HIV Services at Larkin Street Youth Services
Heather Hargraves, MS- Associate Director, Assisted Care/After Care
Eva Kersey- Manager of Health Interventions & HIV Prevention
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.
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
- Self Sustaining Employment
- Two Years Post-Secondary Ed
- Physical and Emotional Wellness
# Larkin Street at a Glance

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Youth Served</td>
<td>2,500</td>
<td>70</td>
<td>175 rapid tests</td>
</tr>
<tr>
<td>Youth Housed</td>
<td>250-300</td>
<td>45</td>
<td>6 reactive results</td>
</tr>
<tr>
<td>Average Client Age</td>
<td>21</td>
<td>22</td>
<td>20</td>
</tr>
<tr>
<td>Youth Exits to Stability</td>
<td>81%</td>
<td>81% overall 100% After Care</td>
<td>100% of new diagnoses linked to care</td>
</tr>
<tr>
<td>Sources of Revenue</td>
<td>56% public revenue 44% individual, foundations, events</td>
<td>97% public revenue 3% foundation revenue</td>
<td>100% SAMHSA subcontract via UCSF</td>
</tr>
</tbody>
</table>
Who We Serve

Place of Origin
- California (67%)
- Other States (23%)
- International (10%)

California
- San Francisco (53%)
- Other Bay Area (20%)
- California Non-Bay Area (27%)

Age
- 12-17 (8%)
- 18-20 (32%)
- 21+ (60%)

Gender Identity
- Male (64%)
- Female (32%)
- Transgender MTF (3%)
- Transgender FTM (1%)
- Other/refused (1%)

Sexual Orientation
- Heterosexual (70%)
- Gay (13%)
- Bisexual (9%)
- Lesbian (2%)
- Questioning/other/refused (6%)
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

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

\(^1\) 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

<table>
<thead>
<tr>
<th>Year of HIV Diagnosis</th>
<th>2012 (Number)</th>
<th>(%)</th>
<th>2013 (Number)</th>
<th>(%)</th>
<th>2014 (Number)</th>
<th>(%)</th>
<th>2015 (Number)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>San Francisco HIV Cases (All ages)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 13-19 years at HIV diagnosis</td>
<td>6</td>
<td>(1)</td>
<td>6</td>
<td>(2)</td>
<td>2</td>
<td>(1)</td>
<td>4</td>
<td>(2)</td>
</tr>
<tr>
<td>Age 20-24 years at HIV diagnosis</td>
<td>51</td>
<td>(11)</td>
<td>47</td>
<td>(12)</td>
<td>36</td>
<td>(12)</td>
<td>33</td>
<td>(13)</td>
</tr>
<tr>
<td><strong>U.S. HIV Cases (^1) (All ages)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 13-19 years at HIV diagnosis</td>
<td>1,939</td>
<td>(5)</td>
<td>1,748</td>
<td>(4)</td>
<td>1,719</td>
<td>(4)</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Age 20-24 years at HIV diagnosis</td>
<td>7,263</td>
<td>(17)</td>
<td>7,123</td>
<td>(18)</td>
<td>7,245</td>
<td>(18)</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

\(^1\) 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.

Estimated HIV Incidence in San Francisco by Age

*Not calculated secondary to incomplete data

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
Staff Training

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- Youth & HIV in San Francisco
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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
Rapid HIV Testing and Counseling

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  - World AIDS Day
  - GSA Youth Empowerment Summit
  - Health Fairs

**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 3rd & 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
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

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
- Medical enrollment
- 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
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
Client Snapshot

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<table>
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<tr>
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<tbody>
<tr>
<td>MSM</td>
<td>95%</td>
</tr>
<tr>
<td>People of color</td>
<td>79%</td>
</tr>
<tr>
<td>Sex workers</td>
<td>51%</td>
</tr>
<tr>
<td>PWID</td>
<td>44%</td>
</tr>
<tr>
<td>Trans/GQ/GNC</td>
<td>10-20%</td>
</tr>
</tbody>
</table>

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
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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