

# **Keeping Youth in Care -Horizons-**

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**Nikki Cockern, PhD, Psychologist**

**Horizons Project**

**Children's Hospital of Michigan/Wayne State  
University**

**Detroit, MI**

**[scockern@med.wayne.edu](mailto:scockern@med.wayne.edu)**

**[www.peds.med.wayne.edu/horizons/](http://www.peds.med.wayne.edu/horizons/)**

**On behalf of Clinical Care Team**

# The HIV Epidemic—A Snapshot

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In the United States there are 1.1 million people living with HIV/AIDS (46% are African-American)

- 20,000 new cases each year among persons ages 13-24

In Michigan there are ~18,800 cases of HIV/AIDS

- 12,070 (66%) cases are in the Detroit Metropolitan Area (DMA)
- 10,820 (58%) cases are among African-Americans (statewide)

# Local Epidemiology

## □ In Michigan

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- Most of new diagnoses have been among African American youth with MSM most frequently reported as risk category (61%) among persons 13-24
- There has been a steady increase in the number of new diagnoses among persons 13-24 (N=3,230)
- In the DMA, 2,050 persons living with HIV are 13-24
- In Detroit, 24% of new diagnoses were 13-24 (whereas in Southeast MI, 17% were in this age group)

From Annual Review of HIV Trends in SE Michigan (May 2010); 2010 Profile of HIV/AIDS in the Detroit Metro Area new diagnosis among this group is still increasing; most significantly among African-American MSM

# Horizons Project

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## □ Horizons Project

- Dedicated to providing HIV prevention services to at-risk youth and direct care services to adolescents and young adults living with HIV (ages 13-24)
- Has continued to grow as the only comprehensive HIV/AIDS program in Michigan focusing on youth
- Wayne State University School of Medicine (WSU) and the Detroit Medical Center (DMC) serve as fiduciaries.

# Staff Acknowledgement

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**Director of Medical Service and Research:** Elizabeth Secord, MD

**Consultant for Psychological Services and Research:** Sylvie Naar-King, PhD

**Director of Prevention Services:** Angulique Outlaw, PhD

**Manager of Clinical & Prevention Services:** Monique Green Jones, MPH

**Clinical Manager:** Nikki Cockern, PhD

**Clinical Nurse Practitioner:** Debbie Richmond, NP

**Clinical Social Worker:** Joyce Alexander, LMSW

**Care Coordinator:** Linda Hyter

**Peer Advocates:** Terry Pross, Amanda Waterman

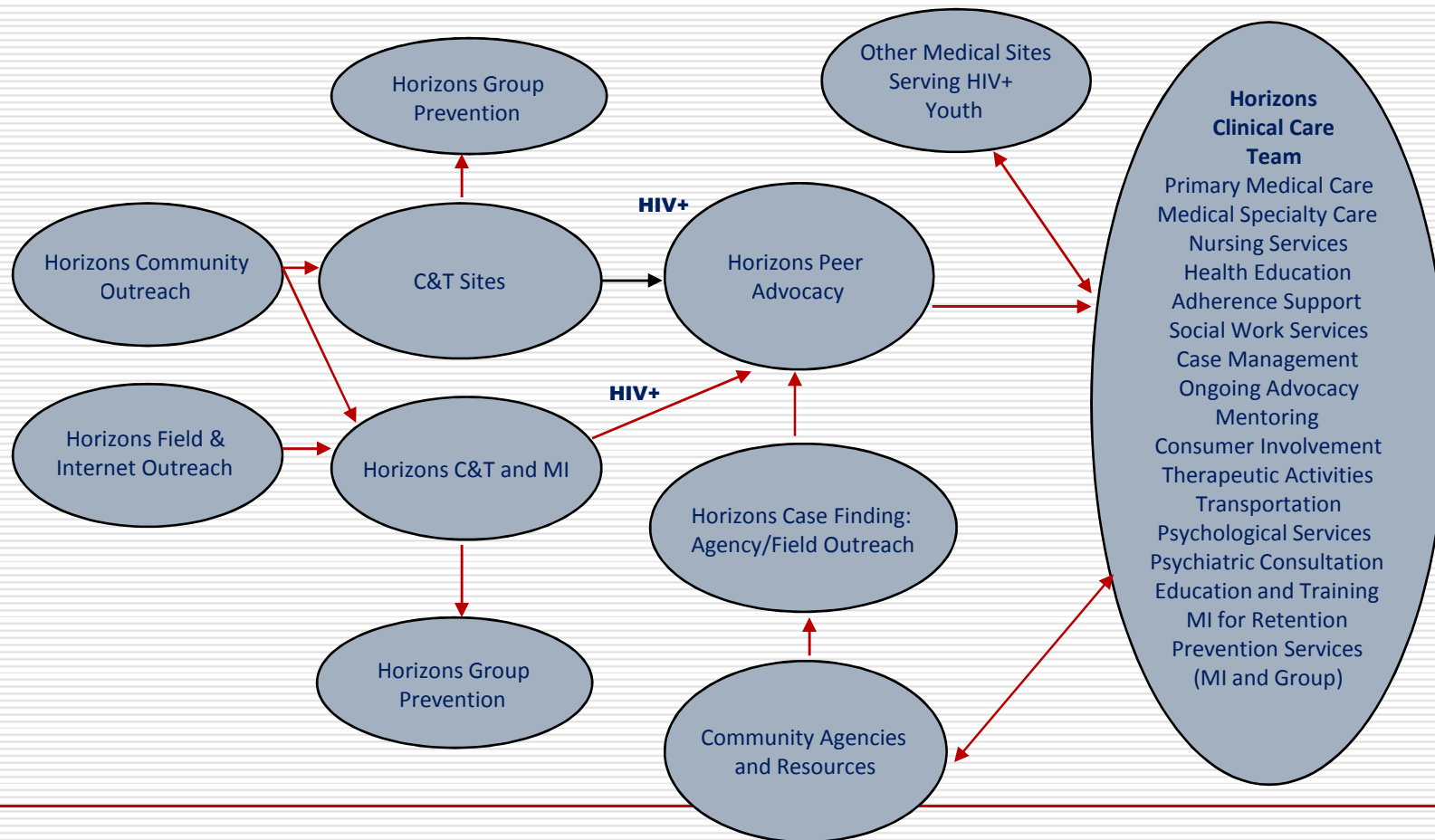
**Adolescent Consultant:** Jessica Daniel, MPH

**Outreach and Prevention Coordinator:** Dwain Bridges

**Outreach workers:** Raynard Campbell/Terrance Terry

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# Horizons Project's Comprehensive Continuum of Care



# Horizons Project Demographics

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## □ Clinical Care

- Behavioral/Horizontal Transmission (N=75%), Perinatal (N=25%)

- 2009

- 194 youth medically (143 males, 51 females); 48 new and 93% African-American

- 101 youth identified as MSM (71%)

- 2010

- 147 youth medically (100 males, 43 females, 4 transgender, 95% African-American); 25 newly diagnosed

- 91%YMSM

## Demographics contd

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### □ Prevention & Outreach

- 2009
    - 365 youth received HIV C&T (90% MSM; 96% African-American)
  - 2010
    - 94 youth received HIV C&T (93% MSM; 98% African-American)
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# Clinical Care Services

## “One Stop Shopping”

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### **Direct care services (Multi-disciplinary)**

- Primary medical care—(access to clinical trials)
    - Physician, nurse practitioner, psychologist, social worker, case manager, psychiatric nurse, client services liaison/youth advocate
  - Medical Specialty Referrals
  - Advocacy & Risk Reduction
  - Case management
  - Mental health/psychiatric consultation
  - Coordination of care
  - Nursing
    - Community site for delivery of psychosocial services
    - Treatment Adherence Program
    - Transportation, health education, treatment adherence, mentoring, support groups (Jam sessions) and therapeutic activities
    - Promote consumer involvement
    - Advocates assist youth in enrolling and remaining in care
    - Motivational Interviewing is offered program-wide
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# Who doesn't return?

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- Higher VL, lower CD4s
  - Additional adherence issues
  - Not on meds
  - Avoidance and issue with status
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# Why don't they come?

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Key reasons:

- Low or inadequate social support
  - Competing priorities structure
  - Limited problem solving and communication skills
  - Survival mode
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# Retention Measure

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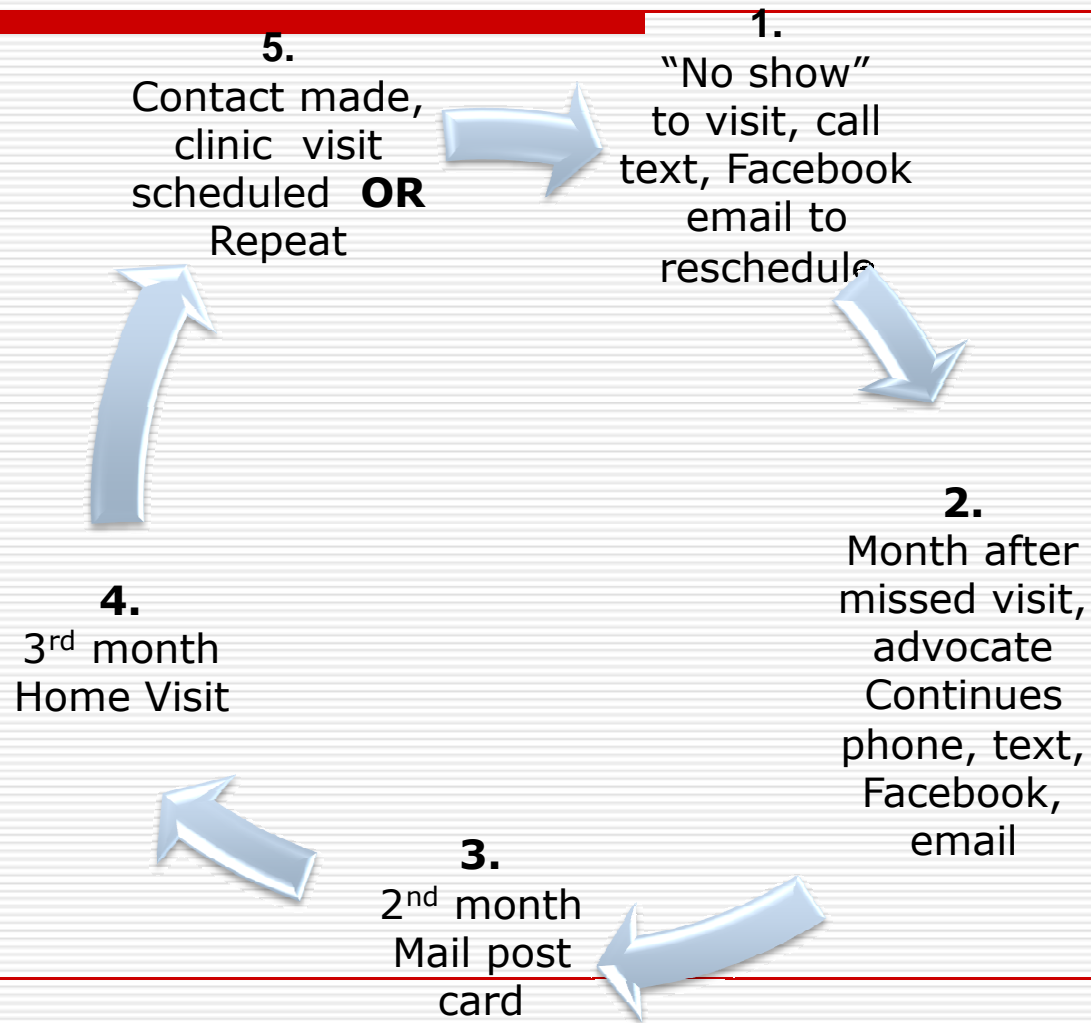
- HIVQUAL retention measure
    - 2008 = 95%
    - 7/1/08-6/30/09 = 98% or 2-3 patients
    - 7/1/09-6/30/10 = 94% or 10 patients
  
  - Difficulty quantifying no show rate due to multiple appointments
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# Issues in Retaining Youth

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- ❑ Multiple interventions to maintain contact
  - ❑ Circumstances can change daily
  - ❑ Health is not a priority
  - ❑ Developmental concerns
  - ❑ Enormously challenging to get them to show 2/year
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# L2FU Program Protocol



# Past Learnings

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## Youth contacted

- prior to appointment and confirmed,
- during missed appointments and
- as soon as possible after missing appointments

are more likely to reschedule and attend next appointment.

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# Youth Tracking Log

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List of youth who miss at least one appointment.

Taken off list if next appointment kept.

Updated and reviewed at

- Weekly clinical team meeting and
  - Monthly for in depth discussion during clinical team meeting
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# Past QI Project Learnings

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Of 68 youth (Jan-Aug 09) listed as missed appointments, 38 or 56% returned to care,

- Home visits did not yield significant return to care (4 out of 11 or 36% returned)
  - 34 returned (89% of the 38)
    - Phone calls (if timely and frequently)
    - Added texting, email, and Facebook
  - 30 still being pursued
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# Effectiveness of Social Media

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- ❑ Texting (about 30-40%)
  - ❑ Facebook (about 30%)
  - ❑ Email (about 2%)
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# Shifting Responsibility to Youth

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- Use of motivational interviewing to decrease number of youth who miss appointments
    - Discuss barriers
    - Problem solve ways to address barriers
    - Increase motivation to take care of their health and to keep appointments
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## PDSA 2: October 09 – July 2010

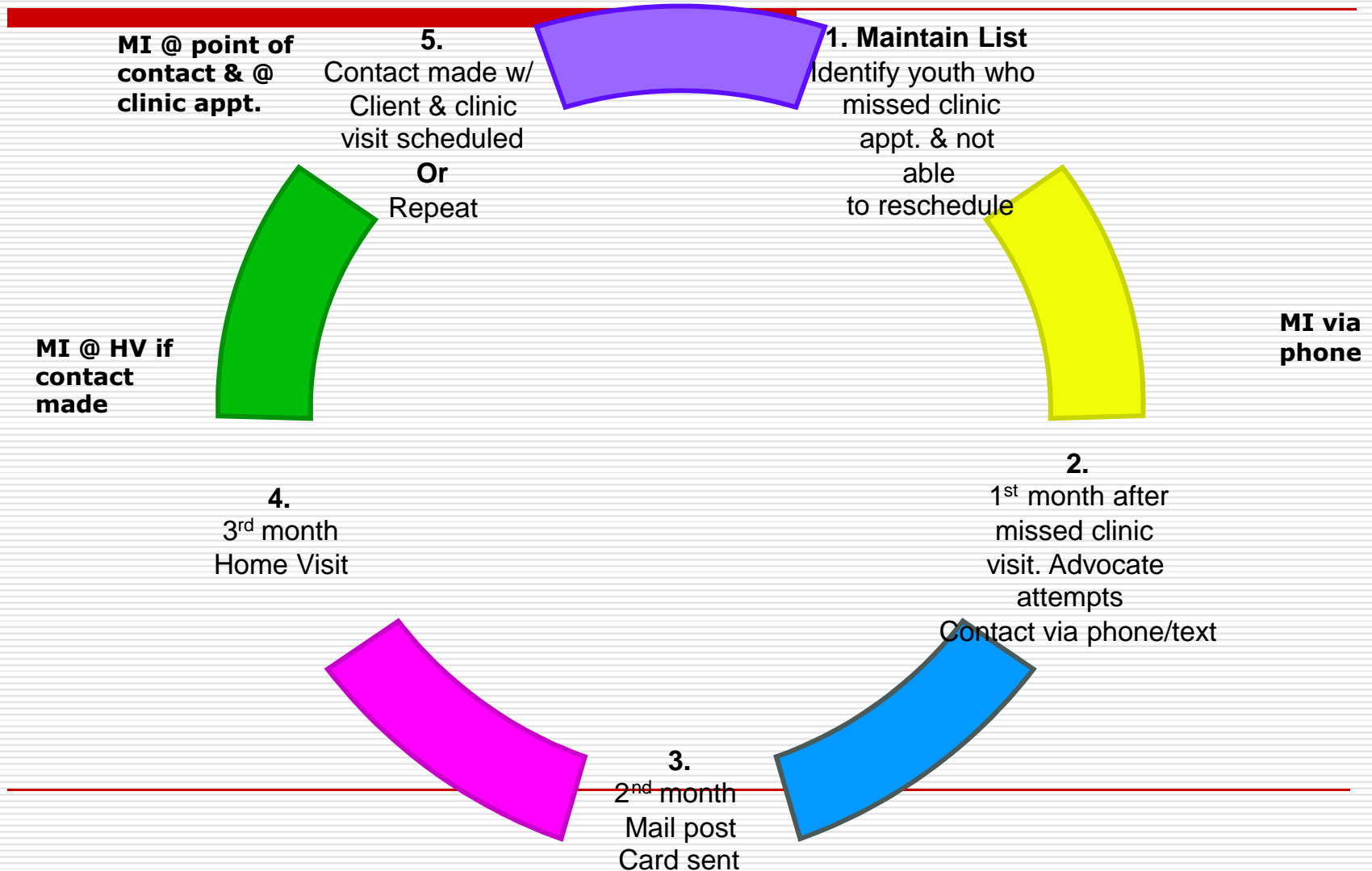
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- ❑ Total number of youth: 153
  - ❑ 80 Youth on Tracking List since Oct 1<sup>st</sup> (or 52% of youth miss at least one appointment during 10 month period)
  - ❑ Motivational Interviewing (MI)
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### Improvement Process-Missed Appointment Process

Youth who have missed a scheduled medical clinic appointment, without contacting team and scheduling another within 30 days.  
List Prioritization

1. Clients who missed their clinic appointment within the first month (21-30) days and have not rescheduled
2. Clients who have not attended a clinic appointment in 2-6 months
3. Clients who have not attended a clinic appointment in 6-12 months



# Reduce Number on List and Repeaters on List

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- ❑ 80 = Total number of youth on tracking list since October
  - ❑ 47 Motivational Interviewing
    - 91.4% or 43 kept appointments and are not on current list
  - ❑ Of 33 who didn't get MI
    - ER (3), moved/removed from list (2), care elsewhere (6), incarcerated (2), not ready to come in (2), located and pending appointments (9) in 2-3 weeks, can't find (9 - 2 need confirmation for out of state, 7 no information)
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# Current List

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- Total number: 25
    - 4 on current list had MI (2 seen at recreational activity and have appointments, 2 by phone and have appointments- actually came on 8/16)
    - 9 pending appointments
    - 10 can't find
    - 2 not ready to come in
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# Summation: To retain Youth

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- ❑ Maintain Youth Tracking Log
  - ❑ Contact youth to
    - confirm before appointments,
    - if missed then during appointments or as soon as possible after missed appointment
  
  - ❑ Continue use of
    - Social media: texting and facebook
    - Motivational Interviewing integrated into calls, home visits, and clinical appointments
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# Contact Information

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□ For further information, contact:

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