

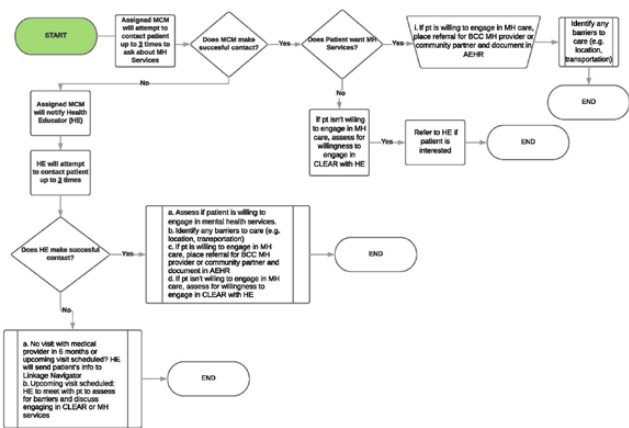
Background. Kentucky sits at the epicenter of the HIV epidemic in the United States and harbors 54 of the top 220 HIV/HCV outbreak vulnerable counties in the United States; 44 of which are served by the Bluegrass Care Clinic at the University of Kentucky. Understanding the barriers to care at the frontlines of the epidemic is of critical importance in the work toward the eventual elimination of HIV in the United States and elsewhere.

Methods. The Bluegrass Care Clinic has achieved viral suppression in 90% of the HIV-positive patients enrolled in care. Given the catchment area served by this clinic, however, the unsuppressed 10% of patients likely represent the tip of an iceberg of undiagnosed patients or those lost to care from remote and at-risk communities. We developed a quality improvement project to specifically review the barriers to achieving viral suppression in this subset of patients in our clinic. Additionally, we developed an outreach algorithm for patients identified as having comorbid mental health issues to increase engagement in both HIV and mental healthcare.

Results. We found that nearly 45% of virally unsuppressed patients in our clinic had comorbid mental health disease and 30% had substance use disorders. Female sex was associated with being unsuppressed ($P = 0.003$); however, age and race were not predictive. Of the patients identified as having mental health barriers to care, 58% were able to be contacted using our outreach algorithm and 58% of these patients accepted referral into a mental health service. In this first 12 months of this program 26% of these patients achieved viral suppression and an additional 18% had substantial decreases in their viral loads.

Conclusion. This preliminary report highlights the importance of identifying and addressing barriers to care. Comorbid mental disorders have consistently been associated with greater difficulties in achieving viral suppression. We present an effective and successful program for engaging patients in mental healthcare using an interdisciplinary outreach program that is designed to be generalizable. These data set the stage for reaching the missing subset of patients who are not currently engaged in HIV care, a critical next step for universal test and treat and 90/90/90 strategies.

MENTAL HEALTH REFERRAL PROCESS



Disclosures. All authors: No reported disclosures.

1327. Correlates of Need for Ancillary Service Referrals Among Persons Receiving HIV Care in New York City: Findings From the Medical Monitoring Project

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Friday, October 4, 2019: 12:15 PM **Background.** Retention of people with HIV (PWH) in HIV care is essential for optimal health outcomes. Unmet needs for ancillary services, such as housing, food, transportation, or mental health services may pose barriers to sustained retention in HIV care.

Methods. A representative sample of people with HIV (PWH) aged ≥18 years and receiving HIV care in NYC between 2015 and 2016 was interviewed for the Medical Monitoring Project (MMP). Questions attempted to identify needs for ancillary services among participants. We explored correlates of expressed needs for ancillary services in the 12 months prior to the interview date.

Results. Of 654 PWH interviewed, 650 (99%) were current with HIV care. Of these, 323 (50%) expressed a need for ancillary services. Among the 323 PWH expressing needs, 209 (65%) were males, 163 (50%) were non-Hispanic blacks, 118 (37%) were Hispanic, and 111 (35%) were individuals identifying as gay (26%) or lesbian (9%). The median age was 50 [interquartile range (IQR) 40–58 years].

In the multivariate model, non-Hispanic blacks (OR: 2.5; 95% CI: 1.4, 4.6) and Hispanics (OR: 2.5; 95% CI: 1.4, 4.7) had higher odds than whites of expressing current needs for ancillary services. A higher need for ancillary services was expressed by PWH that were virally suppressed vs. not suppressed (OR: 1.7; 95% CI: 1.0, 3.0) and those with a history of injection drug use vs. those without (OR 2.2; 95% CI: 1.3, 3.7).

Conclusion. Half of the PWH in our sample expressed a current need for ancillary services despite being actively engaged in HIV. Providers should routinely screen their patients, especially non-Hispanic black and Hispanic patients and persons with substance use history, for unmet needs and proactively link them to social service providers in order to promote overall well-being and retention in HIV care.

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1328. Post-War and Post-Ebola HIV Care Continuum in a Liberian Academic Center: Fresh Insights and Trends Over 5-Year Period

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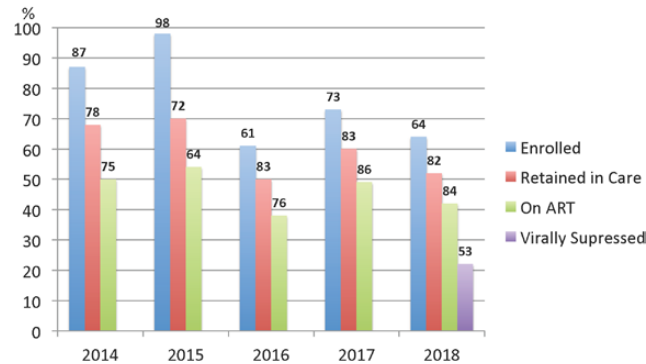
Background. Two-thirds of people living with HIV (PLWH) reside in sub-Saharan Africa. The UNAIDS 90-90-90 target to end the HIV epidemic is an aspirational but achievable goal. The Continuum of Care model allows evaluating the progress toward this goal as well as identifying gaps in diagnosis, linkage to care, HIV treatment. In Liberia, the estimated number of PLWH is 40,000 with only 26,000 (65%) diagnosed, 14,000 (53%) on combination ART (cART), and of those, 53% virally suppressed. After a devastating war and Ebola epidemic, the country has only one academic medical center, John F. Kennedy (JFK) Hospital in Monrovia, with the largest HIV clinic caring for a cohort of 3,000 PLWH. This study was designed to evaluate the HIV care continuum at this center over a 5-year period.

Methods. Data from 2014 to 2018 were collected from a database at JFK hospital HIV clinic. Data were extracted for all patients tested for HIV. The proportion of those tested positive, who were linked to care, retained in care, and subsequently initiated on cART was analyzed. Only a sample of PLWH received HIV viral load monitoring test. Utilizing the HIV care continuum model, data on each step of the care cascade were reported as simple percentages or proportions.

Results. Over the 5-year study period, a total of 41,343 individuals were screened for HIV and 4,066 tested positive (10%), much higher than the national rate of 3–5%. Linkage to care was inconsistent; 87% (592/678) in 2014, 98% (622/636) in 2015, 61% (644/1057) in 2016, 73% (570/786) in 2017, and 64% (584/909) in 2018 were enrolled in the clinic. ART initiation improved over time; of the PLWH enrolled in the clinic, 75%, 64%, 76%, 86%, and 84% for the years 2014, 2015, 2016, 2017, and 2018, respectively, were initiated on cART, also higher than the national rate estimated at 53%. Only a sample of 100 patients had HIV VL performed and of those 53% had viral suppression. From the total clinic cohort of 5,280 PLWH, 19–28% of HIV patients were lost to care with a 2–4% death rate annually.

Conclusion. Although the HIV Care Continuum rates at the largest academic center in Monrovia, Liberia were above national rates, they were suboptimal and fell below the 90-90-90 UNAIDS target. Current efforts are focused on understanding gaps in care and investigating opportunities to improve linkage to, and retention in care.

HIV Care Continuum at JFK, Liberia



Disclosures. All authors: No reported disclosures.