

# **HIV Services at Larkin Street Youth Services**

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YOUTH SERVICES

# Presentation Outline

- **Overview of Larkin Street Youth Services**
- **Overview of HIV among youth**
  - National & Local
  - Importance of youth-specific services
- **HIV Prevention Services**
- **HIV Care Services (Assisted Care/After Care)**
- **Program Collaboration**



**Larkin Street Youth Services' mission is to create a continuum of services that inspires youth to move beyond the street.**

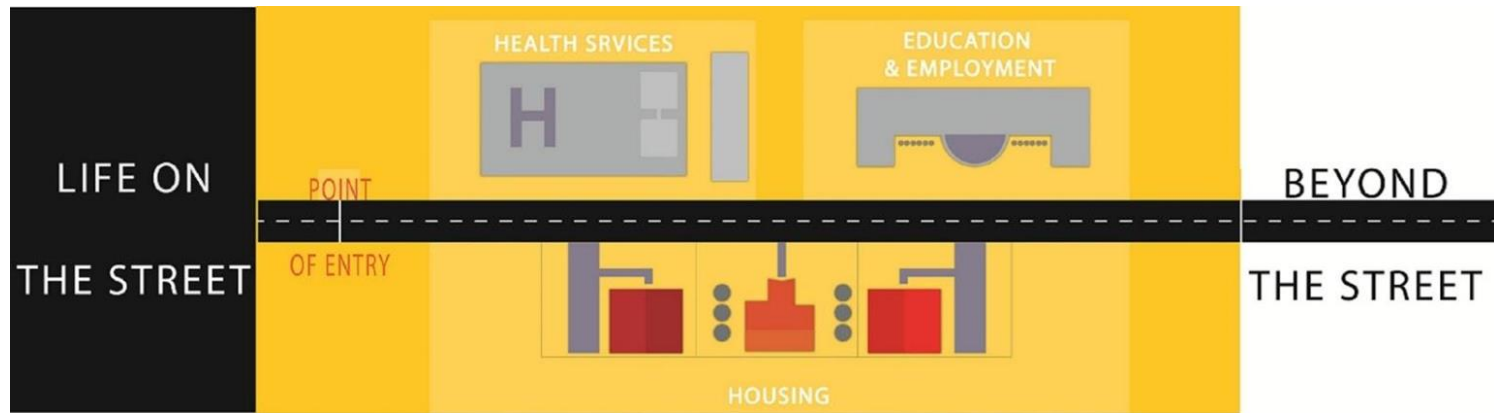
**We will nurture potential, promote dignity, and support bold steps by all.**



YOUTH SERVICES

# Intro to Larkin Street

Larkin Street offers a broad continuum of services providing youth with alternatives to street life and opportunities to achieve long-term self-sufficiency



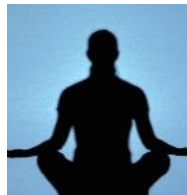
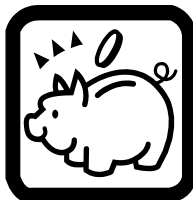
## Four Outcomes

**Safe and Stable Housing**



**Two Years Post-Secondary Ed**

**Self Sustaining Employment**



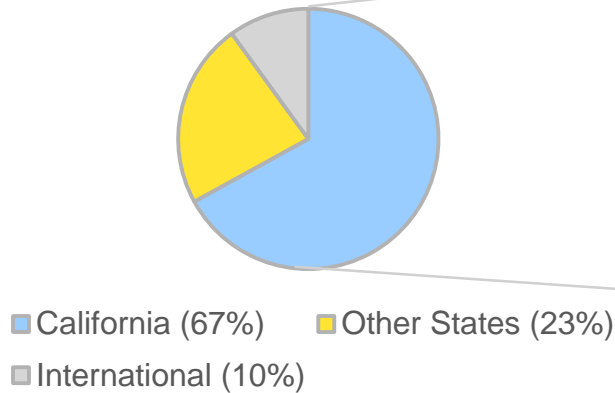
**Physical and Emotional Wellness**

# Larkin Street at a Glance

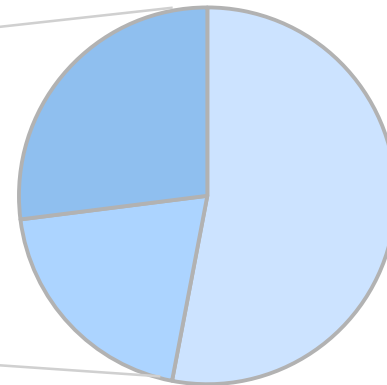
<b>Agency/Program Profile</b>	<b>LSYS Totals 2015</b>	<b>AC/AC Totals 2015</b>	<b>HIV Prevention and Testing Totals 2016</b>
Youth Served	2,500	70	175 rapid tests
Youth Housed	250-300	45	6 reactive results
Average Client Age	21	22	20
Youth Exits to Stability	81%	81% overall 100% After Care	100% of new diagnoses linked to care
Sources of Revenue	56% public revenue 44% individual, foundations, events	97% public revenue 3% foundation revenue	100% SAMHSA subcontract via UCSF

# Who We Serve

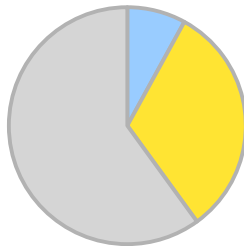
## Place of Origin



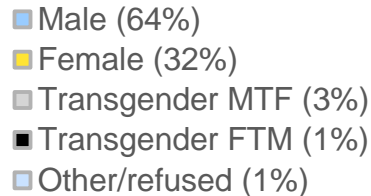
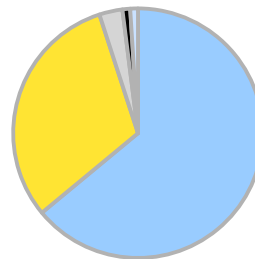
## California



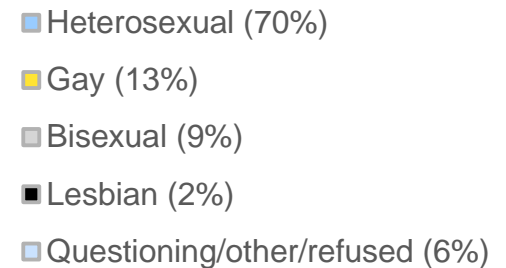
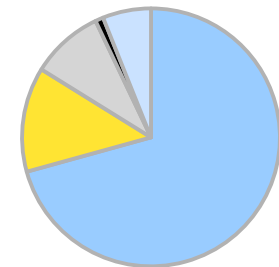
## Age



## Gender Identity

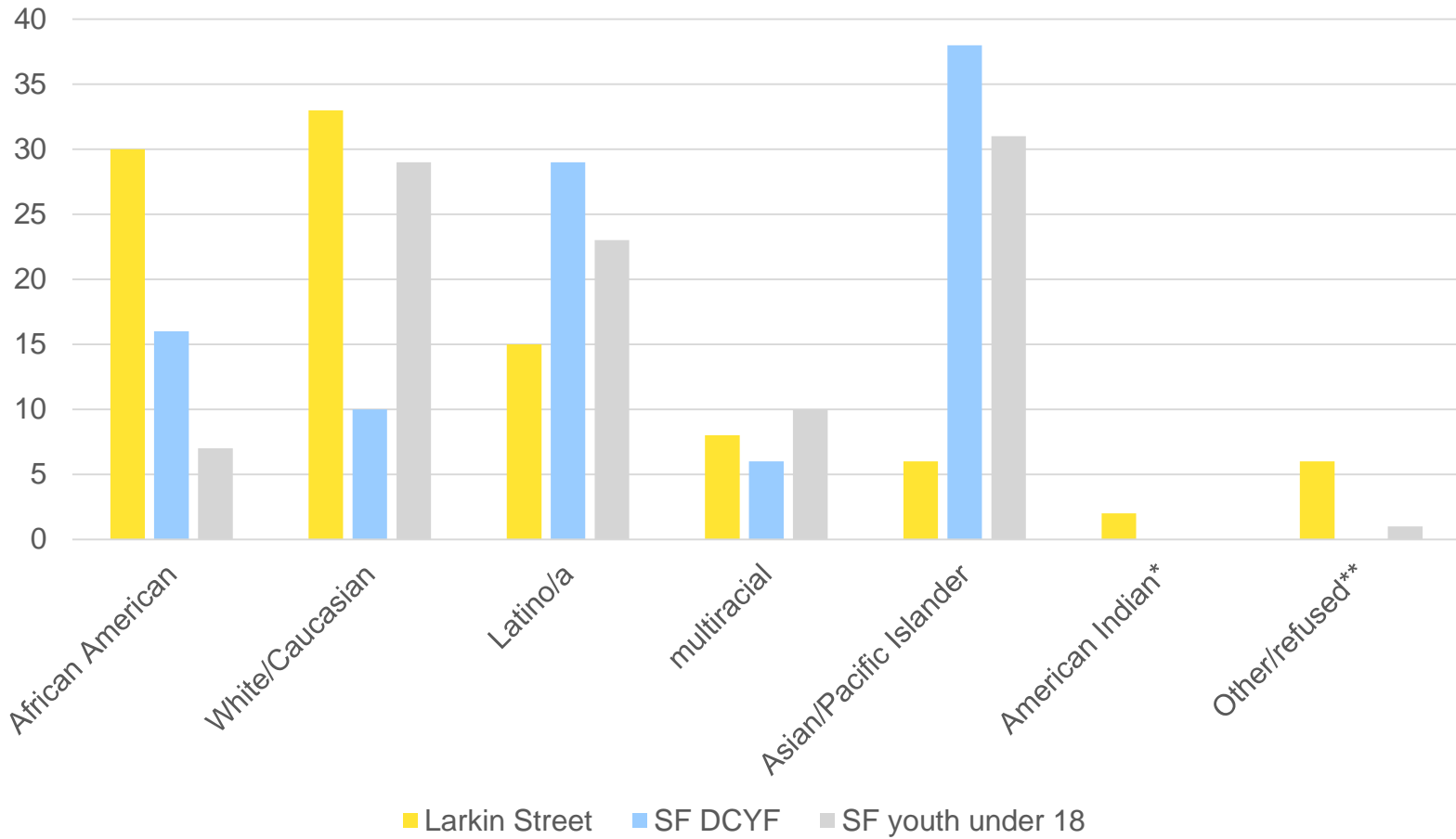


## Sexual Orientation



# Who We Serve

Ethnicity (Larkin Street compared to SF Department of Children, Youth and Families)



\*Data not reported for SF DCYF or SF youth under 18

\*\*Data not reported for SF DCYF

# HIV Among Youth in San Francisco

**Table 11.1 Young adults living with HIV by transmission category, gender, and race/ethnicity, December 2015, San Francisco**

	18 - 24 Years Old	
	Number	(%)
<b>Total</b>	127	(100)
<b>Transmission Category</b>		
MSM	95	( 75)
PWID	1	( 1)
MSM-PWID	6	( 5)
Heterosexual	5	( 4)
Perinatal	14	( 11)
Other/Unidentified	6	( 5)
<b>Gender</b>		
Male	107	( 84)
Female	18	( 14)
Transfemale <sup>1</sup>	2	( 2)
<b>Race/Ethnicity</b>		
White	28	( 22)
African American	30	( 24)
Latino	39	( 31)
Asian/Pacific Islander	23	( 18)
Other/Unknown	7	( 6)

<sup>1</sup> Transfemale data include all transgender cases. Transmale data are not released separately due to potential small population size. See Technical Notes "Transgender Status."

**Table 11.2 Number of adolescents and young adults newly diagnosed with HIV infection, 2012-2015, San Francisco and the United States**

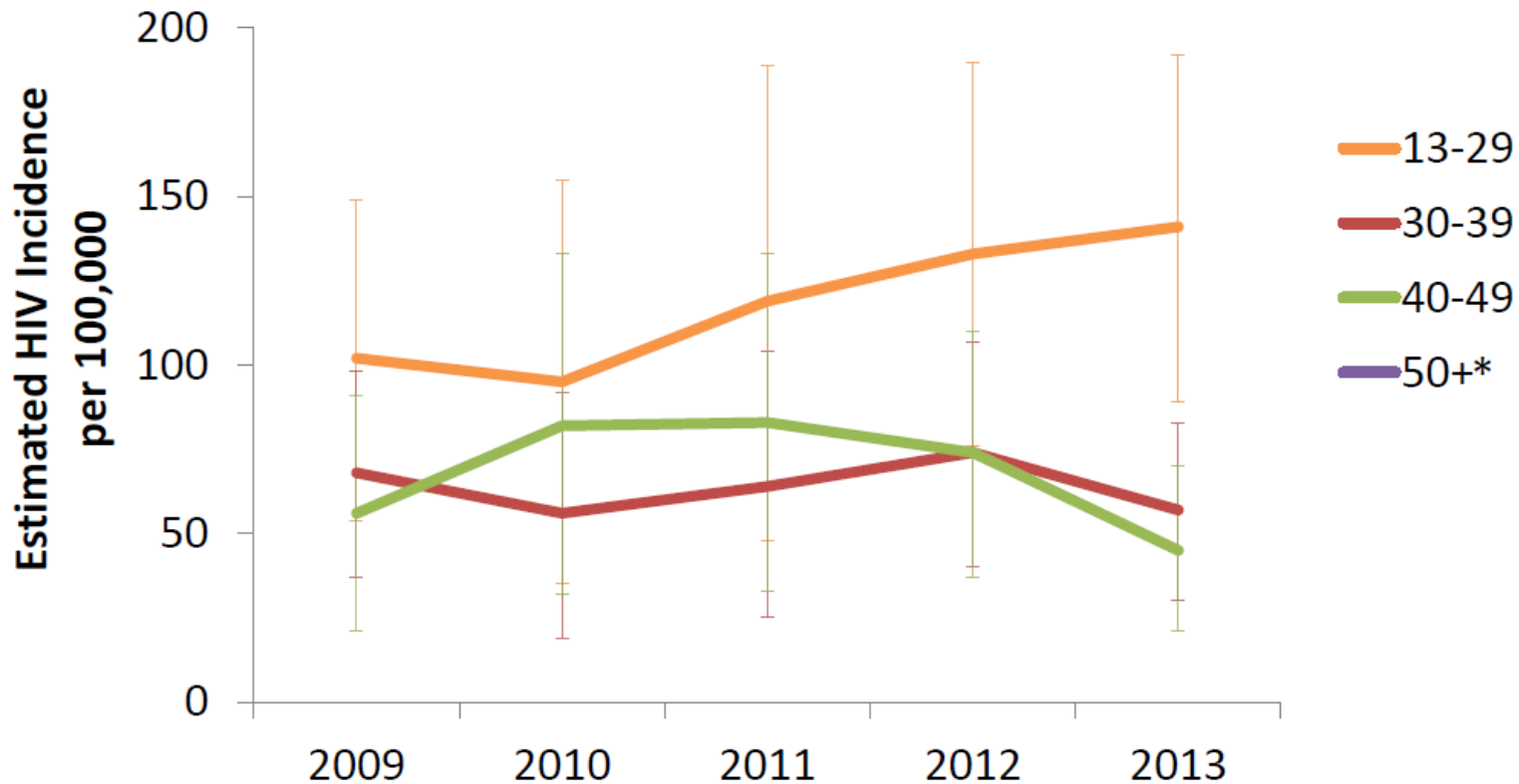
	Year of HIV Diagnosis							
	2012		2013		2014		2015	
	Number	(%)	Number	(%)	Number	(%)	Number	(%)
<b>San Francisco HIV Cases (All ages)</b>	453		382		309		255	
Age 13-19 years at HIV diagnosis	6	( 1)	6	( 2)	2	( 1)	4	( 2)
Age 20-24 years at HIV diagnosis	51	(11)	47	(12)	36	(12)	33	(13)
<b>U.S. HIV Cases<sup>1</sup> (All ages)</b>	41,950		40,628		40,493			
Age 13-19 years at HIV diagnosis	1,939	( 5)	1,748	( 4)	1,719	( 4)	N/A	
Age 20-24 years at HIV diagnosis	7,263	(17)	7,123	(18)	7,245	(18)	N/A	

<sup>1</sup> U.S. data are based on reported case counts from the 50 states and 6 dependent areas with confidential name-based HIV reporting in CDC HIV Surveillance Report, 2014.

SFDPH (2016). The HIV Epidemiology Annual Report, 2015.

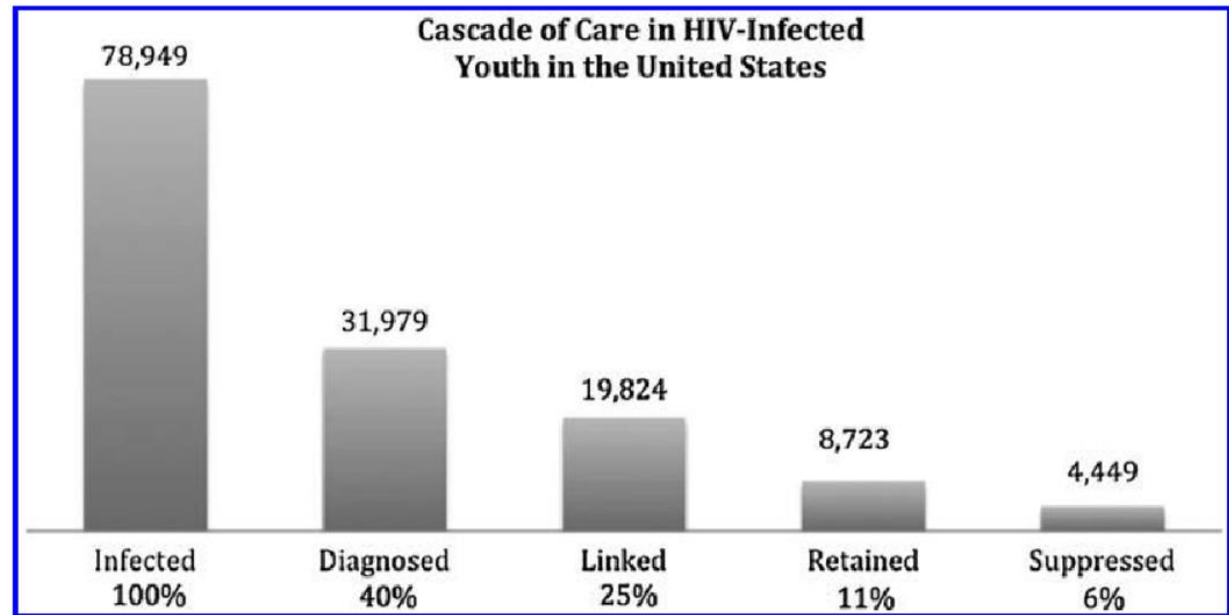


# Estimated HIV Incidence in San Francisco by Age



\*Not calculated secondary to incomplete data  
SFDPH (2015). The HIV Epidemiology Annual Report, 2014.

# Continuum of Care for HIV+ Youth



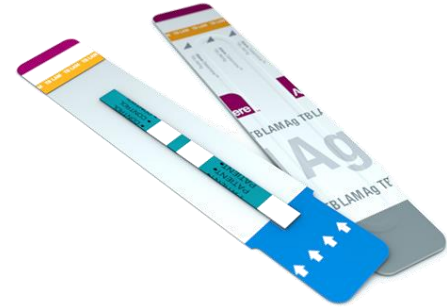
**FIG. 1.** Estimated cascade of care in HIV-infected youth (ages 13–29 years) in the United States.

# Importance of Youth-Specific Services

- Safety
- Identification with peers
- Identification with/ ownership of environment
- Understanding of development level
- Low-barrier/ drop-in friendly
- Wrap-around, co-located services and/ or warm hand-offs
- Staff expertise
- Youth-directed programming, outings and events

# HIV Prevention at Larkin Street

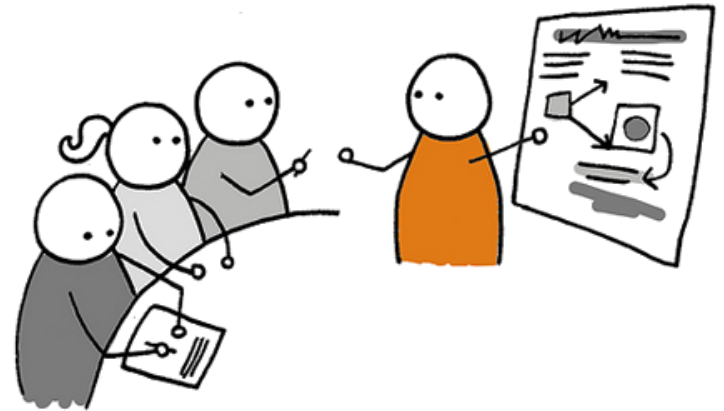
- Staff training
- Rapid testing and counseling
- PrEP access
- Linkage to care
- Coming soon...



# Staff Training

## Large groups (appx. 20 participants) and single programs

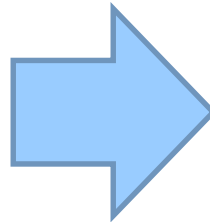
- Youth & HIV in San Francisco
- HIV 101: definitions, transmission, hierarchy of risk
- HIV myths, stigma, self-reflection
- PrEP & PEP
- Community resources
  
- ❖ Fundamentals of working with LGBTQ youth
- ❖ Sexuality and Youth
- ❖ Drug Use and Harm Reduction



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## Successes/Strengths

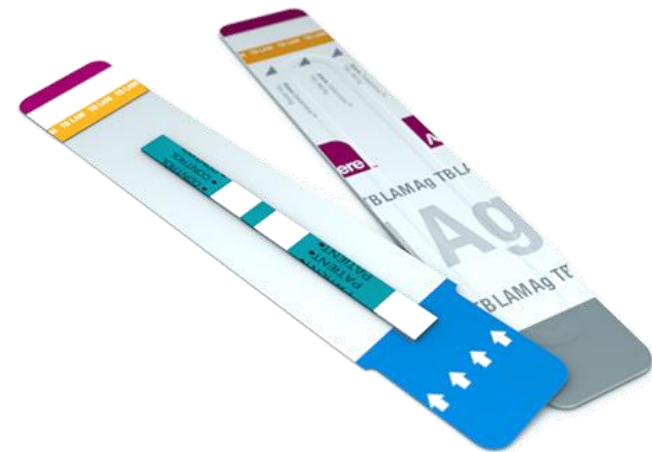
- 5-10 in-house training opportunities each year
- Total attendance ~80 staff

## Challenges

- Lack of information/misinformation
- Stigma
- Adult-centered community resources
- LGBTQ, substance use competence
- Perception that HIV prevention is clinic or DPH territory, not part of social services

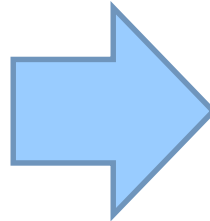
# Rapid HIV Testing and Counseling

- Determine Ab/Ag combo test
- Program staff and PrEP navigators trained to be test counselors
- Collaboration with CHPY clinics
- Special events:
  - National Youth HIV/AIDS Awareness Day
  - Pride
  - World AIDS Day
  - GSA Youth Empowerment Summit
  - Health Fairs



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## Successes/Strengths

- Appx. 175 tests since May (6 months)
- 6 reactive results (1 false +, some previously diagnosed).
- Co-location of testing, PrEP Navigation, medical clinic, and drop-in services
- Cross-training

## Challenges

- Staff, funding → capacity, stability & reach
- Low utilization at 3<sup>rd</sup> & Cole st. clinics (rely on provider referrals)
- Access to high schools and colleges
- Space
- Limited opportunities to be tested in the community & outside SF



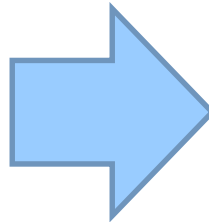
# PrEP Access

- Collaboration with SFHN
- PrEP Navigation on-site at Larkin Street's Engagement and Community Center (and at Cole Street Youth Clinic)
- Outreach, training, special events
- Youth-centered services



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## Successes/Strengths

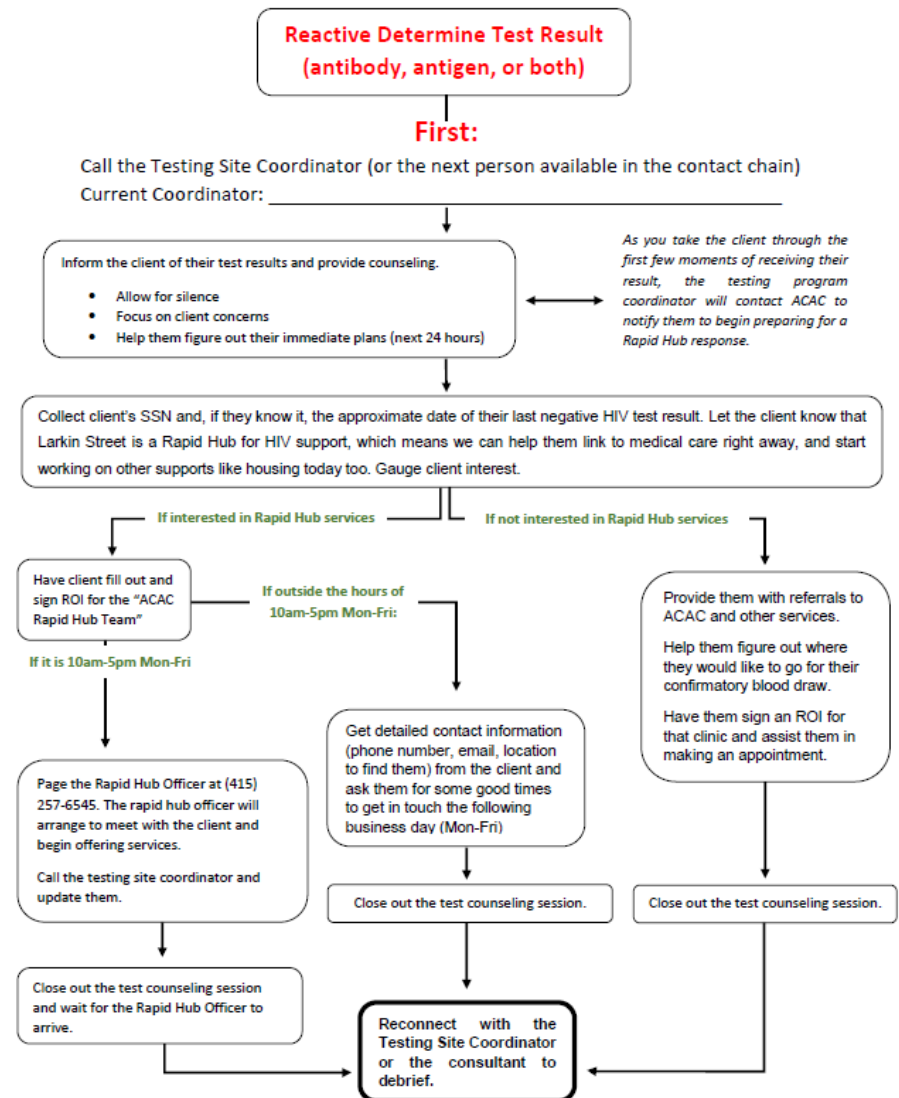
- Over 100 youth contacts with the PrEP Navigators since April 2016
- Approximately 18 new PrEP initiations
- Co-location with testing & clinic

## Challenges

- Low provider comfort/ experience prescribing to youth
- Staffing: intensive follow-up
- Space
- Youth in insecure situations
- Youth-specific marketing and education materials
- At Kaiser: difficulty determining coverage, not accessible to <18
- Medi-cal enrollment

# Linkage to Care

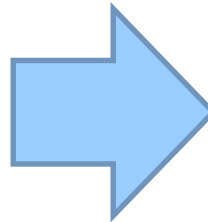
- ACAC Rapid Hub linkage
- 100% manager/director support for HIV test counselors
- ACAC clinical staff present at rapid testing sites
- Challenge: re-engaging out-of-care clients



**DO NOT LEAVE THE ASSIGNED TESTING SITE TO ESCORT A CLIENT ANYWHERE UNLESS YOU ARE ASKED TO DO SO BY THE CONSULTING MANAGER**

# Linkage to Care

- ACAC Rapid Hub linkage
- 100% manager/director support for HIV test counselors
- ACAC clinical staff present at rapid testing sites



## Successes/Strengths

- 100% of new diagnoses linked to care within 1 week
- Cross-training of ACAC staff to be test counselors
- Rapid Hub

## Challenges

- Re-linking out-of-care clients
- Stigma associated with program location
- Management structure

# Coming Soon...

- Environmental strategy: customized condoms with youth-created anti-stigma/ PrEP-normalizing messaging
- Rapid HCV testing (January 2017)
- Expanded PrEP navigation support
- More DPH staff trained as test counselors
- Rapid testing at Dimensions clinic
- Behavioral health/substance use support to reduce HIV risk and transmission (seeking safety groups, psychiatric case management, motivational interviewing)

# Assisted Care / After Care (ACAC) Program

## ▪ Drop In

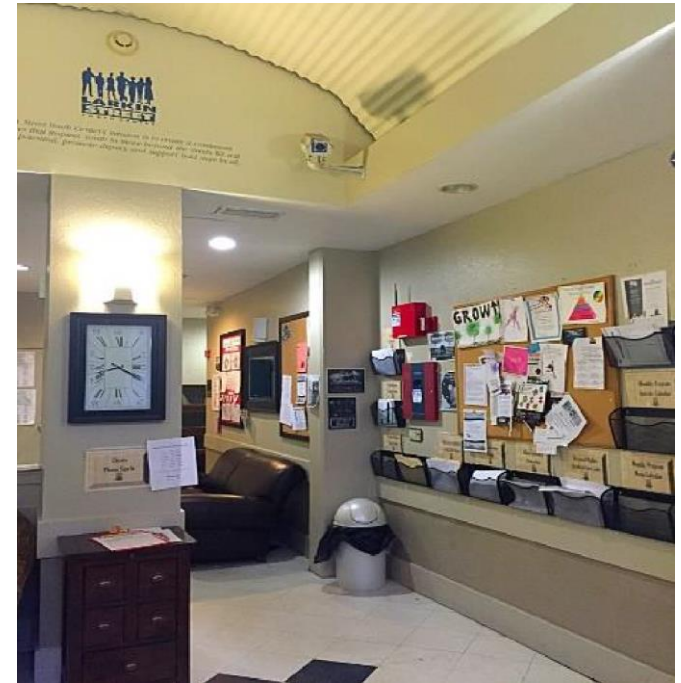
- Extremely low-barrier
- Access to all non-housing services
- Choice to transition into housing or remain drop-in only
- Eligibility
  - Letter of HIV diagnosis
  - Low income
  - Resident of SF, Marin or San Mateo County
  - Under age 25

## ▪ Assisted Care

- 6-month medical stabilization program
- 12-bed Residential Care Facility for the Chronically Ill (RCFCI)
- 24-hour staffing

## ▪ After Care

- 2-year Transitional Living Program (TLP)
- Scatter-site housing in SROs & a 6-bed residence



# ACAC Clients and Services

## Client Snapshot

MSM	95%
People of color	79%
Sex workers	51%
PWID	44%
Trans/GQ/GNC	10-20%

## One-stop Model Provides:

- Housing
- Meals
- Case Management
- Medical & Behavioral Health Services
- Peer Support & Activities



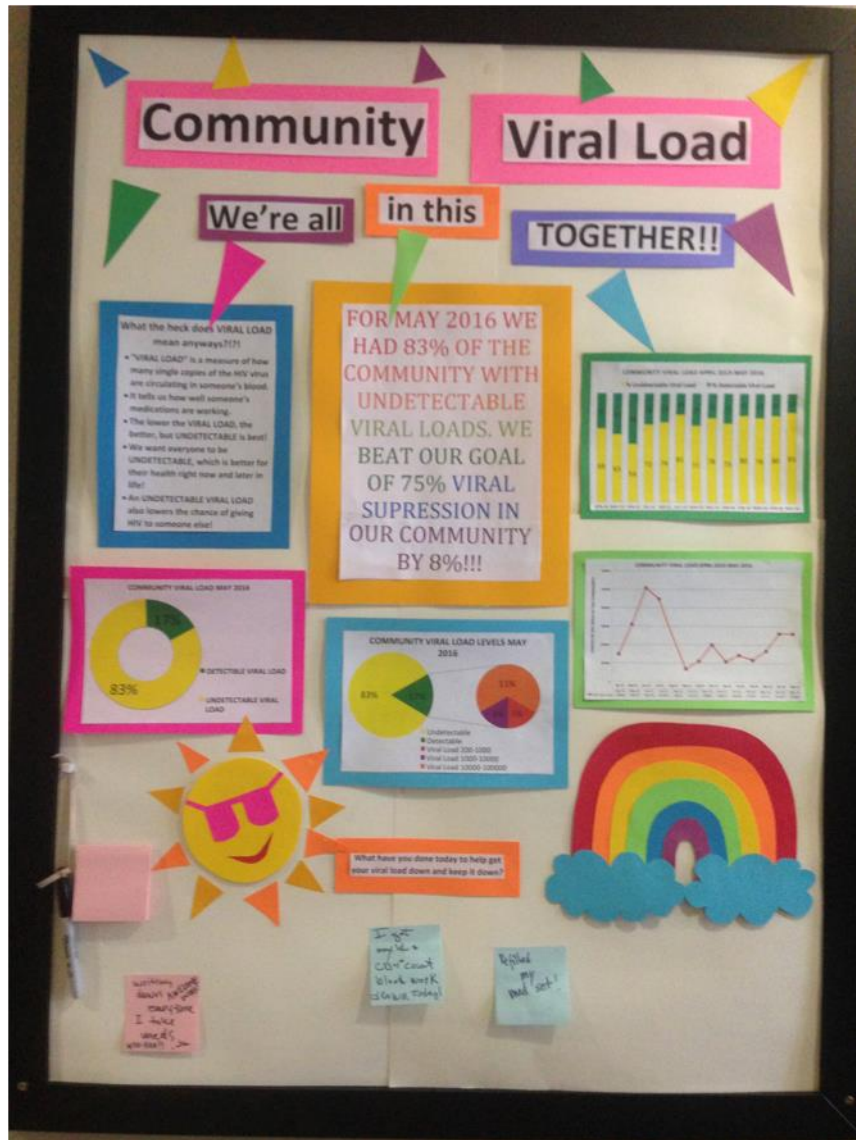
# ACAC Service Model



- Low barrier to entry/services
- Success Networks
- Trauma-informed care
- Restorative practices
- Harm reduction
- Developmental perspective
- Peer-to-peer support



# Viral Suppression



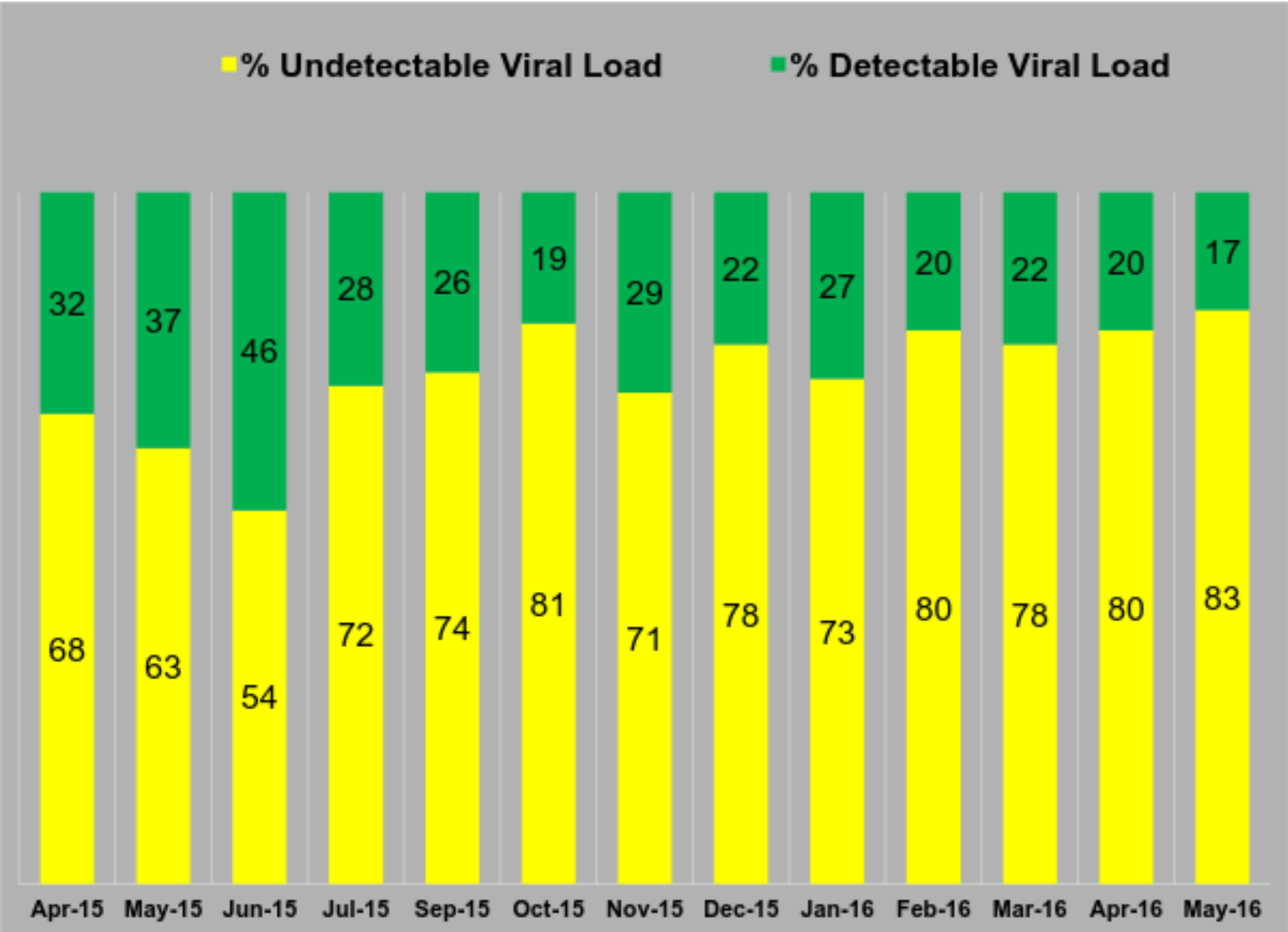
## What's The Problem?

- Only 16% of HIV+ youth ages 13-24 achieved viral suppression in 2012
  - Lowest of any age group
- Estimated less than 6% youth maintain viral suppression

## What We're Doing!

- HOUSING
- Universal ARV therapy offered
- Health education and peer support
- Build on social norms
- Incorporated into case management and housing plans
- RAPID Hub
- Transition and Retention Program

# ACAC Viral Suppression, April 2015 – May 2016



# Transition to Adult Care

## What's The Problem?

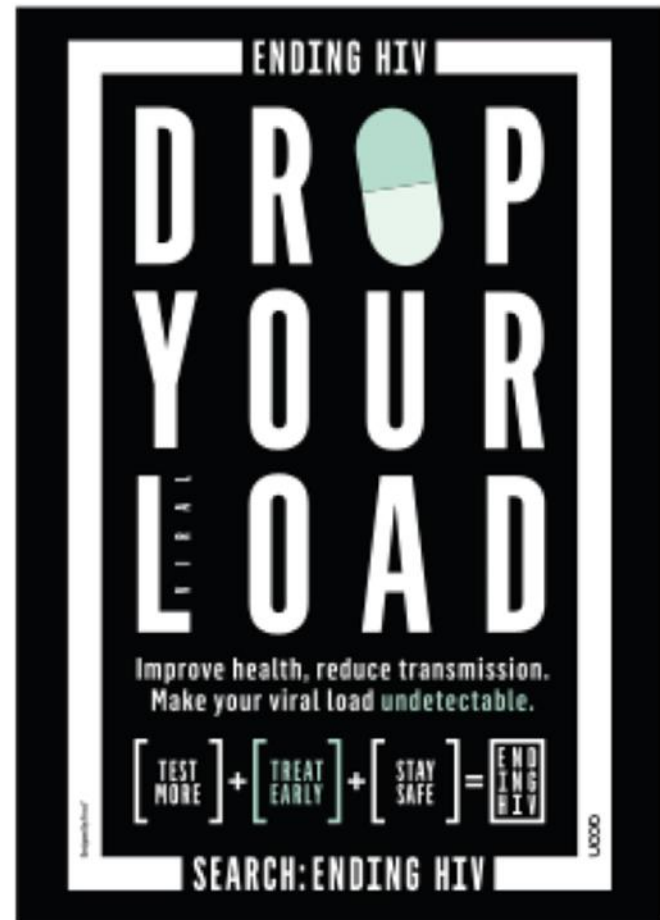
- Fall out of care during transition and is associated with adherence disruptions and poor clinical outcomes
- Lack of coordinated care in adult setting
- 55% of AC/AC youth successfully transitioned to adult care FY2015

**Goal:** Successfully link and retain 80% of transitioning youth to adult care.

**Strategy:** Implement the Movin' Out strategy

## What We're Doing!

- Collaborate with adult providers
- Onsite transition clinic
- Transition protocol
  - Readiness assessment
  - Health history summary
  - Transition timeline
- Intensifying transition services



# Challenges



- Location, location, location!
- Substance use
- Mental health
- Systems of care
- Client engagement & accountability
- Health insurance
- Post-exit follow-up

# Program Collaboration

## Cross training and mutual support

- AC/AC staff trained as HIV test counselors; staff testing shifts 2-3 days/week
- AC/AC providers present at our rapid testing sites
- Collaboration and support around trainings and community presentations

## Rapid Hub Referrals

- Immediate, in-person link from reactive rapid test to HIV care and wraparound services
- 2 successful linkages this year

## Program Planning/Strategy

Program management from prevention and ACAC, as well as clinical staff from ACAC, participate in SAMHSA-funded UCSF collaborative.



# Questions/Continued Dialogue



# Thank You!

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