The Centers for Disease Control and Prevention (CDC) Directly Funded Programs In Los Angeles County

CDC Program Announcement

04064

Los Angeles County HIV Prevention Planning Committee

March 6, 2008

St. Anne’s Maternity Home
Overview

- In April, 2004 CDC announced successful applicants to PA 04064

- Five local Community Based Organizations were awarded funds (AIDS Healthcare Foundation, AltaMed Health Services, Bienestar Human Services, JWCH Institute, Tarzana Treatment Centers)

- Projects funded three to five years (2004 through 2008)
AHF Men’s Wellness Center
CDC Program Announcement
04064

Contact Information

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MWC Project Coordinator
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AHF Men's Wellness Center is dedicated to providing basic sexual health services to gay and bisexual men in Los Angeles. Our services are easy to access and are completely free.

Drop in for a check up, if you have symptoms, or if think you may have been exposed to HIV or an STD. We provide testing, treatment and counseling for most STDs including HIV and syphilis.

Services Based Upon Availability.

FREE! CALL TOLL FREE: 866-339-2525
WWW.AIDSHEALTH.ORG

Location & Hours

HOLLYWOOD
1300 N. VERMONT AVE
SUITE 407
(ENTER PARKING LOT FROM FOUNTAIN AVE TO HOLLYWOOD PRESBYTERIAN HOSPITAL - DOCTOR'S TOWER BUILDING)
FREE PARKING VALIDATION FOR UP TO 1 HOUR

MONDAY, WEDNESDAY, THURSDAY & FRIDAY
5:30PM - 9:00PM
PLEASE ARRIVE BY 8 PM FOR LAST APPOINTMENT

SATURDAY
9:30AM - 1:00PM
PLEASE ARRIVE BY 12 PM FOR LAST APPOINTMENT
NO APPOINTMENT NECESSARY
THE MEN’S WELLNESS CENTER

An Innovative Strategy Targeting Men Who Have Sex With Men To Receive HIV And STD Prevention, Testing, And Treatment Services In A Clinical Setting

• The Men’s Wellness Center (MWC) has a long term goal to establish a norm among this population of men that regular check-ups should be incorporated into their routine

• Established to address the increase of HIV and STD infection within the MSM population in Los Angeles County

• The clinic operates on a walk-in basis during evenings and weekend hours and data shows that a high-risk population is being served
MWC CLINIC SERVICES

Services Provided Free of Charge:

• Rapid HIV Testing

• Screening and Treatment For a Wide Array of STDs

• Dedicated Medical Provider

• Health Education & Risk Reduction Counseling sessions

• Vaccination for Hepatitis A & B

• Linkage of newly diagnosed HIV clients to medical care

• Referrals for other social services
AHF Men’s Wellness Center
Client Flow

Patient enters clinic

Front Desk checks in patient

Prevention Counselor assesses HIV and STD risk, fills out sexual history forms, and performs risk/harm reduction counseling, and conducts HIV RAPID TEST

Physician conducts examination and orders tests/treatment as needed

Medical Assistant conducts tests/administers treatment/dispenses medications per orders

Prevention Counselor discloses Rapid HIV result, counsels client.

HIV Confirmatory Test is done using OraSure

Client is scheduled for HIV Confirmatory test result disclosure

Front Desk schedules follow-up appointment if needed

Patient leaves clinic

Negative Result or Not Tested

Preliminary Positive Result
Successes

- Offers a wide array of testing and treatment services to the MSM targeted client population
- Collection and reporting of compelling data highlighting strong correlation of STDs as co-factor for HIV infection
- 2709 test performed to date and identified 129 new HIV+ clients 5% Seropositivity that is four (4) times the national average
- Successful linkage of HIV newly diagnosed clients into medical care
- Establishing a cultural norm to incorporate sexual health education and risk reduction among the MSM target population

Challenges

- High volume of clients coming in for services given limited clinic hours of operation
- Limitations due to limited space shared between AHF day clinic and MWC
- Difficulty managing different software and databases from various funding agencies
- Increase training required for Staff impacts availability of Staff to provide services
HIV TESTS PERFORMED

MWC HIV TESTING PATTERN

March 2005 to August 2007

MWC HIV+ TESTING PATTERN

March 2005 to August 2007
AltaMed Health Services, Inc.
LifeSmart and CRCS
Funding: CDC Program Announcement 04064

Fanny García
HIV Health Education Coordinator
5427 E. Whittier Blvd.
Los Angeles, CA 90022
(323) 793-5844
LifeSmart: Nuestras Vidas (3 year grant) is:

• A youth arts program for Latino gay and questioning youth
• ages of 13 to 24
• Educates and empowers participants to reduce HIV infection.
• Utilizes writing workshops, theatre, photography, dance and the visual arts and other skill building activities to engage the youth in conversations about stigma, stereotypes, harassment and peer pressure.
• Implemented through five group sessions with two LifeSmart facilitators, and a maximum of 12 youth for an hour and a half and a 30 minute individual session to assess HIV risk

Scope of Work

• 448 Latino YMSM will be screened for participation
• 112 will be enrolled in LifeSmart
• 112 will participate in orientation
• 56 will complete entire LifeSmart session series
• 56 will complete a successfully linked referral
  • 56 to HIV/STD testing
  • 28 to PCM services
• 42 will be f/up and complete 2nd risk assessment survey one month after LifeSmart ended
• 28 will be f/up and complete a 3rd risk assessment survey three months after end of last LifeSmart Session
• 25 graduates will participate in annual Leadership Camp
<table>
<thead>
<tr>
<th><strong>Sucesses</strong></th>
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<tbody>
<tr>
<td>- Recruitment of committed staff</td>
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<tr>
<td>- Collaboration with local high schools and their Gay/Straight Alliance</td>
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<tr>
<td>chapters</td>
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<tr>
<td>- Collaboration with local youth detox centers in the area</td>
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<tr>
<td>- Collaboration with youth homeless shelters</td>
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<tr>
<td>- Collaboration with other agencies that provide services to high risk</td>
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<td>youth such as Covenant House, Jovenes, Inc., etc.</td>
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| **Challenges**                                                            |
|                                                                           |
| - Recruitment & retainment                                                |
| - Youth commitment to program                                             |
| - Transportation                                                          |
| - Client drop-out                                                         |
| - Time and venue constraints                                               |
| - Program staff turnover                                                  |
| - 8 sessions too many                                                     |
Lessons Learned

- We needed to adapt to the needs of the client.
- Our recruitment venues must host high risk youth.
- Sessions needed to be shortened from 8 to 5.
- Promotional items needed to be specific to target audience.

Next Steps

- Lifesmart staff has divided into recruitment teams.
  - Team A is in charge of youth ages 13 – 17.
  - Team B is in charge of youth ages 18 – 24.
- Groups will be conducted at sites where youth already convene (Luna Recovery Center, Covenant House).
- Mobile Testing Unit will provide testing on-site.
CRCS
(Comprehensive Risk Counseling Services)

- Grant term: Five years
- Program consists of monitoring clients for a period of time supporting, advising, and encouraging sustained behavior change towards safer sex and/or risk reduction.
- Approximately length of monitoring is three months. It involves Intake & Assessment, Stages of Change, Client Centered Service Plan, Follow-up and Referrals.

Scope of Work

- 69 outreach/recruit 69 clients for participation in CRCS
- Screen 63 clients for enrollment
- 58 clients will complete intake/comprehensive assessment
- clients whom status is unknown will be referred for HIV counseling and testing services
- 52 clients will complete a client-centered service plan
- 46 clients will complete at least one goal from the CCSP.

- 35 clients will be referred for mental health therapy.
- 32 clients complete a mental health intake/assessment
- 29 clients will complete a client centered treatment plan
- 25 clients will implement at least one goal from the client centered treatment plan
Lessons Learned

- Collaborations with detox, substance abuse agencies are essential for captive audience
- SPN meetings are good for networking

Next Steps

- Creating database of detox, substance abuse agencies in the service planning areas
- Continue participating in PPC, SPN and other community meetings to promote program
Bienestar Human Services
CDC Program Announcement
PA 04064

"Relaciones Saludables” Healthy Relationships

HIV Counseling, Testing & Referrals

Victor Martinez, Regional Director, Hollywood Metro Area
Daisy Aguirre, Regional Director, South Bay Area
Background Information

History of BIENESTAR being directly funded by CDC

CDC PA 04064
Healthy Relationships

- **Target Population:** HIV positive Latino adult Men who have Sex with Men (MSM) and Latina male-to-female (MtF) Transgender in Los Angeles County, California. SPA’s 2, 4 & 7.

- **Activities include:** Outreach (360 encounters), Group Level Intervention (80 clients to complete the 5 week sessions intervention) and one, two and three month follow up

- **CTR Services Offered:** Outreach to provide educational/promotional information to 1,350 MSM/TSR and to tests at a minimum of 300 MSM/TSR.
Successes

Healthy Relationships:

- Meeting 100% of the program objectives since year one of the program
- Retention rate of 95% during the GLI
- Behavior change with program participants
- Creating a safer and healthier HIV Positive community
- These intervention have met some prevention needs of the Latino HIV positive community and it has an impact in the overall prevention efforts in LA County by providing the target populations with education and the skills to reduce HIV transmission

CTR:

- Meeting program goal objectives consistently with a positivity rate of over 3% each year
- CTR is successful with this program model because we use client’s social networks to promote services. We offer accessibility to CTR services throughout LA County. (Mobile/Storefront/Final Session of GLI Cycle)
- Through our CTR services we are able to provide individuals their HIV status and link them to other services
Challenges

- Healthy Relationships
  - Stigma about HIV
  - Disclosing sexual orientation and HIV status
  - Denial of HIV risk behaviors
  - Social isolation of individuals in the target population
  - Fear rejection by disclosing HIV status

- CTR
  - CLIA Waiver
  - CTR Counselor Certification/Training
Lessons Learned/ Next Steps

- **Healthy Relationships**
  - Need of prevention services specifically developed for the Latino HIV Positive community
  - Target population faces multiple needs and HIV prevention might not be their top priorities
  - Offer a comprehensive approach to the target population that might include (RWCM, Mental Health, Housing, etc.)
  - PEMS implementation

- **CTR**
  - Need to be able to offer more Mobile Testing
  - Need for Increase of Co-Morbidity Screenings
For more information please contact

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Healthy Relationships

Funding: Centers for Disease Control and Prevention (CDC), 04064

Presented by:
Sergio M. Aviña, Director
Marvin Jones, Sr. Community Health Worker
Healthy Relationships

Target Population

HIV-positive African-American and Latino Men having sex with Men (MSM) of age 18 and above that are homeless or at risk for homelessness in and around downtown.

Program Venues:

- Transitional living apartments:
  - Skid Row Housing Trust, SRO, Weingart
    - Palms
  - Hollywood Housing
Healthy Relationship Goals

Programmatic Goals
- Enroll: 150 annually
- Provide linkage to case management
- Provide linkage to housing, mental health, primary care.
- Recruit sex partners

Status as of July 2004
- Total enrolled and completed HR: 360
- Linked referrals: Approximately 64%
## Healthy Relationships

<table>
<thead>
<tr>
<th>Successes</th>
<th>Challenges</th>
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<tbody>
<tr>
<td>1. Enhanced recruitment methods through collaborations</td>
<td>1. Recruitment of staff trained in HR</td>
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<tr>
<td>2. Improved quality management</td>
<td>2. Gentrification in area</td>
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<tr>
<td>3. Increased staff capacity to facilitate HR</td>
<td>3. Implementation of PEMS</td>
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<td>4. Enhanced video-clips</td>
<td>4. Geographic area is overwhelmed with targeted research studies aimed at</td>
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<tr>
<td>5. Increased capacity to integrate with care and treatment programs</td>
<td>homeless</td>
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<tr>
<td></td>
<td>5. Participant recruitment</td>
</tr>
<tr>
<td></td>
<td>6. Video-clips appropriate for African-American MSM community</td>
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</tbody>
</table>
Healthy Relationships
Lessons Learned

• Simplification of PEMS variables and increased training and communication relative to PEMS will improve success
• Enhanced clarity concerning data management systems (CPEMS/HIRS) will improve data management, utility of data for program improvement, program implementation, reporting of data, and community planning.
• A high volume of community collaborations will yield higher levels of recruitment sources
• Strong staff capacity to deliver HR is key to desirable outcomes
• Well integrated prevention, care and treatment programs reduce attrition
• Funding of process/outcome monitoring activities is in dire need
• Stronger community planning and collaboration may improve program success, and reduce new infections
Healthy Relationships
Contact

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Tarzana Treatment Centers

PA 04064
Safety Counts
2004-2008
Safety Counts

- An intervention for active injection drug users (IDU) and crack cocaine smokers and their sex partners to prevent HIV and hepatitis.
- Designed specifically for persons who are not ready or not willing to enroll in drug treatment programs or otherwise stop their drug use.
- Using structured group and individual activities conducted over a period of 4 months, the intervention helps clients develop personal risk-reduction goals and define specific steps for achieving them.
Successes/Challenges

- In program year 2006-2007, 157 clients were enrolled into the program with 127 individuals completing the intervention successfully.
- One of our major successes is being able to reach all IDU’s without being driven by behavioral risk groups (BRG).
- We have developed a strong partnership with the CA state parole office in Van Nuys.
- LA Family Housing where we had previously had the most success closed down for a couple of months due to renovation. We are scheduled to return to the venue in November.
Lessons Learned

- Active IDU’s have other priorities, therefore time for intervention is limited.
- Incentives such as food and clothing are key to ensuring client participation.
- It is important to meet the client where they are at in order to gain their trust and involvement.
For additional information

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