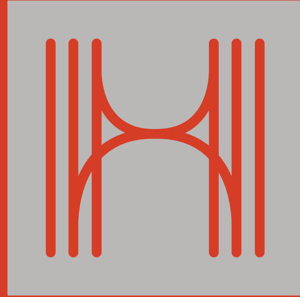

HIS HEALTH

Grow strong together.

From Implementation to Practice: Critical Considerations in Establishing a Sexual Health and HIV Prevention Clinic for Young MSM of Color- the CRUSH Experience

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Presented by:

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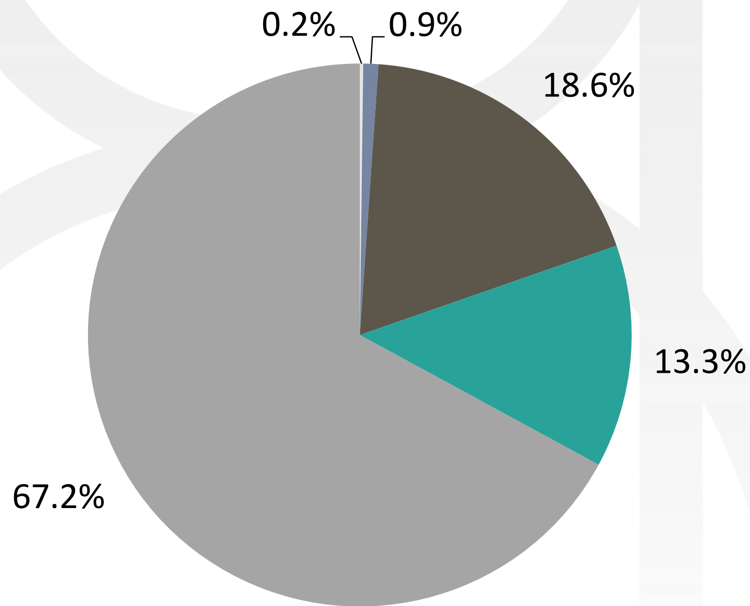
#ORLANDO

Presentation Outline

- Context/Background
- CRUSH Overview
- Implementation Steps
- Community Engagement
  - Partners
  - CAB
  - Our Patients, Our Team
- Lessons Learned and Considerations

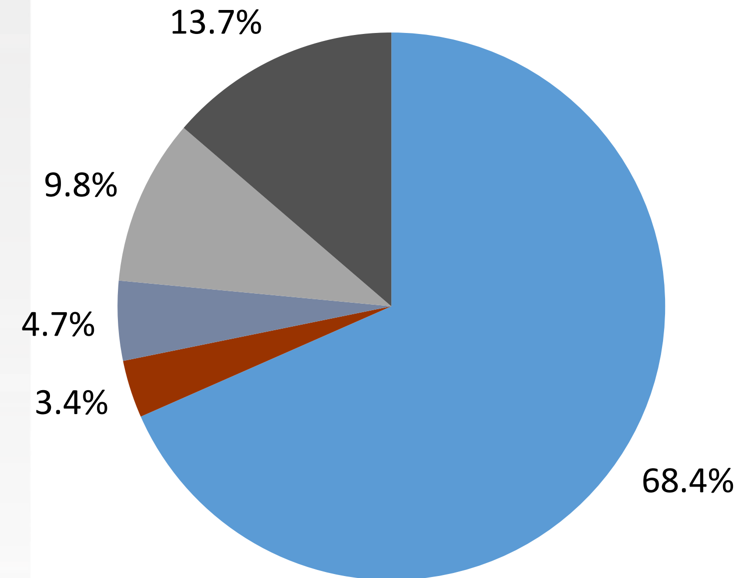
Newly Diagnosed HIV Cases by Age Group and Mode of HIV Transmission, Alameda County 2010-2012

Age Group (n=656)



0-12	.2%
13-17	.9%
18-24	18.6%
25-29	13.3%
30+	67.2%

Mode of HIV Transmission (n=656)



MSM	68.4%
IDU	3.4%
MSM + IDU	4.7%
Hetero Contact	9.8%
Other/Unknown	13.7%

- MSM between 18-29 made up 81% of new Youth cases between 2010-2012
- Affordable Care Act pushed younger people to become insured
- NO municipal/public supported STI clinic in Alameda County

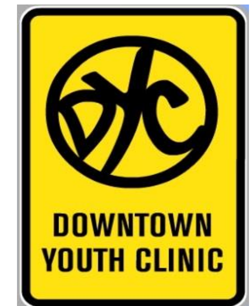
Why a sexual health clinic for young MSM? What would the model be?

- Truvada® as PrEP became FDA approved 2012: Moving from efficacy trials to demonstration/implementation
- California HIV/AIDS Research Project: Epidemiological Interventions Initiative (EII)
- Novel approaches to addressing the HIV prevention care and treatment continuum (PrEP-TLC +)
- Funded April 2013, 4 years, 3 sites in CA: $20 million state investment
- Goal of CRUSH:
  - To integrate routine sexual health services for Y/MSM within the setting of an existing HIV primary care clinic

Establishing a Model Sexual Health Clinic

- HIV primary care + wrap around services (13-29 yrs)
- “Clinic without walls” & Enhanced access
  - Meeting clients- at their homes, at other agencies
  - Flexible drop in provider availability;
  - Non punitive if missed appointments;
  - Clinic cellphones and communication via text messaging
- Approx. 220 HIV Positive youth <29
  - Over 80 % MSM
  - 70% virally suppressed

EBAC and Downtown Youth Clinic



- California HIV/AIDS Research Program (CHRP): Epidemiological Interventions Initiative
- Funded April 2013, 4 years, 3 sites in CA: multi-million state wide investment

- **Goal of CRUSH:**
  - **To integrate routine sexual health services for Y/MSM within the setting of an existing HIV primary care clinic**

Establishing a Model Sexual Health Clinic

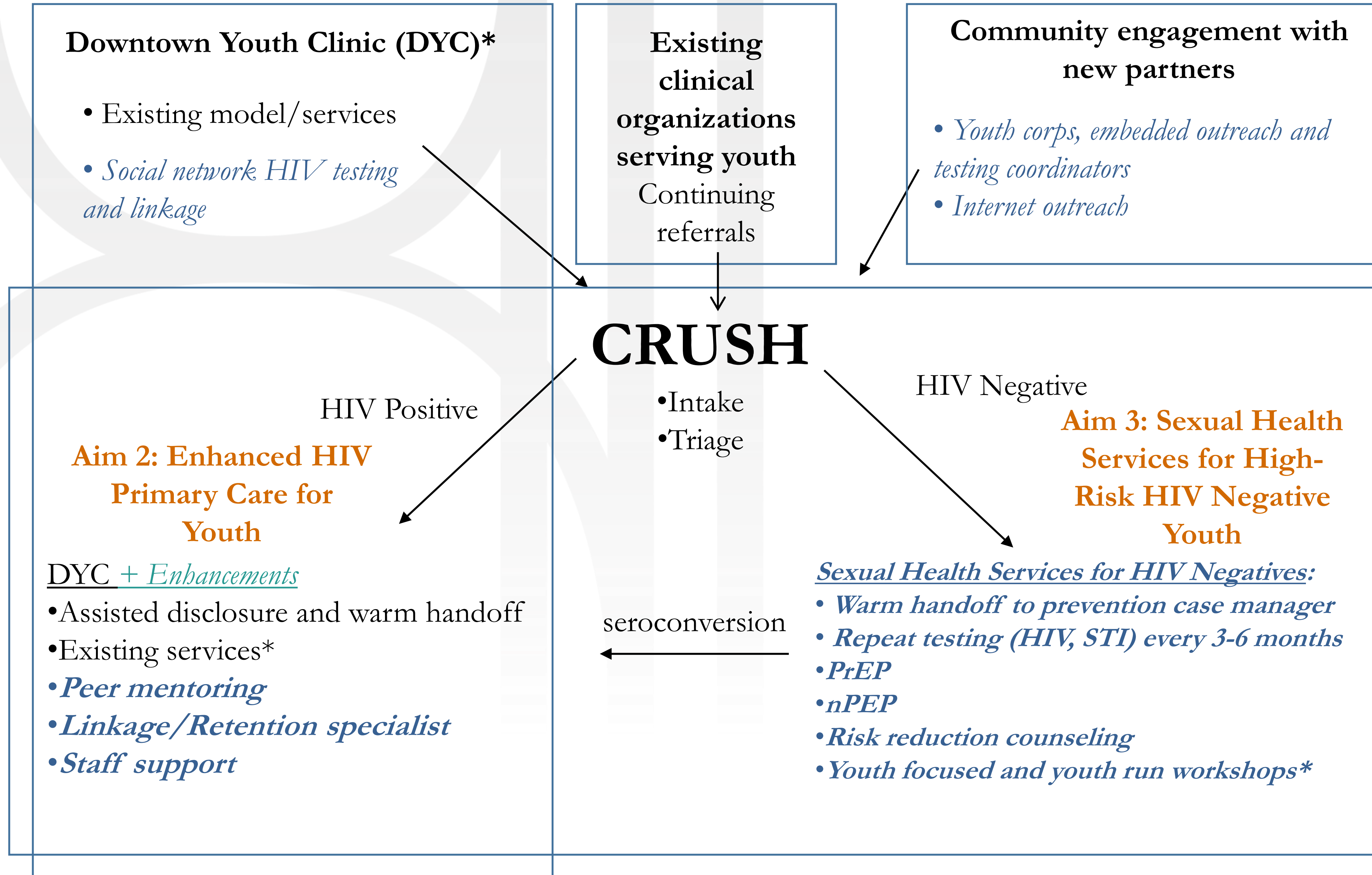
CRUSH: Specific Aims

Aim 1: Test and link young MSM of color to sexual health services

Aim 2: Enhance and evaluate engagement and retention strategies for young PLHIV

Aim 3: Engage and retain HIV- young MSM in sexual health services, including PrEP

Connecting Resources for Urban Sexual Health (CRUSH)



Negative Cohort

- Retention Specialist
- HIV testing, including NAT
- Pre-exposure prophylaxis (PrEP)
- Post exposure prophylaxis (PEP)
- Primary Care referrals
- Benefits counseling
- Social Support activities

Positive Cohort

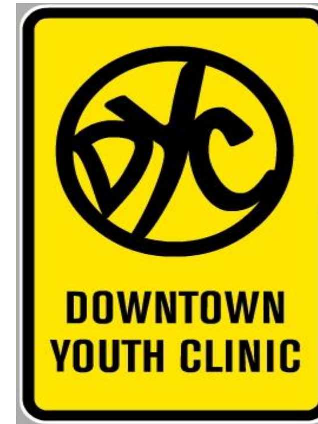
- HIV Primary Care
- Peer advocacy
- ARV access
- Social support from MSW

- Peer Mentoring support-out of care/newly diagnosed
- Clinical Supervision for Staff

Integrating Sexual Health Interventions

CRUSH: Community and Scientific Partners

Gladstone Institute
of Virology and Immunology



Demographics

Age	All (n=379)		HIV- (n=279)		HIV+ (n=100)	
	n	*%*	*n*	*%*	*n*	*%*
<18	1	0.3%	1	0.4%	0	0.0%
18-20	38	10.0%	32	11.5%	6	6.0%
21-24	153	40.4%	108	38.7%	45	45.0%
25-29	186	49.1%	138	49.5%	48	48.0%
29+	1	0.3%	0	0.0%	1	1.0%

Race/Ethnicity	All (n=379)		HIV- (n=279)		HIV+ (n=100)	
	n	*%*	*n*	*%*	*n*	*%*
Asian	34	9.0%	33	11.8%	1	1.0%
Black/African American Non-Hispanic	76	20.1%	35	12.5%	41	41.0%
Hispanic/Latino	118	31.1%	96	34.4%	22	22.0%
Mixed	38	10.0%	30	10.8%	8	8.0%
White non-Hispanic	86	22.7%	73	26.2%	13	13.0%
Other/Did not respond	27	7.1%	12	4.3%	15	15.0%

Demographics

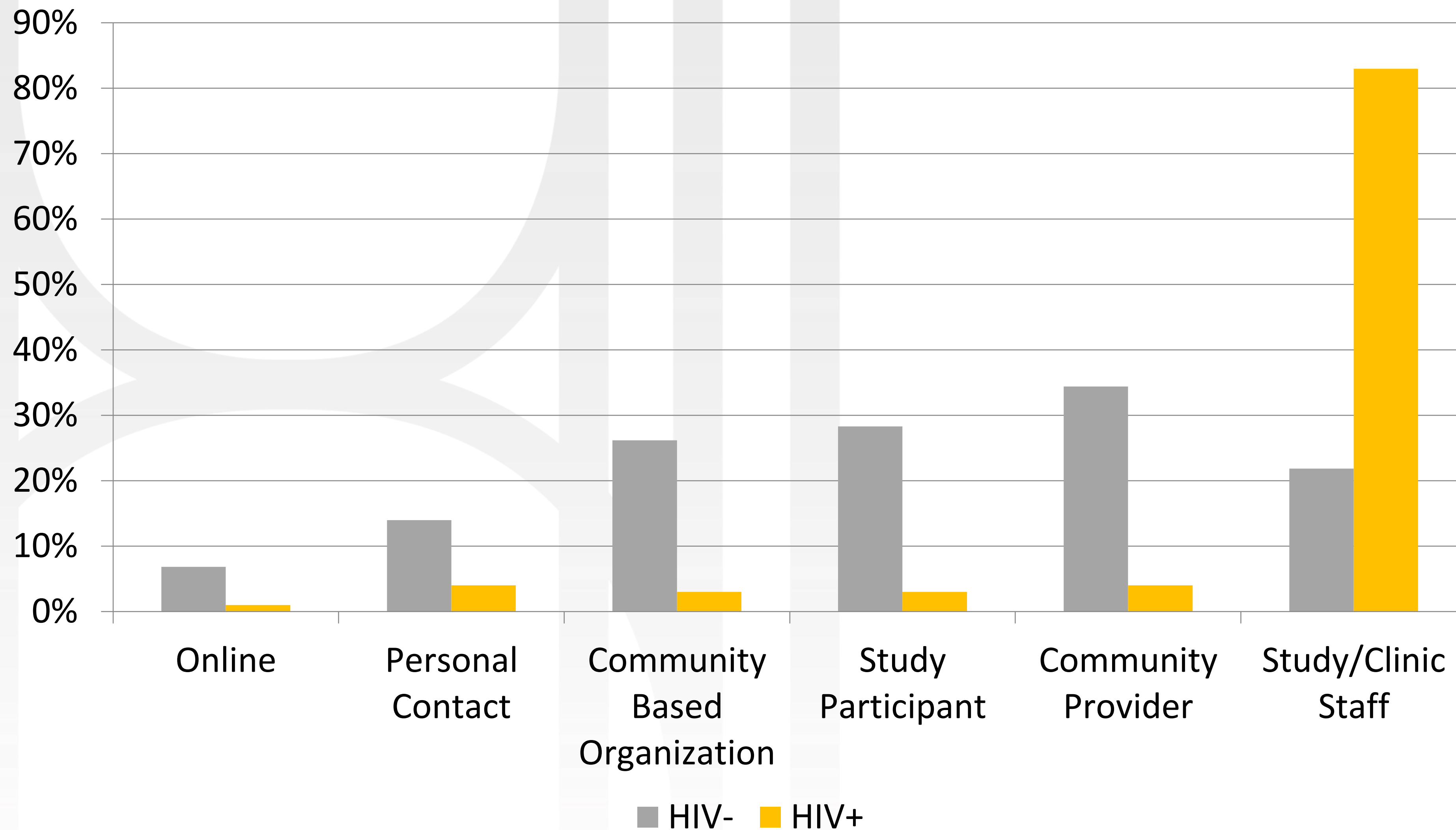
Gender	All (n=379)		HIV- (n=279)		HIV+ (n=100)	
	n	*%*	*n*	*%*	*n*	*%*
Men	339	89.4%	256	91.8%	83	83.0%
Women	10	2.6%	7	2.5%	3	3.0%
Transwomen	3	0.8%	3	1.1%	0	0.0%
Transmen	4	1.1%	3	1.1%	1	1.0%
Other / did not respond	23	6.1%	10	3.6%	13	13.0%

Sexual Orientation	All (n=379)		HIV- (n=279)		HIV+ (n=100)	
	n	*%*	*n*	*%*	*n*	*%*
Gay	283	74.7%	218	78.1%	65	65.0%
Bisexual	49	12.9%	33	11.8%	16	16.0%
Straight	12	3.2%	10	3.6%	2	2.0%
Other / did not respond	20	9.2%	18	6.5%	17	17.0%

Community Engagement for Sexual Health of Y/MSM of color

- Working with community partners
- Establishing a robust Community Advisory Board
  - Developed outreach materials
  - Developed website
- Our patients/participants

www.CRUSH510.org



Intake Sources

Integrating Sexual health for HIV –'s into a HIV Clinic for HIV +'s : Early Lessons

Clinical:

- High % at baseline seeking PrEP actually need PEP:
- Many young HIV negatives have no insurance coverage but qualify for Medi-Cal/Covered CA
- Clinical and systems implementation for negatives
- Solidify warm hand-off for primary care services for HIV negatives

Community Level

- A lot of discussion with partners "What does sexual health mean? What are the outreach messages for Y/MSM?"

Lessons Learned: Integration into HIV Clinic of Services for HIV negatives/Sexual Health for Y/MSM

- Administrative challenges working within a hospital system: EPIC; new registration procedures
- Developing & documenting clinical flow is crucial & ever changing
- Cross-training staff: HIV testing, intake, consent, lab processing, referrals, etc.
- Strengthening intra-agency collaboration ultimately helps with clinic flow
  - Developing assessment tools for clinical and program staff to address the PrEP to PEP interplay
  - Increased STI treatment 3 fold: Nurses were like "WHAT????"
  - Increased unstable room utilization: managing the clinic flow with youth schedules

Community Engagement for Sexual Health of Y/MSM of color

- Working with community partners
- Establishing a robust Community Advisory Board
- Our patients/participants
- Interview Link
- https://youthradio.org/staff/nadji-dawkins/

CRUSH
Community Collaborations

Major outreach partners (referrals in):

- RYSE Youth Center (non-ASO partner)
- HEPPAC (Casa Segura): Oakland’s needle exchange program
- Asian Health Services

Referral network of Primary Care Providers for Negatives “warm hand off” (referrals out)

- Asian Health Services
- La Clinica de la Raza

Focus on:

- Community representation
- Bi-directional education opportunities
- Outreach messaging and materials

CAB Activities

- Meetings monthly (9/year)
- Key activities
  - Developing media & outreach tool language & messaging
  - Website & webisodes
- Investing in their development: Trainings and In Services
  - PrEP, HIV Updates, Affordable Care Act
  - Global HIV epidemic with MSM
  - Trans*-specific outreach strategies
- CAB as "CRUSH ambassadors" : Media Liaison; Scientific Liaison, Education Director
  - Youth Radio/media coverage
  - Community outreach
  - Participation in community forums

Establishing a Robust CAB

- On going outreach messaging:
  - CRUSH Facebook and Twitter pages
  - IMPACT Community Forum, PrEP for Black Gay Men, April 2016

- **CAB WEBISODE #2**
- https://vimeo.com/157774470/5a037cb40f

CAB Activities

CAB Activities

- **Culturally appropriate materials- HEAVILY vetted**
- **CRUSH Website : www.CRUSH510.org**
- **2 short videos "Webisodes", developed by RYSE and the CAB**
  - **Sexual Health**
  - **PrEP**

CRUSH Website

Lessons Learned in CAB implementation and management for Youth based Clinical Programming

- CAB management takes A LOT of time and effort
  - Regular calls/reminders; routine meeting establishment
  - CAB recidivism is normal! Process for routine recruitment and training is via on going CAB members
  - Youth CAB engagement needs to be social and ACTIVE or they get BORED
  - Work to increase and maintain Trans* representation
  - CRUSH CAB instrumental as referral partner: Many referral chains from CAB members
- CAB input clinical messaging and development has been critical

Acknowledge their HARD WORK

Community Advisory Board

Global Health Leadership Award

CRUSH CAB

May 2016

Discussion

Implications for Youth Based Clinical Programming

Integrating Sexual Health into HIV Care Setting Lessons Learned

- Administrative challenges working within a hospital system: EPIC; new registration procedures
- Developing & documenting clinical flow is crucial & ever changing
- Cross-training staff: HIV testing, intake, consent, lab processing, referrals, etc.
- Strengthening intra-agency collaboration ultimately helps with clinic flow
  - Developing assessment tools for clinical and program staff to address the PrEP to PEP interplay
  - Increased STI treatment 3 fold: Nurses were like “WHAT????”
  - Increased unstable room utilization: managing the clinic flow with youth schedules

Insights for Youth based clinical services

- Providing options for youth for STI testing (self rectal swabs, etc.)
- Rethinking clinic retention for youth engagement
  - Missed visits vs. late visits
  - Youth come in when they want to
- Long clinic visits are a deterrent
- Front line staff critical in engagement and retention
- Acknowledging clinical systems/capacity: Nurse and STIs: Tripled the STI rate; registering youth patients

Telling the Story

Sustainability: Many participants want to continue on PrEP beyond 48 weeks of free PrEP:

  - Benefits counseling support needed for Y/MSM: ACA Access
  - Clinical Capacity for integration PrEP access at an HIV clinic- Considerations for EBAC; integration for all providers

- Need to address frequent PEP users
- Challenges of implementing a youth based/run implementation program- they all know each other!
- Lots of training around professional development, boundary setting, leadership

Considerations

- Addressing Health Literacy for youth: “Quick Touch” education
- Recurrent STIs: Youth need more info/training
- CAB driven community forums/dialog needed
  - *On going community based education: Addressing the need for sexual health at all levels, clinical and community based*
- Culturally competent care means constantly checking in to ensure youth understand; non judgmental is key
- Ongoing Linkage to care and support for accessing insurance coverage

Considerations

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- Community Partners
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- Gilead