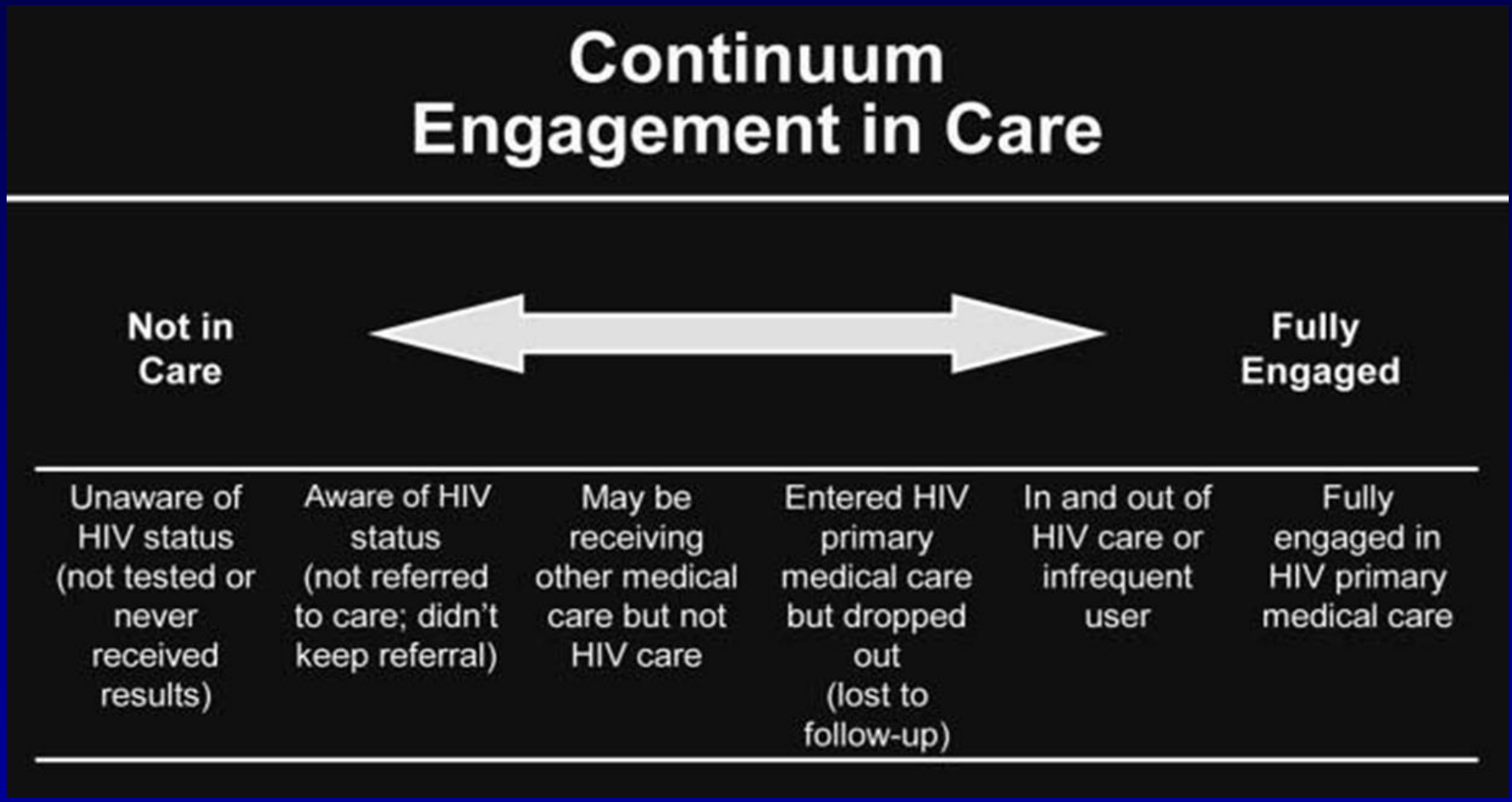
Houston Department of Health and Human Services – HIV Service Linkage

Bureau of HIV/STD and Viral Hepatitis Prevention
HIV/STD Surveillance Program, Bureau of Epidemiology

June 2014

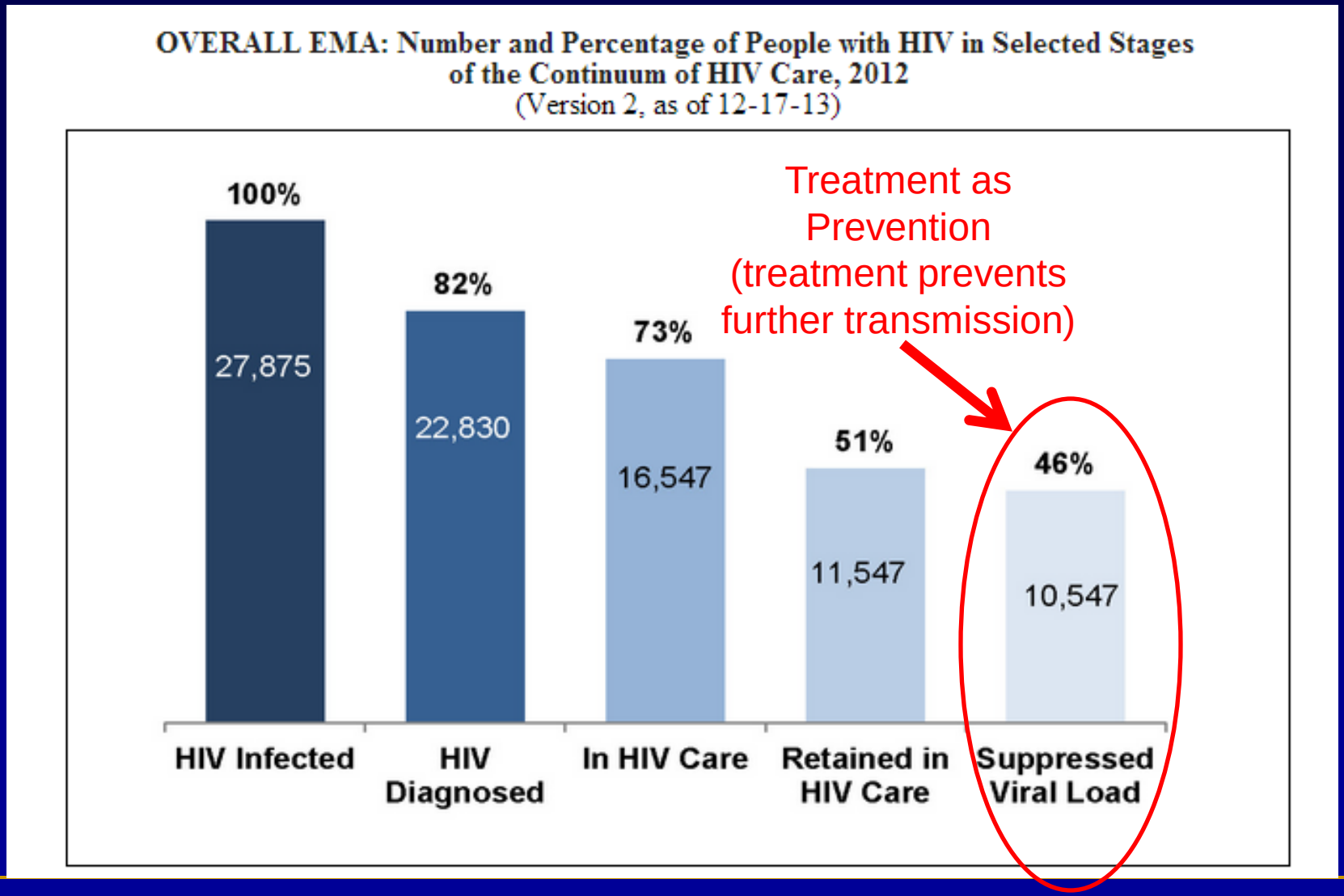
Houston Department of Health and Human Services

Continuum of HIV Care



Source: Health Resources and Services Administration (HRSA)

Houston EMA Treatment Cascade



Source: Epi Profile, 2014 supplement

Merck Co. Foundation's HIV Care Collaborative (HCC)

To help address remaining barriers to HIV care, especially among underserved populations, the Merck Company Foundation established a new, three-year initiative to connect more people living with HIV to care. The Foundation committed $3 million to support three local health departments to bolster HIV care and prevention in each community.

- Grantees include the high-burden cities of Atlanta, Philadelphia, and Houston.

Programmatic Approach

- In Houston, there were ~26 Service Linkage Workers (SLWs) linking newly identified HIV positive clients to medical care.
- No SLWs solely responsible for re-linking HIV positive people who had dropped out of care.
  - Ryan White Planning Council workgroup members identified re-linkage as an activity in the Houston Area Comprehensive HIV Prevention and Care Services Plan (Strategy to Fill Gaps in Care and Reach the Out-of-Care).
- Houston portion of the HIV Care Collaborative focuses on **re-linking to care.**

Service Linkage Process

- All referrals to the ELCI Service Linkage Team should be out-of-care for at least 6 months.
- Before assignment to the ELCI Service Linkage Team,
  - HIV surveillance and care databases searched for evidence of care (4 databases).
  - Other data systems searched for alternative names, locating information and incarceration status (5 databases).
- Public health advisor assigns the case to SLW. The SLW attempts to locate client to conduct initial screening and offer services.
- SLW mitigates barriers to care and links client to medical and supportive services.

Availability of Outcomes to Providers

- Per policy in signed agreement, providers may contact the HDHHS to receive outcomes of referrals.
- If a client has been assigned to a Service Linkage Worker, the provider may follow-up with the assigned worker for case consultation.

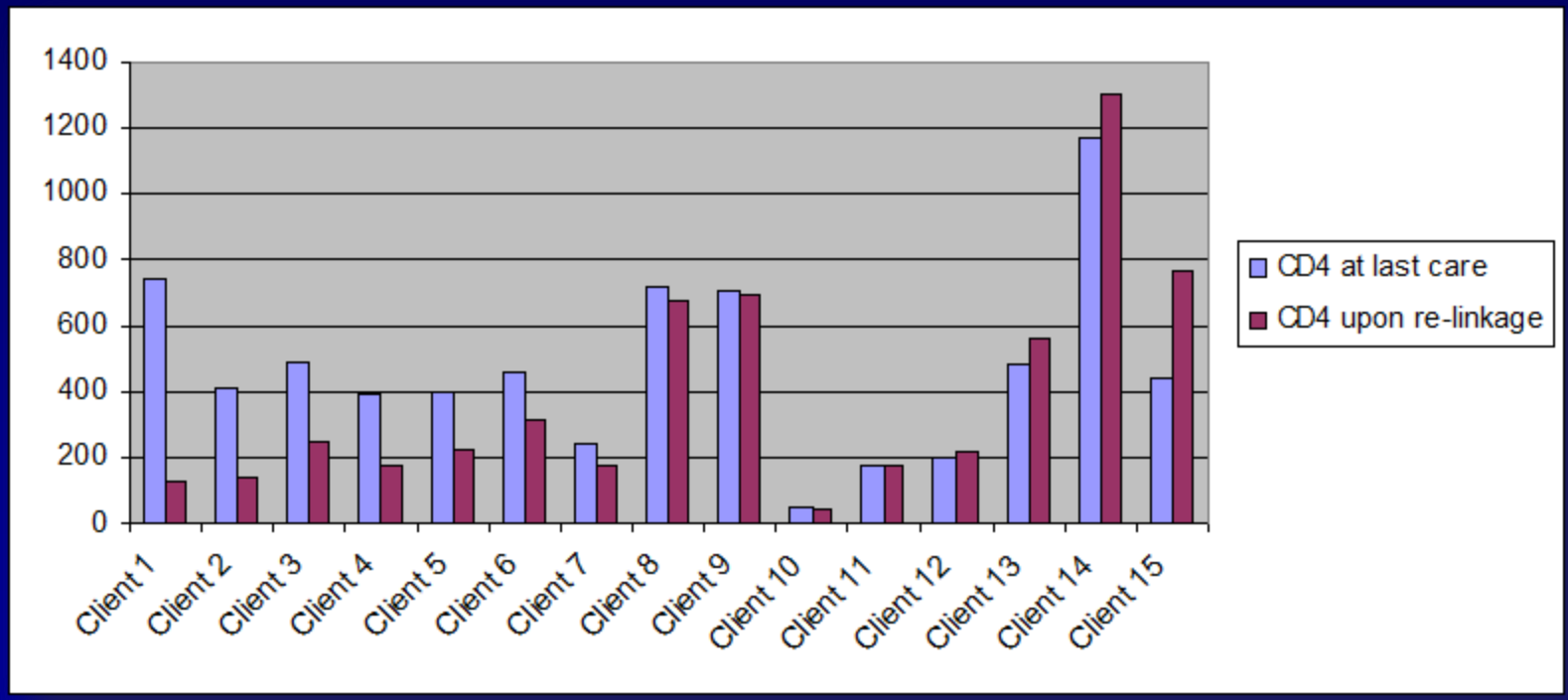
ACTUAL EXAMPLE

Total Referrals to Date (N=75)	n (%)
Potentially Out-of-Care and referred to Service Linkage Program	35 (46.7)
In-care at another provider/already returned to care (defined as evidence of care in last 6 months)	30 (40.0)
Out-of-jurisdiction (resides outside of Houston/Harris County)	7 (9.3)
Incarcerated	2 (2.7)
Deceased	1 (1.3)

Out-of-Care Disease Progression, CD4

For 11/15 clients, CD4 counts dropped by an average of 83 (range, 1-614) while out-of-care.

The average time out-of-care was 806 days.



Full Implementation Results: Referrals Searched in Data Systems- Cases

- Total of **236** referrals (cases) received from June 2013- April 2014

Source	Number	Percent
Provider Referrals	114	48.3%
Surveillance Referrals- Cases	85	36.0%
DIS Referrals	32	13.6%
Referrals from other TX Jurisdictions	5	2.1%

*Data as of 4/14

Client Characteristics of Assigned Cases

Characteristics (N=120)	N (%)
Years HIV+	
Mean	9.9 years
Range	0-29 years*
Age (mean)	39.4 years
<20	3 (2.5)
20-29	28 (23.3)
30-39	35 (29.2)
40-49	30 (25.0)
50-59	19 (15.8)
≥60	5 (4.2)
Sex	
Male	87 (72.5)
Female	30 (25.0)
Transgender	3 (2.5)
Race	
African-American	78 (65.0)
White	40 (33.3)
Other	2 (1.7)
Ethnicity	
Hispanic	25 (20.8)
Non-Hispanic	95 (79.2)

Data as of 4/14

*0 years was self-report previous positive from out-of-country (previous test data not in eHARS)

Top 3 Reasons Out of Care

- All clients asked to report reasons out of care

Reason	Percent
Didn't know where to go / care system too complex	34.0%
Transportation issues	22.6%
Lack of support or doesn't want anyone to know status	13.2%

Case Study – Patient A

African-American female, age 39

Diagnosed in 2000, age 26

Assigned to re-linkage on 1/28/2013; linked to care on 3/12/2013 (a period of 43 days)

- **Last in care (September 2001):**
  - CD4 count of 741
  - Viral load of 118
- **While out-of-care:**
  - CD4 count decreased to 127 (83%)
  - Viral load increased to 213,750
- **After 142 days of follow up:**
  - CD4 increased to 316 (149%)
  - Viral load decreased to 40 (99.98%)

Case Study – Patient B

Hispanic male, age 27

Diagnosed in 2011, age 25

Assigned to re-linkage on 3/12/2013; linked to care on 4/2/2013 (a period of 21 days)

- **Last in care (October 2011):**
  - CD4 count of 400
  - Viral load of 790
- **While out-of-care:**
  - CD4 count decreased to 226 (44%)
  - Viral load increased to 149,580
- **After 97 days of follow-up:**
  - CD4 count increased to 298 (32%)
  - Viral load decreased to 2,390 (98%)

Acknowledgements

- Houston Department of Health and Human Services
  - Bureau of HIV/STD and Viral Hepatitis Prevention
  - Bureau of Epidemiology
- Harris County Department of Health and Environmental Services
  - Ryan White Grant Administration
  - Harris Health System
  - Houston Area Community Services
  - St. Hope Foundation
- Texas Department of State Health Services
- Houston Area Ryan White Planning Council
- Houston HIV Prevention Community Planning Group