

www.theHIMMproject.org

Quickie in the Club

You are 7 Minutes from Your Status

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Conflicts of Interest

There are no conflicts of interest to disclose.

Although this presentation refers to a specific HIV testing technology (Insti[®] by Biolytical) neither the presenter nor the presenter's agency receive compensation or have a financial interest in the product.

The HIMM Project

- **HIMM = High Impact Men's Movement**
- KC CARE Health Center (FQHC)
- 5 year grant which began in 2015, funded by the CDC (PS15-1502)
- HIV Prevention among MSM priority populations:
 - Black MSM ages 18 – 64
 - Latino MSM ages 18 – 64
 - White MSM ages 18 – 64

Overview

- What is The HIMM Project?
- The 7 Minute Quickie
- Getting to a Quickie
- Challenges
- Lessons Learned

The HIMM Team



Jonathon Antle
*Program
Coordinator*



Elmer Corado
*Prevention
Specialist*



Carter Stephenson
*Behavioral
Intervention
Specialist
(CLEAR)*

The HIMM Team



Russell Campillo
Peer Educator



Wes Warner
*Community
Health Worker
(PrEP Navigator)*

The HIMM Approach



The HIMM Approach

- Sex-Positive
 - We celebrate sexuality as a wonderful aspect of life which is important physically, mentally, and emotionally
- No judgement (sexual behavior, drug use, etc.)
- Focus on Education & Access to Services
- Respectful of Informed Choices
 - We view our role as ensuring clients are making informed sexual choices. We don't shame clients for making less healthy choices, such as not using condoms or having 50 sex partners over 12 months.
- Harm Reduction
 - A strategy that aims to reduce the harms associated with certain behaviors.

#Tested

We promote HIV testing as a normal thing to do every 3 months for MSM who are sexually active with multiple partners – it's like getting an oil change or a haircut.

- **Walk-In Testing**

- Monday – Friday

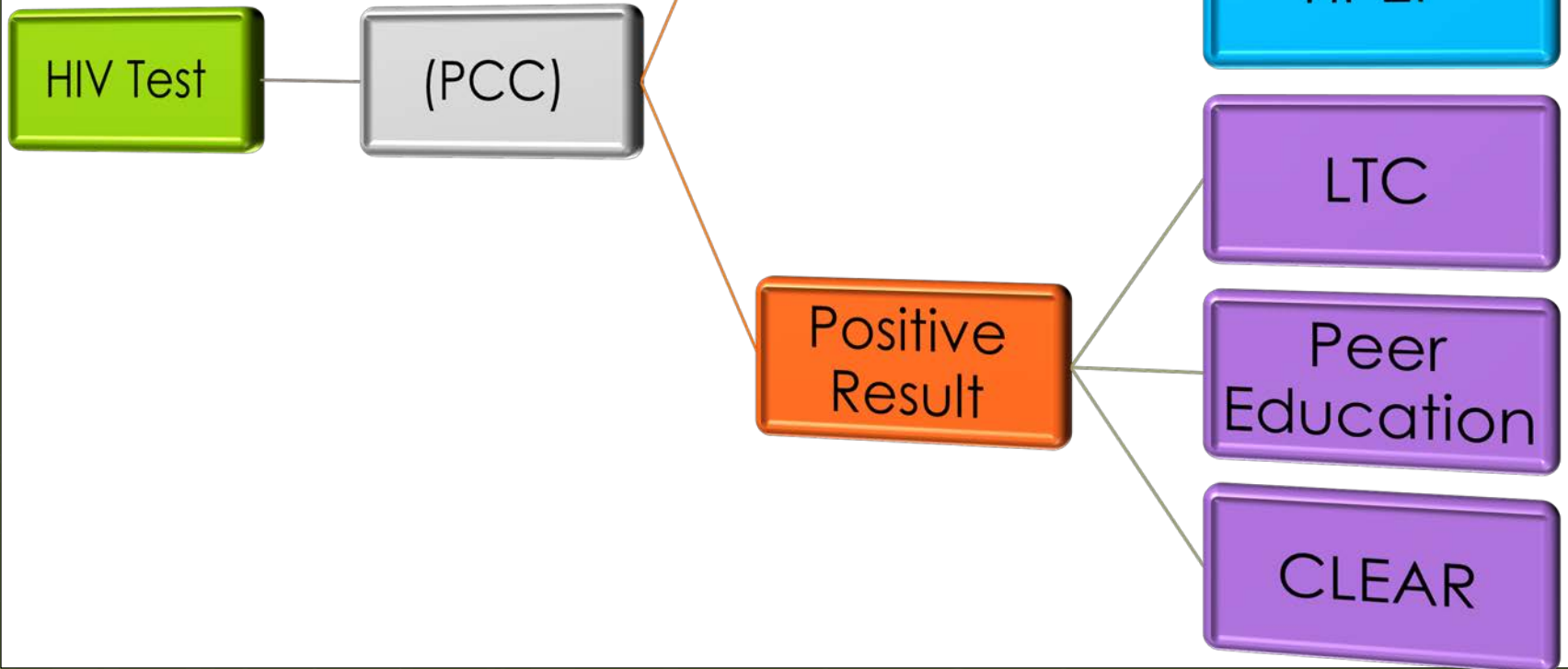
- **Outreach Testing**

- First Saturdays @ Hamburger Mary's "Bear Bust" 9p – 1a
- Second Sundays @ Missie B's 9p – 1a
- Fourth Fridays @ Woody's 10p – 1a
- Other community events throughout the year

- **Mobile Testing**

- Clients can text **816.663.9842** or contact us through Facebook or our website to arrange for a test **when** and **where** it's convenient and comfortable for them.
- **When** – anytime when a HIMM tester is available, including weekends and late nights
- **Where** – coffee shop, student union, library, client's home, McD's, etc.





The 7 Minute Quickie

- Increased outreach testing capacity by reducing the time from risk assessment to test results to an average of 7 minutes
- Outreach testing remains client-centered and still provides risk reduction counseling
- Reactive testers speak with a Linkage to Care (LTC) Case Manager within 20 minutes of receiving their results
- Peer Educator onsite
- PrEP Navigator onsite

Getting to a Quickie

- Testing Technology
- Risk Assessment partially self-filled by client
- Rearranged the testing steps

Testing Technology

- Insti[®] by Biolytical
- 60-seconds
- 3rd generation HIV test
- 21 day window period

*Disclaimer:
Neither KC CARE nor any
staff members receive
compensation or perks
from Biolytical*



Risk Assessment

- Front page is completed by client, with assistance from staff or volunteers
- Reduces time in the testing booth

HIV RISK ASSESSMENT – OUTREACH FORM			
CLIENT INFO			
Name: _____		Street Address _____	
Phone #: _____		City _____	
E-mail: _____		City _____	
Preferred method of contact? <input type="checkbox"/> Phone Call → <input type="checkbox"/> Text Message <input type="checkbox"/> E-mail <input type="checkbox"/> Can we leave a voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No		State <input type="checkbox"/> MO <input type="checkbox"/> Other: _____ <input type="checkbox"/> KS	Zip Code
Age	Birth Date	County <input type="checkbox"/> Jackson, MO (095) <input type="checkbox"/> Clay, MO (047) <input type="checkbox"/> Johnson, KS (091) <input type="checkbox"/> Platte, MO (165) <input type="checkbox"/> Wyandotte, KS (209) <input type="checkbox"/> Other:	
<input type="checkbox"/> 13 First Time Testing <input type="checkbox"/> 4 Tests regularly		Reason for HIV Test <input type="checkbox"/> 1 Condomless Sex <input type="checkbox"/> 8 New relationship <input type="checkbox"/> 14 Worrisome symptoms <input type="checkbox"/> 6 Other: <input type="checkbox"/> 5 Fulfill window period <input type="checkbox"/> 7 HIV+ partner <input type="checkbox"/> 3 Found out sex partner is HIV+	
DEMOGRAPHIC INFORMATION			
Insurance Do you have any kind of health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No → If NO, would you like us to contact you about your options for coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No → If YES, is it: <input type="checkbox"/> Private <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> Military <input type="checkbox"/> ACA		Relationship Status <input type="checkbox"/> Single <input type="checkbox"/> Dating → If Dating or Married, how long? → Married → _____ months _____ years	
Sex at Birth <input type="checkbox"/> Male <input type="checkbox"/> Declined <input type="checkbox"/> Female <input type="checkbox"/> Not Asked	Hispanic or Latinx Ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> Not Asked <input type="checkbox"/> Don't Know <input type="checkbox"/> No <input type="checkbox"/> Declined	Sexual Orientation <input type="checkbox"/> Straight <input type="checkbox"/> Bisexual <input type="checkbox"/> Asexual <input type="checkbox"/> Other <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Unsure	Female Clients Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> MTF <input type="checkbox"/> Female <input type="checkbox"/> FTM <input type="checkbox"/> Trans—Unspecified <input type="checkbox"/> Other <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked	Racial Identity (select all that apply) <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Declined <input type="checkbox"/> Black/African-American <input type="checkbox"/> Other Asked <input type="checkbox"/> Asian <input type="checkbox"/> Other Not Answered <input type="checkbox"/> Native HI/Pacific Islander <input type="checkbox"/> American Ind./AK Native <input type="checkbox"/> Multiple Races <input type="checkbox"/> Other	STI History Year Year <input type="checkbox"/> 1, Warts (HPV) _____ <input type="checkbox"/> 1, Trich. _____ <input type="checkbox"/> 1, Gonorrhea _____ <input type="checkbox"/> 1, Herpes _____ <input type="checkbox"/> 1, Chlamydia _____ <input type="checkbox"/> 1, Hepatitis A _____ <input type="checkbox"/> 1, Syphilis _____ <input type="checkbox"/> 1, Hepatitis B _____ <input type="checkbox"/> 1, Other _____ <input type="checkbox"/> 1, Hepatitis C _____ <input type="checkbox"/> None	Safety Concerns In the past twelve months, have you been physically, emotionally, or mentally abused by a partner? <input type="checkbox"/> Yes <input type="checkbox"/> No In the past twelve months, have you been forced to have sex when you did not want to by a partner? <input type="checkbox"/> Yes <input type="checkbox"/> No
Rapid HIV Testing Process & Consent			
<i>By signing below, I give my consent to the Kansas City CARE Clinic and its partners to obtain specimens to perform tests for HIV, Hepatitis C, Chlamydia, Gonorrhea, & Syphilis. I freely accept the medical and laboratory services provided to me. I understand that this testing is confidential and that results will be provided at the completion of the testing session, unless informed otherwise. I acknowledge that I was offered a copy of the Kansas City CARE Clinic Privacy Standards Notice of Health Information Practices. I consent to & understand that this testing process could involve multiple steps, outlined below:</i>			
HIV Testing Process			
An initial screening for HIV antibodies or antibodies/antigen: • Rapid (Finger Prick) testing results are available within 1-20 minutes • Conventional (Blood Draw) testing results are available within 2 weeks			
Non-Reactive Test Result (Negative)		Reactive Test Result (Positive)	
This result indicates that antibodies or antigen reacting to an HIV infection were not detected at the time of this HIV test		This result indicates that antibodies or antigen reacting to an HIV infection were detected at the time of this HIV test	
Today's test result may prompt me to be contacted for future testing or for referral to other KC CARE staff for additional services or support.		A Linkage to Care Coordinator who specializes in helping those newly diagnosed with HIV gain access to medical care will meet with me. A sample of my blood will be drawn to confirm HIV infection by lab testing.	
If my confirmatory test is positive:			
This means that I have acquired HIV. I may be eligible to access medical care, Ryan White case management, and other health and social services. My results and contact information will be reported to the Kansas City, MO Health Department and the Missouri Department of Health and Senior Services, as required by law.			

➤ _____
Client Signature

_____ Date

➤ _____
Counselor Signature

_____ Date



Show previous page (Left Arrow)

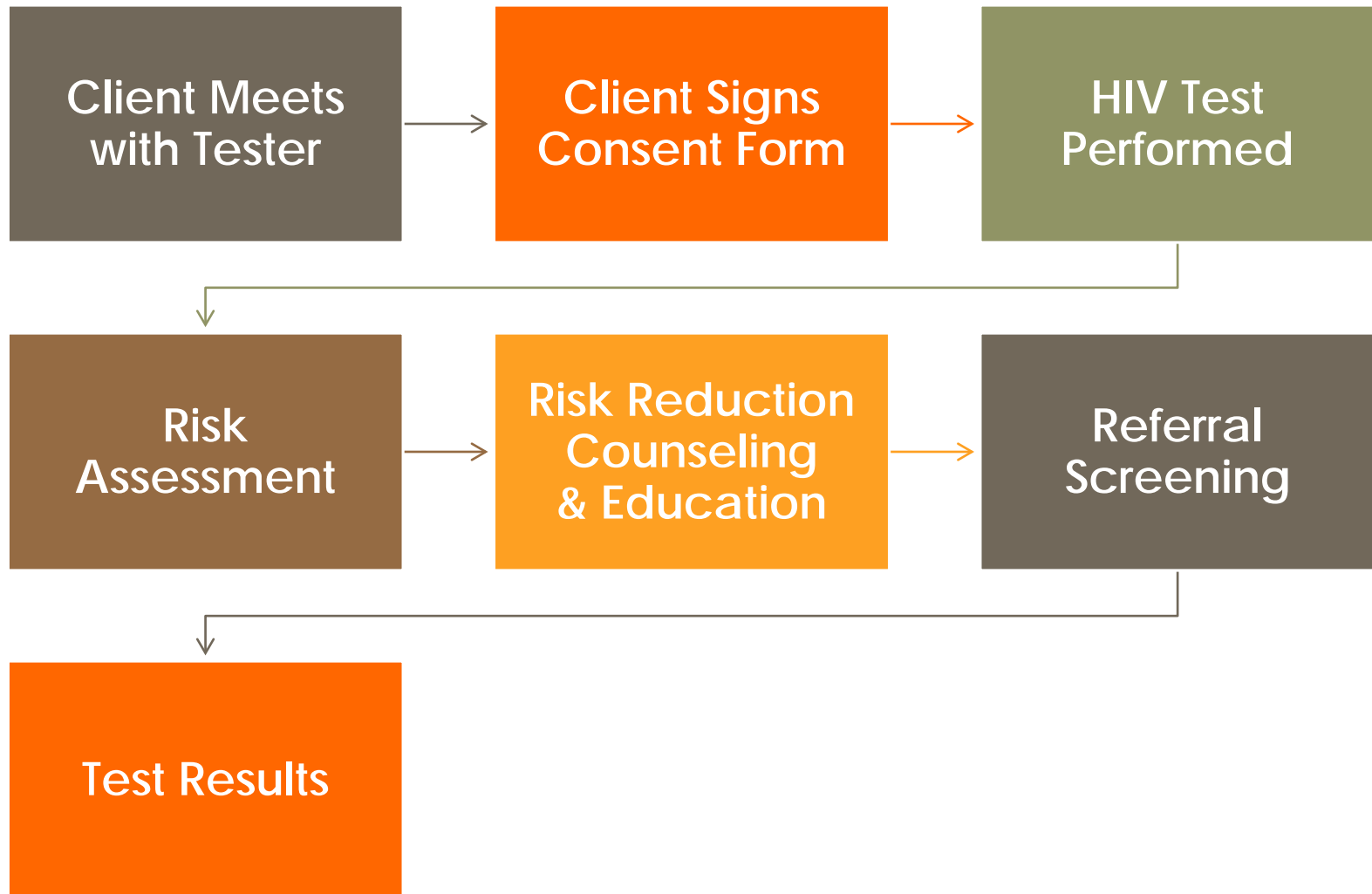
OUTREACH FORM

Risk Assessment

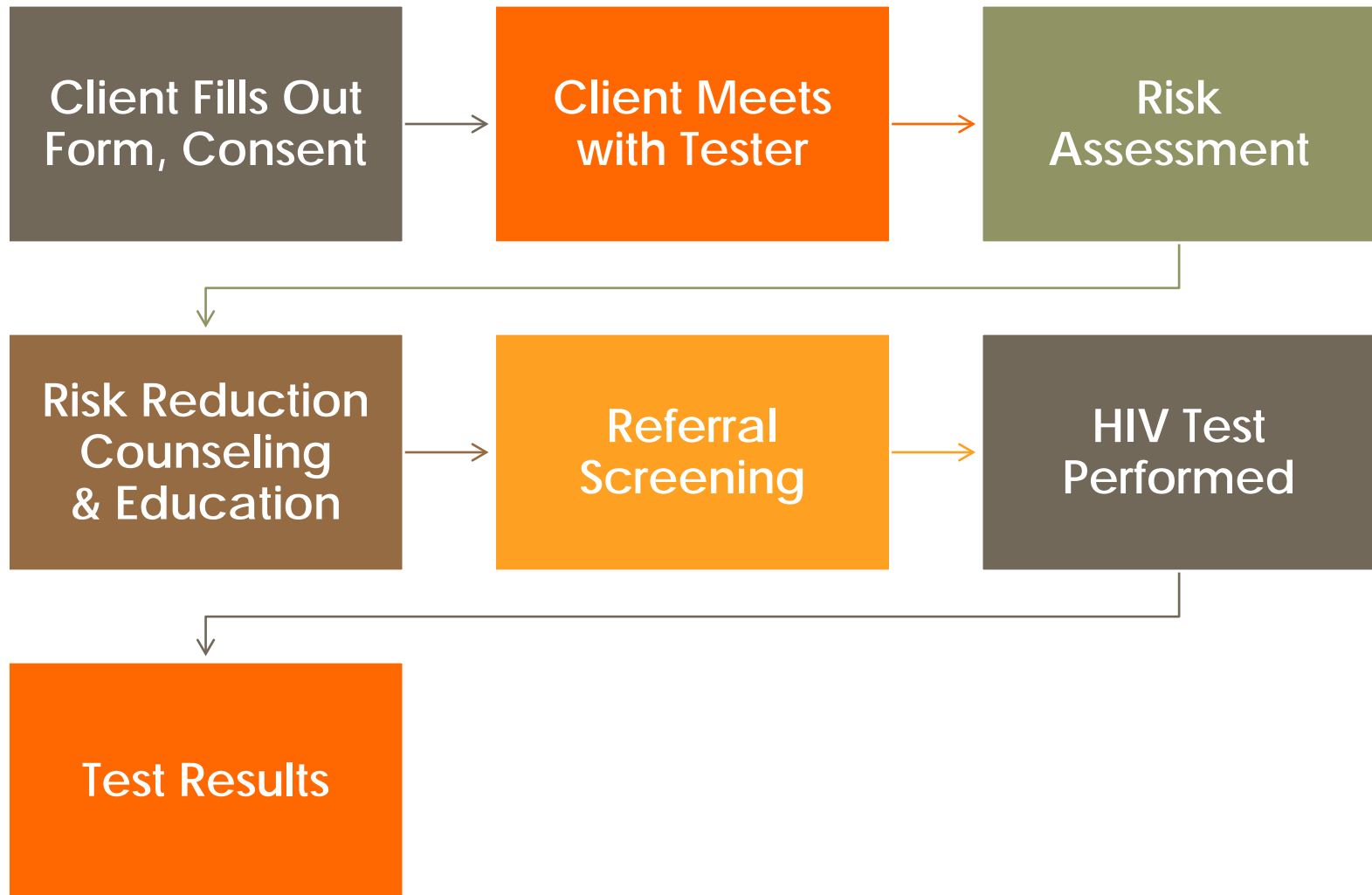
- Back page is completed by testing counselor once session begins

HIV TESTING HISTORY			
Have you ever tested for HIV before? <input type="checkbox"/> Yes → → → → → → → → <input type="checkbox"/> No (skip to next section) <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked		Last HIV Test Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Preliminary Positive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Unknown <input type="checkbox"/> Declined When were you last tested? <input type="checkbox"/> 0-3 months <input type="checkbox"/> 4-8 months ago <input type="checkbox"/> 7-12 months <input type="checkbox"/> Over 1 year Date of Last HIV Test: _____ Number of HIV tests in the past 2 years? _____	
SEXUAL BEHAVIOR – PAST 12 MONTHS ONLY			
Number of Sex Partners? (anal, oral, and/or vaginal)	With cisgender men? <input type="checkbox"/> Yes <input type="checkbox"/> No Yes No (?) Circle Below Oral <input type="checkbox"/> <input type="checkbox"/> Gave Received Both Anal <input type="checkbox"/> <input type="checkbox"/> Top Bottom Both Vaginal <input type="checkbox"/> <input type="checkbox"/>	With cisgender women? <input type="checkbox"/> Yes <input type="checkbox"/> No Yes No (?) Circle Below Oral <input type="checkbox"/> <input type="checkbox"/> Gave Received Both Anal <input type="checkbox"/> <input type="checkbox"/> Top Bottom Both Vaginal <input type="checkbox"/> <input type="checkbox"/>	With Transgender? <input type="checkbox"/> Yes <input type="checkbox"/> No Yes No (?) Circle Below Oral <input type="checkbox"/> <input type="checkbox"/> Gave Received Both Anal <input type="checkbox"/> <input type="checkbox"/> Top Bottom Both Vaginal <input type="checkbox"/> <input type="checkbox"/>
Condom / barrier use percentage: Oral <input type="checkbox"/> Vaginal <input type="checkbox"/> Anal <input type="checkbox"/>	If yes to Anal or Vaginal: Yes No (?) without a condom <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> with an Injection Drug User <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> with an HIV+ partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If yes to Anal or Vaginal: Yes No (?) without a condom <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> with an Injection Drug User <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> with an HIV+ partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If yes to Anal or Vaginal: Yes No (?) without a condom <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> with an Injection Drug User <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> with an HIV+ partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Yes No Did you have sex... <input type="checkbox"/> <input type="checkbox"/> while high / intoxicated (drugs or alcohol) [02] <input type="checkbox"/> <input type="checkbox"/> in exchange for drugs/money/ something you needed [01]	Date of last condomless Anal or Vaginal sex: _____	Date of last condomless Anal or Vaginal sex: _____	Date of last condomless Anal or Vaginal sex: _____
Yes No Have you had sex with... <input type="checkbox"/> <input type="checkbox"/> someone of unknown HIV status [04] <input type="checkbox"/> <input type="checkbox"/> someone who exchanges sex for drugs/money [04] <input type="checkbox"/> <input type="checkbox"/> an "anonymous" partner [04]	Female clients: Were any of your male partners known to have sex with other men? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Have you ever injected drugs? <input type="checkbox"/> No <input type="checkbox"/> Yes → When was the last time you injected? → Have you shared injection equipment in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Have you ever been incarcerated? <input type="checkbox"/> No <input type="checkbox"/> Yes → Did you engage in any of these activities while there? <input type="checkbox"/> Sex <input type="checkbox"/> Injection drug use <input type="checkbox"/> Tattoo <input type="checkbox"/> None of these	
Risk / PrEP / PEP			
Is client at HIGH risk for HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Assessed	Have you heard of PrEP before? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently taking PrEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you interested in starting PrEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you heard of PEP before? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever taken PEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Should client be referred to PEP today? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SESSION ACTIVITIES (Information discussed)			
<input type="checkbox"/> HIV Transmission [08.01] <input type="checkbox"/> Other STDs [08.03] <input type="checkbox"/> Sexual Health [08.22]	<input type="checkbox"/> Sexual Risk Reduction [08.10] <input type="checkbox"/> Condom/Barrier Use [08.13] <input type="checkbox"/> Postpone Sexual Activity [08.02]	<input type="checkbox"/> Negotiation/Communication [08.14] <input type="checkbox"/> Decision Making [08.15] <input type="checkbox"/> Viral Hepatitis [08.04]	<input type="checkbox"/> Alcohol/Drug Use Prevention [08.21] <input type="checkbox"/> IDU Risk Reduction [08.11] <input type="checkbox"/> Other [8]:
SERVICES & REFERRALS (code: 04.00) <input type="checkbox"/> NO SERVICES/REFERRALS GIVEN			
	Referred	Provided	Referred
Condoms/SSKs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large/XL Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latex-Free Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening for STIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening for HCV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening for Hep A/B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening for TB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PrEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nPEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle Exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug/Alcohol Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex Ed, including HIV 101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			General Medical Care <input type="checkbox"/> Well Women Care <input type="checkbox"/> Dental Care <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> Dietary Management <input type="checkbox"/> Other: <input type="checkbox"/> <input type="checkbox"/>
			Volunteer (KCCC) <input type="checkbox"/> SMS Recruiter (HIMM) <input type="checkbox"/> CAB (HIMM) <input type="checkbox"/>
HIV TESTING RESULTS			
Counselor Signature	HIV Test Used	HIV Results	Result Date
<input type="checkbox"/> Clearview (90 day window period) <input type="checkbox"/> Determine (16 day window period) <input type="checkbox"/> Insti (21 day window period) <input type="checkbox"/> Venipuncture/Conventional	<input type="checkbox"/> Negative/Non-Reactive <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Invalid* <input type="checkbox"/> Indeterminate* <input type="checkbox"/> No Result	<input type="checkbox"/> Negative/Non-Reactive <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Invalid* <input type="checkbox"/> No Result	Start Time End Time Result Provided <input type="checkbox"/> Yes <input type="checkbox"/> No If not provided, why? <input type="checkbox"/> Didn't Return/Couldn't Locate <input type="checkbox"/> Declined Notification <input type="checkbox"/> Provided by another agency <input type="checkbox"/> Other:
HIV Lot #:	HIV Exp:	Suggested Retest Date	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other:
IF HIV POSITIVE: Client already in HIV medical care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Asked <input type="checkbox"/> Declined LTC Case Manager:			
OTHER TESTING			
HCV Test Performed <input type="checkbox"/> Declined <input type="checkbox"/> Not Offered <input type="checkbox"/> Provided	HCV Results <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Reactive <input type="checkbox"/> Invalid*	*Repeat HCV Test Result <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Reactive	STI Testing Today <input type="checkbox"/> Declined <input type="checkbox"/> Not Offered <input type="checkbox"/> Syphilis: Q/I <input type="checkbox"/> Fingerstick <input type="checkbox"/> G/C: Ovarine Oropharyngeal Orectal
HCV Lot #:	HCV Exp:	Suggested Retest Date	HCV Linkage to Care: <input type="checkbox"/> CHW Referral <input type="checkbox"/> Gen Med Nurse
Intervention ID 4084639 Agency ID 14276 Folder Number	Testing Site Site Name: <input type="checkbox"/> KC CARE <input type="checkbox"/> Other: Zip Code: <input type="checkbox"/> 64111 <input type="checkbox"/> Other: County: <input type="checkbox"/> Jackson <input type="checkbox"/> Other:	Site Type <input type="checkbox"/> CATS Clinic <input type="checkbox"/> Church <input type="checkbox"/> <input type="checkbox"/> Public Space <input type="checkbox"/> Bar/Club <input type="checkbox"/> <input type="checkbox"/> School <input type="checkbox"/> Shelter <input type="checkbox"/> <input type="checkbox"/> Residence <input type="checkbox"/>	Test Type <input type="checkbox"/> Confidential Test <input type="checkbox"/> Anonymous Test (in clinic) <input type="checkbox"/> Test Not Offered <input type="checkbox"/> Declined Testing
Client ID Number (CDC grant or anonymous testing)			CDC Program <input type="checkbox"/> HIMM (PS15-1502 B) <input type="checkbox"/> Gen-CDC (PS12-1201)

Typical Testing Steps



Rearranged Testing Steps



The test is at the end?!

- Improved testing sessions
- Clients less distracted and anxious
- Increased client engagement during risk assessment and client counseling
- More focused conversations

Non-reactive Testers

- Clients receive test result documentation
- Connected to onsite PrEP Navigator
 - Increased engagement with PrEP Navigation when introduced in person
 - May be able to schedule appointment

Reactive Testers

- Clients receive test result
- Testing counselor discusses LTC process and immediate next steps with client
- Testing counselor pages LTC
 - Housed at KC CARE Health Center
 - 24-hour LTC pager 362 days a year throughout KC Metro
 - 20 minute response time

Linkage to Care (LTC)

- LTC speaks with client over phone to gather basic information, assess client state, and check jurisdiction's database for previous diagnosis
- LTC travels to outreach location to meet client in person, unless client declines
 - Begins enrollment for case management
 - Sets appointment for confirmatory testing
- If client declines in-person meeting, LTC sets an appointment to meet the client within 2 business days when possible

Peer Educator Onsite

- Outreach for previously-diagnosed clients
- Provides “triage” support for newly-diagnosed clients while waiting for a return call from LTC and/or while waiting for LTC to arrive at testing venue
- Contacts all newly-diagnosed clients within 2 business days to engage them with Peers, regardless of testing site

Challenges

- The usual suspects: stigma, fear of result, substance use, and crowded spaces
 - The HIMM Project's approach and rapport with the community have helped!
- Integrating HCV testing
 - 20-minute test

Lessons Learned

- Time matters
 - Clients come to social spaces to socialize or have fun. They don't want to use 20-30 minutes of their social time for testing.
- Onsite Peer and PrEP Navigator increases client follow through for referrals
- Detailed PrEP training for testing counselors has increased PrEP referrals
- Always set up 2 testing booths in case of a reactive test

Lessons Learned

- Community buy-in is imperative
 - Don't "invade" spaces
 - Build trust to get the invite
 - Venues or community groups are the best promoters
- Community volunteers from the priority population helps with engagement
- Reflect the mood of the space
 - Leather events vs LGBTQ+ Prom

Lessons Learned

- Messaging matters
 - Overtly sex-positive messaging, especially in sexually-charged spaces
 - Fact-based messaging builds trust
 - If you judge, you're judged
 - Practice harm reduction
- Insti[®] is cool!
 - Clients think it's a little chemistry set 😊

Connect with us!

 [theHIMMproject](https://www.facebook.com/theHIMMproject)

 [@theHIMMproject](https://www.instagram.com/theHIMMproject)

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