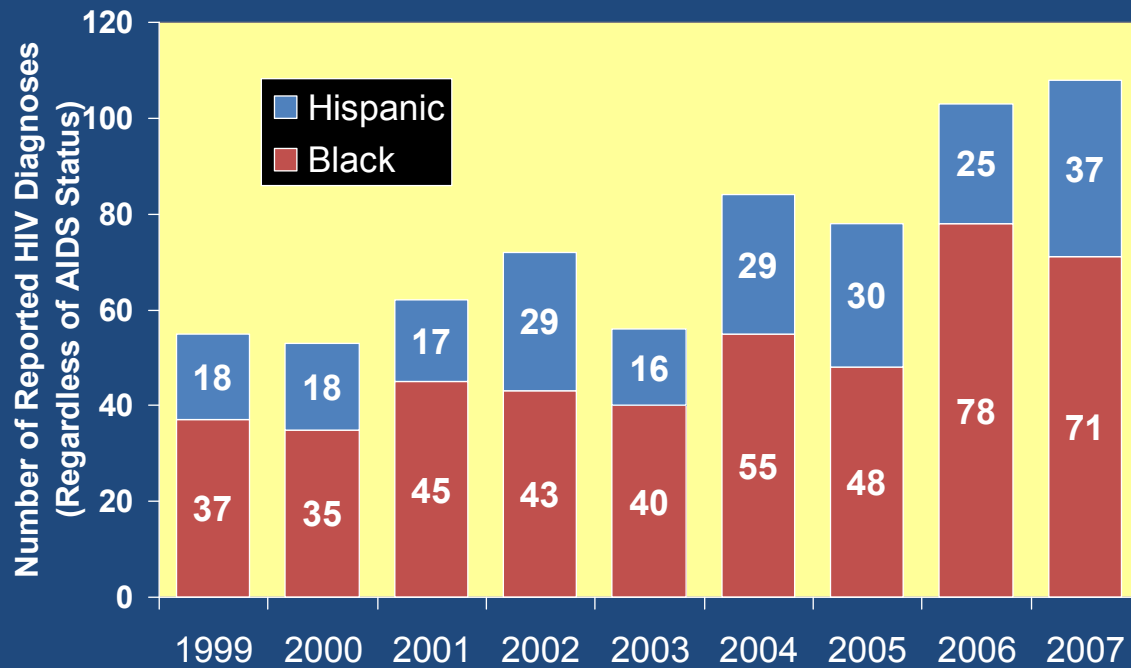
# New HIV Diagnoses, Regardless of AIDS Status, 2005-2007, in Young Men Who Have Sex with Men (13-24 yrs old) in Houston/Harris Co. by ZIP Code



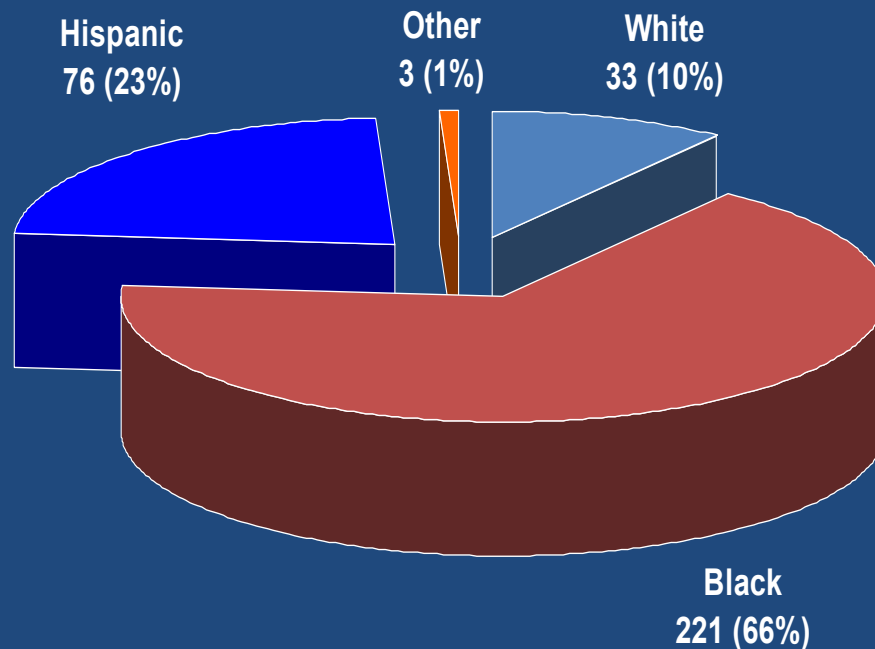
**HIV Counts per Zip Code**

|   |  |
|---|--|
| <span style="background-color: #ffffcc; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> < 5 Cases | <span style="background-color: #add8e6; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> 10 - 13      |
| <span style="background-color: #ffff00; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> 5 - 6     | <span style="background-color: #00008b; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> 13 and Above |
| <span style="background-color: #00ff00; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> 7 - 9     | City Boundary  |



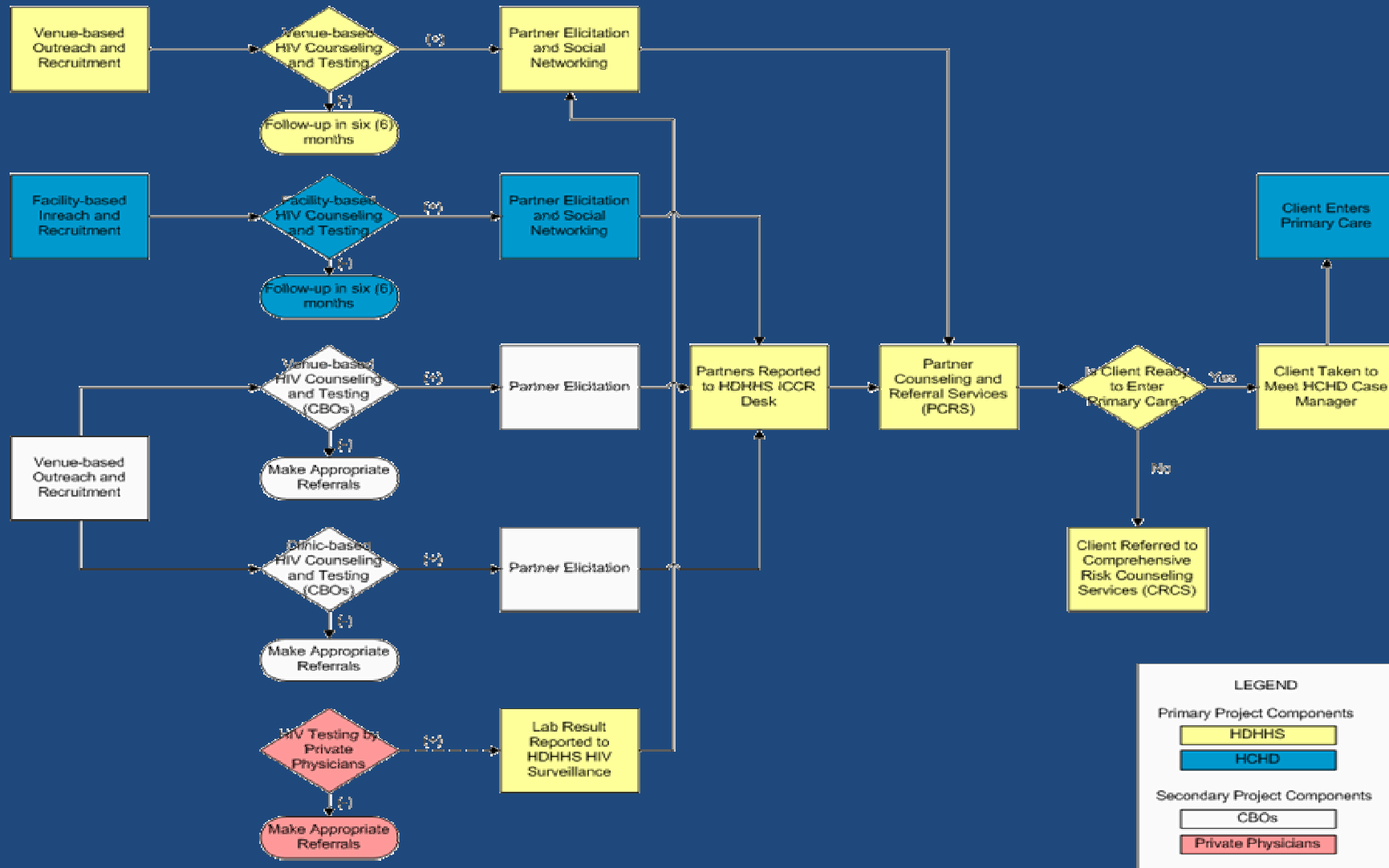


YCMSM Diagnosed with HIV (Regardless of AIDS Status), Houston/Harris County



YMSM Living with HIV (Regardless of AIDS Status), 2008 Houston/Harris County (N = 333)

# Service delivery model from outreach to treatment



# Overview of local interventions

- Efforts to increase identification of HIV+ YCMSM:
  - Use of local surveillance data
  - Routine testing in ER centers
  - Follow-up testing among high risk negatives
  - Social networking
- Standardized linkage to care protocol
- Retention in care program

# Overall recruitment

- Total YCMSM identified = 98
  - Total ineligible = 21
    - Incarcerated, Inadequate mental capacity, transferred from another clinic, decided to go to outside clinic, did not enter care
  - Total unable to be reached/lost contact = 21
  - Total refused = 5
  - Currently pending enrollment = 4
- Total YCMSM of color completed multi-site and local baseline surveys = 47
  - 22 identified through Harris County Hospital District
  - 25 identified through Houston Department of Health & Human Services

# Use of surveillance data to identify new HIV+ YCMSM

- 58 YCMSM identified through surveillance data
- Most successful strategy for identifying newly diagnosed YCMSM
- Houston Department of Health & Human Services obtained weekly reports from HIV/STD surveillance of all YCMSM who test positive at any provider (private and public) within Harris County
- Strengths: Time and cost-efficient
- Lessons learned: Requires dedicated City of Houston outreach workers to locate, engage, and recruit YCMSM

# Routine testing in ER centers

- Opt-out routine HIV testing program implemented among patients who visited Harris County Hospital District Emergency Centers (EC) beginning in August 2008
- 17,000+ total tested, 654 (3.7%) were males between 18-23 years
- 12 HIV+ African American and Hispanic males identified (1.8%); 5 newly diagnosed and 1 out of care
- Out of care youth re-linked to services
- Strengths: Identifies YCMSM who would otherwise not receive an HIV test; Identifies YCMSM who are known HIV+ but not in care
- Lessons learned: Difficult to follow up on HIV+ youth following EC discharge; EC use low among YCMSM

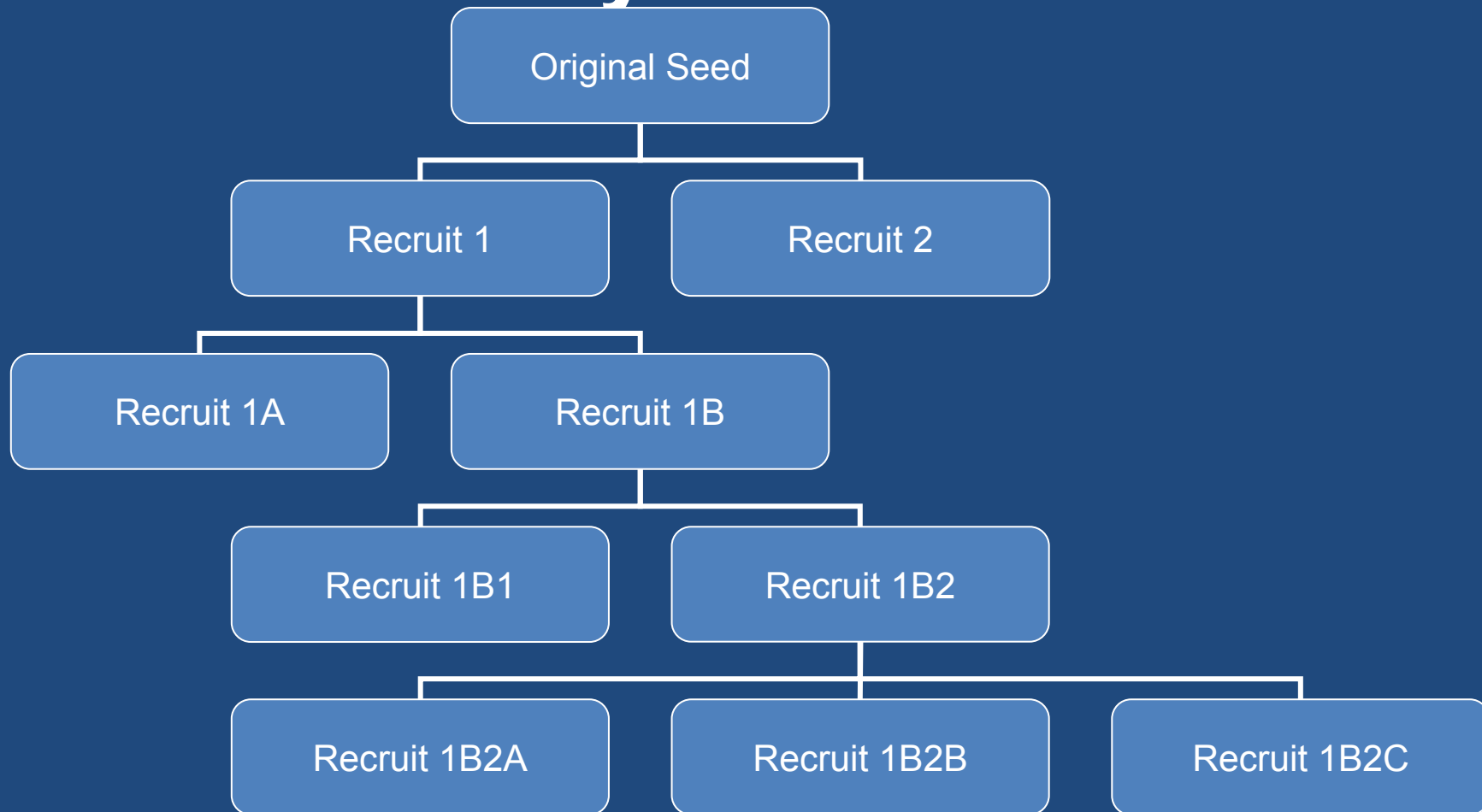
# Follow-up testing among high risk HIV negative YCMSM

- Enrolled high risk HIV negative YCMSM for follow-up testing and counseling
- After initial HIV test, outreach worker attempted to contact YCMSM every three months to offer an HIV test and reiterate the importance of testing
- Beginning 1/2008, 48 high risk YCMSM enrolled by HCHD
  - 26 actively followed
    - - 5 YCMSM received 1 or more follow-up tests
  - 24 were unable to be contacted/lost to follow-up
- Challenge: Use of texting and e-mail in a confidential manner
- Lessons learned: Difficult to get HIV-negative YCMSM to return for HIV testing; Difficult to maintain current contact information

# Social networking

- Snowball sampling strategy: Using seeds to identify and recruit new YCMSM for testing
- Recruited both HIV+ and high risk HIV-seeds
- Minimized training requirements
- Offered incentives for testing and referrals
- Tested 9 referrals from one productive seed
- Lessons Learned: Must plan to recruit several seeds, incentives are necessary

# Social networking among HIV+ youth



\* 6 seeds originally recruited. Figure reflects only the one seed that was productive.

# Standardized linkage to care protocol

- We have successfully linked 70% (n=53) YCMSM into care at Thomas Street Health Center
  - ARTAS study control arm showed 60% linkage among adults
- Involves a direct handoff procedure between outreach workers (HDHHS and HCHD) and medical case manager (HCHD)
- Strengths: Ensures that YCMSM successfully completes eligibility visit and first provider visit
- Lessons learned: Highly dependent on good communication and collaboration between outreach worker and case manager

# Retention in care program

- Intensive case management with Motivational Interviewing
- Monthly YCMSM support group
- 71% of SPNS enrolled YCMSM retained in care (PCP visit per quarter for at least 3 of 4 quarters following entry into care)
- 71% of total appointments made were kept
- Strengths: Close relationship develops between YCMSM and case manager; YCMSM learn to navigate the system, strong network developed among YCMSM
- Lessons learned: Some YCMSM become too dependent on case manager; Intensive case management is very time consuming; difficult to handle large volumes of clients; highly dependent on personality and skills of the case manager

# Disseminating local interventions into practice: Our recommendations

- High priority to disseminate:
  - Using surveillance reports from local health departments to identify new YCMSM
  - Developing a standardized linkage to care procedure between local testing agencies and HIV care providers
  - Offering a youth-specific intensive case management program
- Lower priority to disseminate:
  - Routine emergency room testing is not an effective way to identify the at risk population (3.7% of total tested), but those who do visit the ER are at high risk (1.8% positive)
  - Social networking could be an important strategy for identifying new YCMSM but is potentially cost prohibitive
  - Following-up high risk negatives is time consuming and labor intensive for the number of YCMSM who repeat testing

# Local SPNS products

- Abstracts

- Presented: 2008 Ryan White Grantee Meeting  
“Improving Linkage to Care Among Newly Diagnosed HIV+ Young MSM of Color: A Local Initiative”
- Presented: 2009 International Conference on HIV Treatment Adherence  
“Improving Adherence to Care Among Newly Diagnosed HIV+ African American and Hispanic Youth: A Local Initiative”
- Accepted: 2009 CDC prevention meeting  
“Barriers and Facilitators to HIV Care and How to Improve: Young Minority MSM Speak Up”

- Manuscripts in progress

- Improving linkage to care among newly diagnosed HIV+ African American and Hispanic youth
- Evaluating an enhanced retention in care program among HIV+ youth

# Local SPNS products

- Presentations
  - Houston EMA Ryan White Planning Council meetings, 2007,2008, scheduled for Oct. 2009
  - Ryan White All Grantee meeting, 2008 (B. Mitts)
  - Ryan White Part D Grantee meeting, 2009 (D. Parkinson-Windross)

# Sustainability

- YCMSM-targeted Outreach Workers at both HDHHS and HCHD will transition to RW Part A funding effective 9/1/09
- YCMSM-targeted Medical Case Manager at HCHD is transitioning to RW Part A funding effective 9/1/09
- All positions are fully funded under the EMA's FY 2010 RW Part A Implementation Plan