

HOME: A Holistic Approach to HIV Prevention and Program Evaluation for Young MSM of Color in NYC



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BACKGROUND

HIV/AIDS rates are high and rising fastest among men of color who have sex with men (MSM). There is an alarming upward trend for African-American MSM: HIV infection rates rose 66% in just three years between 2004 and 2007.¹

To address the prevention needs of the YMSM and transgender women of color (16-29), Harlem United's Black Men's Initiative (BMI) created **HOME**, or the "Helping Our Men Evolve" Program.

HOME is a drop-in center and safe space that uses multiple behavioral theories and comprehensive HIV/STI prevention strategies.

Members are encouraged to participate in program support groups, community events, routine testing for HIV and STI's, and to meet with a program counselor. HOME's health counselors conduct intake and 90-day reassessments to tailor clients' service plans to their needs.

HOME Space

- Assessment & Referral Services
- Risk Reduction Counseling
- Group Education Interventions
- Psychotherapy
- Support/Recreation Groups
- Volunteer Leadership Program
- HIV + Education and Support

Community Education

- Community-level Education Interventions
- Outreach and Community Building
- LGBT Cultural Competency

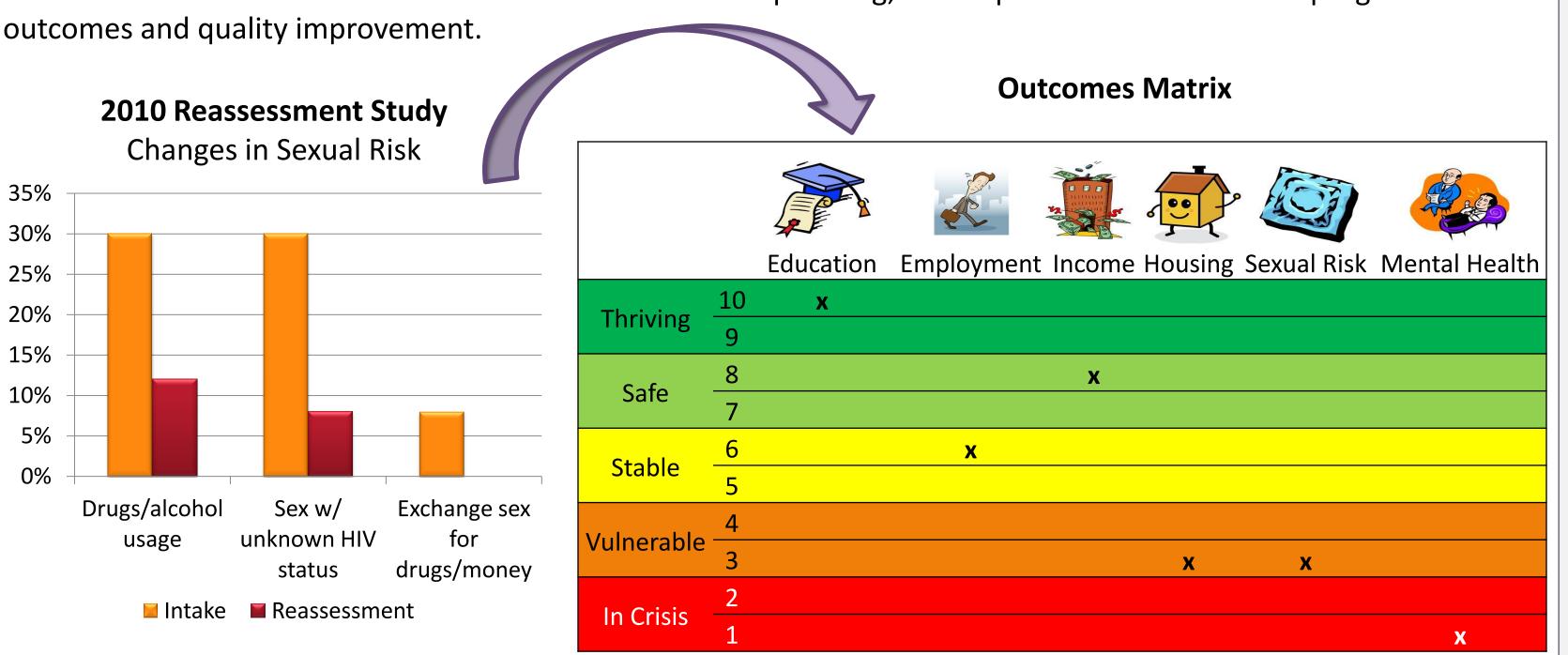
Testing Services

- Hepatitis A & B Vaccinations
- HIV/STI Screening
- Linkage to Healthcare
- Outreach to Homeless Youth
- Social Network Strategy Testing

OUTCOMES MATRIX EVALUATION TOOL DEVELOPMENT

- In 2010, HOME enrolled 84 members, of which 25 received a reassessment within the year. For those members who received reassessments, a paired-samples t-test revealed a statistically significant reduction in reported sexual risk behaviors (t=5.48, p=.00).
- As a result of these findings, HOME designed an assessment tool, called the Outcomes Matrix, to track clients' status in several domains known to contribute to HIV risk behavior. ²

• The Matrix s used both as a clinical tool for client service planning, and to provide data for overall program outcomes and quality improvement.



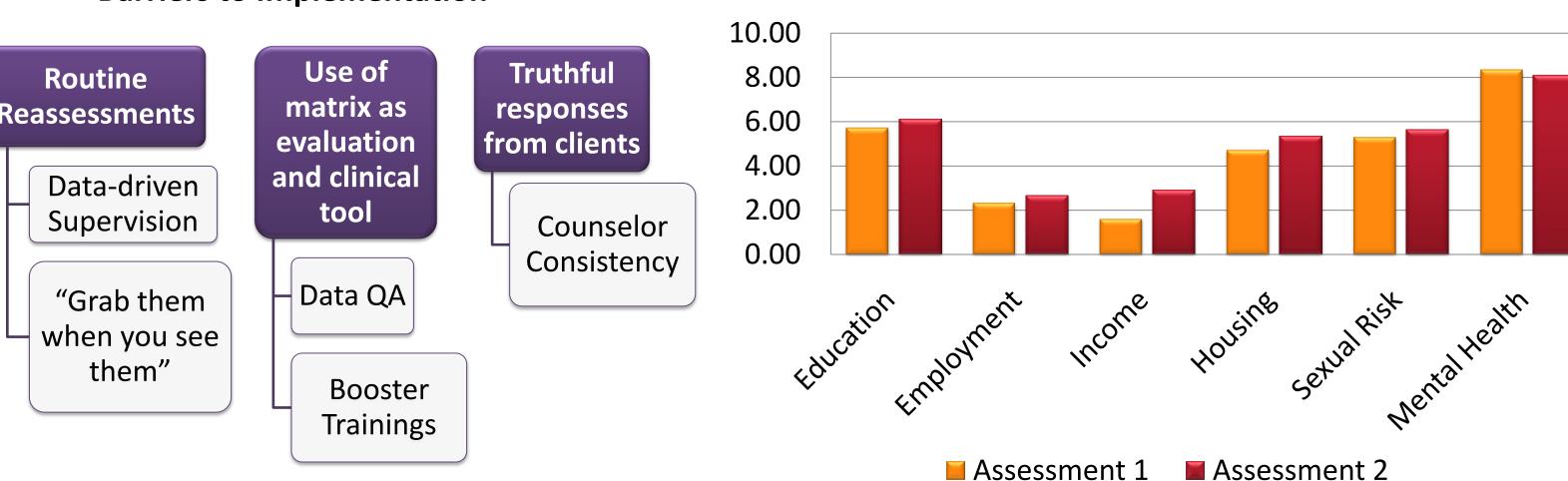
OUTCOMES MATRIX IMPLEMENTATION & PILOTING

- A pilot of the Outcomes Matrix was conducted in 2011 with 21 clients.
- Increases in mean scores were observed in 4/5 domains.

• Most clients had full benchmark shifts (e.g. from "Safe" to "Thriving" in 0-2 domains, with the highest number (8) occurring in Housing, followed by Income and Sexual Risk (6).

Changes in Mean Scores

Barriers to Implementation



CASE STUDY



	10/'11	9/'12
Education	7	7
Employment	3	1 8
Income	4	↑ 6
Housing	3	1 6
Sexual Risk	10	9
Mental Health	10	10

- When the client arrived at Harlem United he was homeless, HIV+, out of care. and unemployed.
- Prior to first Outcomes Matrix measurement, client received risk reduction counseling and connection to medical care.
- BMI referred the client to Harlem United's Access to Care program for assistance in HASA housing.
- The client received career development services through BMI's Volunteer Leadership program and résumé assistance from HOME staff.
- Client started job in March 2012 as an HIV Outreach worker with an NYC non-profit.

CONCLUSION

The Outcomes Matrix has proven to be an effective tool for prioritizing client needs and creating impactful service plans. To support the use and relevance of the Outcomes Matrix beyond initial piloting, BMI has:

- Continued to address challenges with ongoing training and monitoring of Outcomes Matrix by Clinician and Evaluator
- Re-configured score definitions in several domains to reflect age appropriate client characteristics

REFERENCES

- 1. New York City Department of Health and Mental Hygiene (NYC DOHMH). HIV Epidemiology and Field Services Semiannual Report. Vol. 3, No. 2, October 2008.
- The Matrix was adapted from the Family Outcomes Matrix by the Center for Applied Management Practices: National ROMA Peer-To-Peer-Training Program, Participant Manual, ROMA for Community Action Agencies and **CSBG**

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