Baltimore County Department of Health

**Integrating HIV Prevention Programs with STI/HIV Partner Services**

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Inter-bureau Collaboration

- Administrative Services
- Behavioral Health
- Community Health Services
- Clinical Services
  - STI Clinics
- Healthcare Access
  - HIV programs
  - Partner Services
- Prevention, Protection & Preparedness
  - STI Surveillance
  - Partner Services
Early Efforts

• Healthcare Access
  – Two part-time DIS (enhanced HIV)

• Prevention, Protection & Preparedness
  – Two DIS (syphilis)
Integration Services as of 2008

• Goal: Improve integration of services
  – STI/HIV/TB surveillance
  – Partner services (PS)
  – Clinical services
Disease Intervention Specialists

• DIS team
  – Two supervisors
  – Four DIS
    • Provide increase from 2 to 4 DIS
    • Provides added diversity to DIS – gender and race
    • Provide shared expertise in syphilis and HIV

• Weekly pouch reviews

• Weekly DIS case conference
Integration Of Services

• DIS Management of STI/HIV
  – Received technical assistance from DHMH to facilitate integration of DIS services across bureaus
  – Increased the number and diversity of DIS staff available to provide case finding, surveillance and partner services
  – Enhanced management of HIV/STI surveillance and partner services
Baltimore County’s Story

• In 2007, the Bureau of Healthcare Access piloted the co-location of a DIS within the HIV Case Management Program

• For the purpose of Case Managers to:
  – Increase their understanding of the role of DIS
  – Understand how PS could benefit their clients' and their client’s partners
  – Increase referrals to PS within the HIV Case Management Program
Story Continued

- Two employees from HIV Prevention and Outreach programs were sent to DIS school.
- In 2009, BCDH was awarded funding to hire two part time DIS to work directly in the HIV Case Management Program.
Motivating Factors

• Estimated that 25% of HIV positives are unaware of their status
• Despite all our efforts we were not increasing our newly identified persons living with HIV
• There were certain high risk populations with whom we were making little progress reaching, particularly MSMs
Challenges

• Baltimore County is a large jurisdiction
• There is no place to target high risk groups..no bars clubs …no entertainment hot spot
• Rates of new infection especially within the MSM community were on the rise
• The Department realized that MSM community did not see us as a resource
• CTR testing and HIV prevention efforts were not yielding newly diagnosed individuals within the high risk populations
Steps to Integration

- **Education** of all staff within the HIV programs on all their roles
- Case Management
- Sero Positive Clinic staff
- Peer Advocate
- CTR
- DIS
- Outreach
Understanding Roles

- A big factor in the success of this partnership was the co-location of DIS in the HIV program
- This helped to facilitate full integration of all the programs (from CTR to outreach to DIS to CM to linkage to care)
- There was full support at the administrative, management and service delivery levels
Primary Role of DIS

How can DIS help…

• Working with clients around disclosure issues
• Helping clients understand re-infection and exposure to other STIs
DIS/Case Manager Team

The key was collaboration

- The DIS develops a working relationship with the Case Management team
- DIS may attend Case Management team meetings.
- Upon request DIS will do mini-presentations and trainings to CM staff to increase CM buy-in, and comfort
How DIS Works with Clients

- Assess client’s immediate needs and his/her access to resources to meet those needs
- Ensure appropriate referrals are made for outreach, HIV medical care, and support services
- Conduct PS interview
- Renegotiate or reinforce the client’s plans for reducing risk
- Refer to HIV Outreach Program
Lessons for DIS

DIS learned the benefits of:

• Using Peer Advocates
• Facilitating linkage between DIS and CM through HIV Outreach Program
• Utilizing CM for on-going case services
HIV Case Managers’ Role

• Communicate the benefit of PS to the client
• Assimilate the value of PS to all clients on the CM caseload
• Encourage the participation of clients in PS process
• Refer clients early and often
Three Key Components to Success

• Dispelling the myth
• Building the trust
• Building the team
Dispelling The Myth

• Educate the Case Managers by DIS doing presentation to the staff sitting in on case conferences, accompanying them on field visits

• Facilitate a comfort level with CM, so they can help their clients accept partner services

• Referrals to PS benefits everyone!
Dispelling The Myth

- Case managers, and social workers in particular, are programmed to protect the confidentiality and trust of the client. This makes it particularly difficult to press a client to make contact with DIS.

- There is a belief that referring a client to PS would negatively impact the client.

- Working as a team, we can address needs across the whole continuum of care. The bottom line is that DIS leads people to testing, treatment, and care.
Building the Trust

• By DIS becoming a part of the team, it helped to build a trust among all staff within the HIV Programs; including prevention, outreach, and case management

• Mini DIS-101 with clinical staff of the STD clinics

• Role played an interview
Working as a Team

• Working as a team, we can address needs across the whole continuum of care

• DIS leads people to testing, treatment, and care

• The partnering of DIS and outreach staff increased our ability to target high risk persons and locate new individuals unaware of HIV status

• The clinic staff now has the DIS on speed dial
Working as a Team

• Once we began to work together as a team within HIV we began to reach out to other programs within the department

• DIS staff in PPP

• Clinical services: STD & Family Planning
Co-location

Importance of putting a face to the name and getting to know the DIS.

– Who is your local DIS?
– Do you trust him/her?
– DIS attended Case Management team meetings to discuss cases
– Learned information about clients from DIS they would otherwise not know
Secondary Gains

• Some unintended results--positive ones!
• Increased collaboration between:
  • DIS
  • CM staff
  • Outreach staff
  • CTR
  • STI Clinics
  • Family Planning Clinics
Advanced Integration
Collaborators

- DIS staff
- Peer Advocate
- HIV CTR staff
- CTR Outreach programs
- Clinical Services
- Baltimore County Detention Center
Where Are We Now

- Department-wide *Ask Screen Intervene Training*
- Annual department-wide diversity training
- Increased collaboration across the Department in the delivery of PS
- Increased uniformity in the delivery of PS
- Creation of a department-wide Partner Services Manual
- Increased access to the broader continuum of HIV services for persons living with HIV