



Mobile Enhanced Prevention Support (MEPS) for People Leaving Jail

What is the MEPS Study?

The MEPS study aims to test an intervention designed to reach a vulnerable population at a critical point for increased risk of HIV infection – men who have sex with men (MSM) and transgender women (TW) who have substance use disorders and are leaving (or have recently left) jail. It will test an intervention (called Mobile Enhanced Prevention Support or MEPS), compared to case management services that these individuals can access in jail and at the time of release. We hypothesize that, compared to standard case management, the intervention will increase rates of service utilization and use of pre-exposure prophylaxis (PrEP) for HIV prevention. The study is a partnership between three entities: UCLA, Charles R. Drew University, and the Los Angeles Center for Alcohol and Drug Abuse (LA CADA).

Who is participating in the study?

This study is for individuals who **identify as MSM or TW**, have **HIV negative status**, age **(18-44)**, documented **substance use disorder (SUD)**, **possession of a smartphone** (or willingness to obtain one), and **current residence** either in **jail** or a **Residential Recovery Facility (RRF) within 6 months of leaving jail**. Of the 300 participants enrolled, 150 will be randomly assigned to receive the MEPS intervention, while the other 150 will be randomized to receive standard case management services.

What happens during the study?

Those in the intervention arm will receive MEPS for six months. It involves three components: support from a selected Peer Mentor, a newly developed mobile application (GeoPassport) meant to complement the work of the Peer Mentor, and incentives. MEPS will provide participants with tools and encouragement for tracking goals and progress toward meeting them, assistance in locating services, appointment and medication reminders, and opportunities to provide feedback on service providers, and tracking of service utilization. It is a client-driven approach in which participants are encouraged to address the priorities and immediate needs that they identify at enrollment, especially barriers to accessing preventive health measures such as PrEP and substance use disorder treatment.

Those in the control arm will receive standard-of-care case management services, consisting of encouragement to participate in aftercare services, HIV/STI/HCV services, and provide referral services for outpatient treatment, family counseling, and domestic violence services (perpetrator and victim).

Additionally, participants in both arms will be interviewed at enrollment and at 3, 6, and 9 months, giving information about their demographics, attitudes, knowledge, and key risk factors with respect to HIV, health care access, substance abuse, and mental distress, among other outcomes.

Why is MEPS important?

Identifying strategies to prevent HIV infections in high-risk populations is vital to California's efforts to get to zero new HIV infections by 2021. Those at high-risk for HIV in the community are more likely to go to jail than those who do not. In this study, by reaching and intervening with HIV-negative sexual and gender minorities as they leave jail, researchers hope to reduce the likelihood that the often unstable and chaotic reentry period leads to infection, relapse, or overdose.

Who do we contact for additional information?

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