HOME

A Holistic Approach to HIV Prevention and Evaluation for YMCSM in New York City





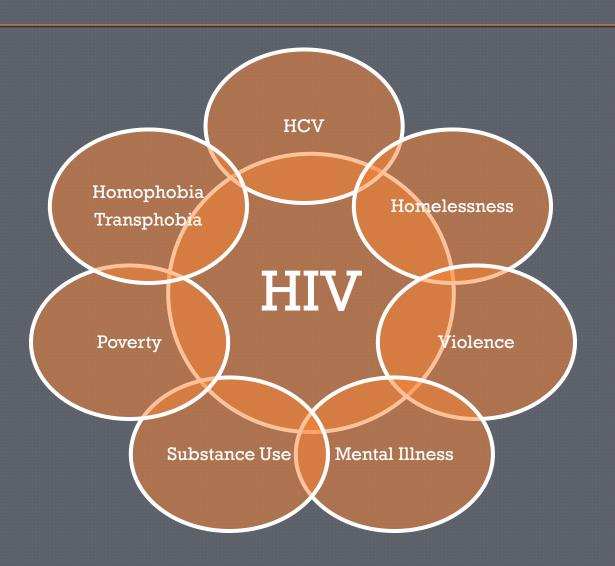
HARLEM UNITED

Introduction

Organizational Overview

- Founded at the height of the AIDS epidemic in 1988
- Goal to serve people living with HIV/AIDS who were homeless or suffering from mental illness and/or substance use
 - Served as agency of last resort for medically under-served communities of color
 - Responded to the unique personal, social, and institutional barriers to care in Harlem

SERVING COMPLEX POPULATIONS





The HOIVIE Space Helping Our Men Evolve



Introduction

- HOME meets the needs of Black and Latino gay, bisexual, transgender and non-identified men between the ages of 16 and 29 by:
 - Providing a drop-in space
 - Offering a range of HIV prevention interventions in a culturally-appropriate, socially accessible setting
 - Affirming self-identity
 - Increasing positive health-seeking behaviors
 - Building life skills

Service Structure

Visitor

- Any MSM or TG of color 16-29 can enter the space every Friday to preview services
- Members are free to invite allies to attend social events

Member

 Must undergo a comprehensive intake/assessment and service planning

Volunteer Leader

- Must be an active member for a minimum of 3 months
- Must apply for the position

Services

- Individual Risk Reduction Counseling
 - RESPECT
 - CLEAR
- Risk Reduction Groups
 - Many Men Many Voices
 - SISTA
- Career Development
 - Volunteer Leadership Program
 - Project Work
- HIV+ Services
 - Healthy Relationships
 - Support Group

Services Cont'd

- Job Development
 - Volunteer Leadership Program
 - Project Work (in development)
- Psychotherapy
- HIV/STI Testing
- Support & Recreation Groups
- Linkage to Care

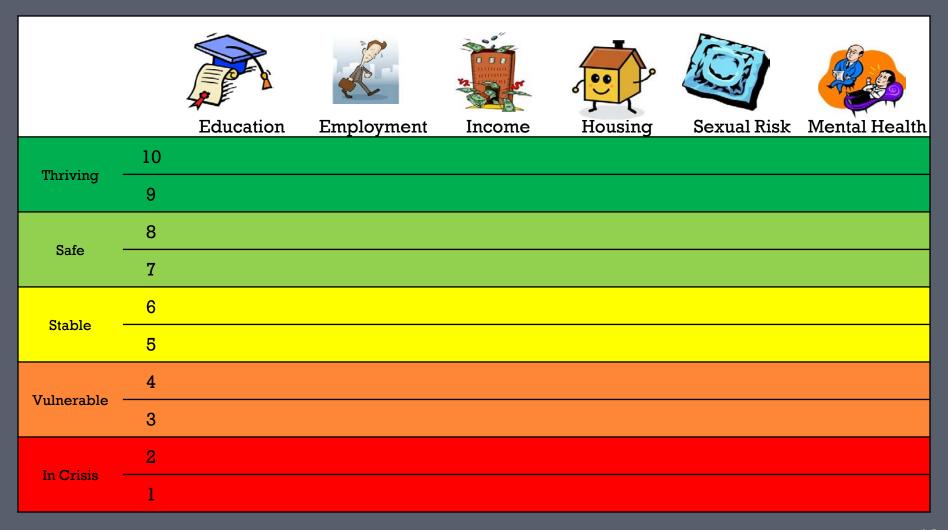
Groups

- Members Only Board
- GOLD (Giving Our Lives Direction)
- Dip Into Your Health
- What's the T? (Current Events)
- The Book Club
- Movie Night
- Cool Down Fridays
- Game Night
- Vogue Down
- ...And many more

Barriers to Service Delivery

- Homelessness
- Unemployment
- Mental health/developmental disorders
- Stigma
- Legal issues
- Immigration status
- Lack of education/knowledge

Evaluation



Development of Outcomes Matrix

- Adapted from Family Outcomes Matrix*,
 Center for Applied Management
 Practices
- Applications
 - As a clinical tool to aid service delivery and encourage client growth
 - To measure client outcomes as a whole to inform program development and continuous quality improvement efforts



10 Post-graduate degree OR In HS, GPA 3.5 = A or above

- No school or 8th grade or less



10 Full-time, work above min wage OR student who always receives enough support -- with benefits

Unemployed and not looking for work; disabled without benefits; or illegal/unsafe employment OR student who rarely receives enough support -- without benefits



- 10 >200% over the poverty line
- 8 176%-200%
- 6 126%-175%
- 4 101%-125%
- 2 51%-100%
- 1 0%-50%



- 10 Own safe and secure non-subsidized housing

- Temporary shelter or institution; Living with relatives, partner, or friends if unstable/unsafe
- 1 Homeless



10 No sexual partners in the past 3 months OR Have one known partner and always use protection for penetrative and oral sex

8

Have unknown partner(s) and always use protection for penetrative and oral sex OR Unprotected sex with primary partner, after 2 consecutive negative HIV tests (or one STI if both are positive)

⊿

3

2

Multiple or unknown partner(s) and use condoms for penetrative sex "sometimes" or "never" OR Shared injection drug equipment



Mental Health

10 Feel "very good" about MH, no symptoms (Q63, intake, Q53 reassessment), and no psychiatric hospitalizations in P3M

8 7

9

66 55

4

3

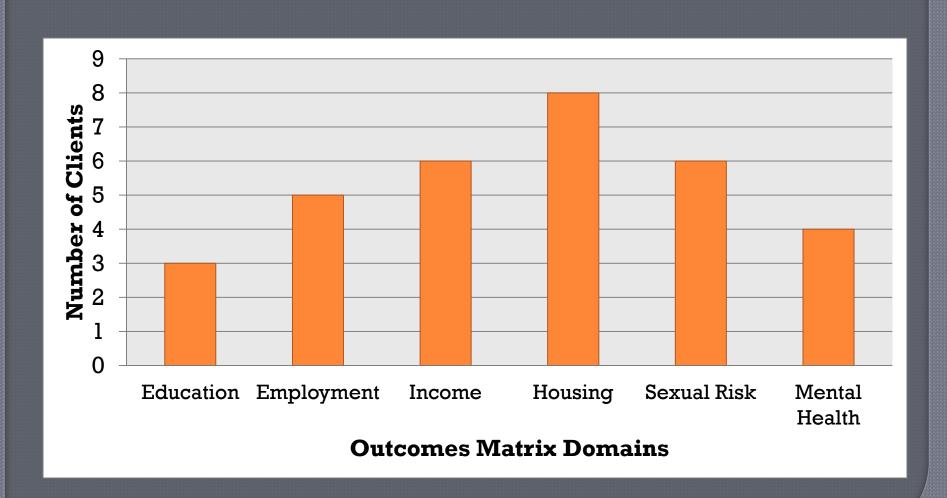
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Suicidal or homicidal ideation in the past month OR Received psychiatric hospitalization in the past month OR Experienced hallucinations/mania in the past month (Q62 E/F) – not in or not adherent to treatment

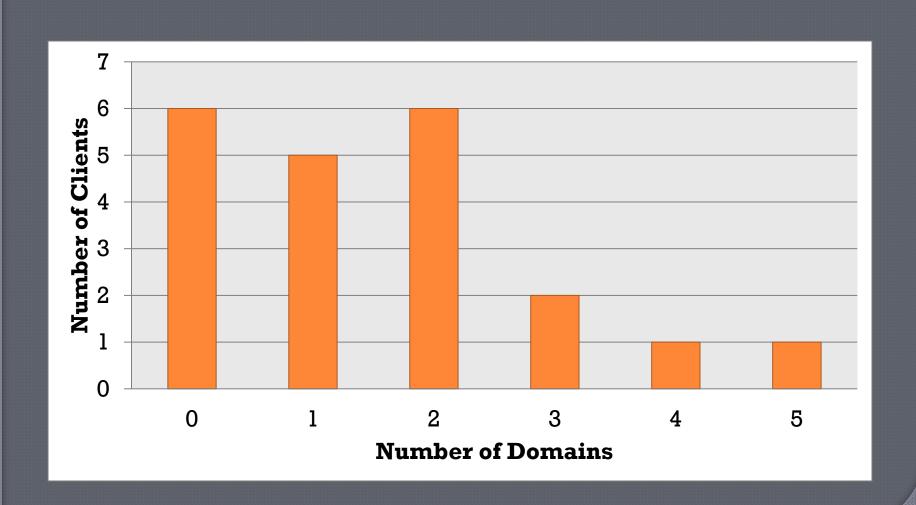
Steps to Implementation

- Ensuring benchmark definitions/values are true to life experiences of clients, while being easy for frontline staff to assess
- Staff feedback and buy-in
- Initial staff training
- Tracking matrix scores in client files
 - Reports
- Ensuring clinical connection and review

Clients with Positive Benchmark Changes per Domain



Positive Benchmark Changes by Number of Domains



Barriers

Routine Reassessments

DDS

"Grab them when you see them"

Use of matrix as evaluation and clinical tool

Data QA

Booster Training Truthful responses from clients

Counselor Consistency

Acknowledgements

Program Team

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Questions?

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