

# Increasing Capacity in the Community: What is Needed to Support San Francisco's Biomedical HIV Prevention and Care Continuum for Youth

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## Why Youth Matter

Twenty percent of new HIV infections in the U.S. occur among young people between the ages of 13 and 24. Yet, only half of youth infected with HIV actually know their status. The majority of new HIV infections are among young men who have sex with men (YMSM), with striking racial and ethnic disparities that also exist across gender and sexual identities. YLWHA experience poor outcomes at every step of the continuum of care among any age group. The expansion of effective biomedical HIV prevention efforts, such as Pre-exposure Prophylaxis (PrEP) and Treatment as Prevention (TasP), has begun to shift the curve of the HIV epidemic. However, youth have not benefited fully from PrEP and TasP; syndemic conditions including homelessness, trauma, mental health, and substance use limit PrEP and TasP uptake and adherence among youth.

## Results – Youth/Client Level Data

- Ability to access and stay in housing safely is closely linked to better health outcomes
- Youth are in different states of readiness for personal change; this creates complex challenges for staff
- LSYS serves a diverse range of clients (SES, race, gender, sexual orientation); of the Point of Care HIV testing conducted (N=416) as part of this initiative, 175 (42%) are African American and 102 are Latinx (24.5%) with a total of 73% of youth tested identifying as youth of color
- 1 in 5 youth living with HIV (YLWHIV) and accessing HIV primary care through LSYS report past substance use treatment and mean age of first use is 16 years (range 13-18)
- Nearly half of these youth report trying to stop or cut down on their substance use. Most common substances are alcohol and marijuana
- Youth living with HIV (YLWHIV) report depression, anxiety and trauma symptoms on program entry at LSYS

## Results - Staff Capacity

- Staff regularly encounter clients presenting high-risk and crisis needs; this contributes to issues of safety and crisis management
- Staff members report that they do not have adequate training and skills to address youth behavioral/mental health, as well as LGBTQI issues facing youth
- Staff feel that consistent collaboration and coordination between staff members and all LSYS would benefit and help clients

## Results - Organizational Capacity Needs & Sustainability

- Opportunity to standardize staff on-boarding practice, e.g. training and protocols for deescalating crises that are the result of trauma exposure, mental health and substance use among clients
- Greater availability and better coordination of referrals for behavioral/mental health and addiction services
- Need for greater resources and organizational capacity to respond to substance use identification and treatment
- **Overall: Organizational and staff level activities have an impact on client experiences and on client outcomes that shape capacity-building needs and opportunities**

## Conclusions

- Reducing risks for clients and improving the potential for their health and safety is inseparable from the responsibilities, knowledge and confidence of staff, as well as from the structure, policies and procedures of the agency itself.
- Capacity building at LSYS, as related to this grant, must be feasible and the CBI must be thoughtfully implemented in 3 different contexts in order to reduce risks for clients.  
**\*These contexts include: client level services; staff capacity; organizational capacity and sustainability**

## Implications for a Status Neutral Continuum of Care

Successful youth engagement in the continuum of care requires more than a referral and prescription. As such, this collaborative provides interventions to:

- increase HIV testing
- address substance use and mental health issues
- improve staff capacity and client HIV awareness
- ensure provision of PrEP/PEP/TasP services



## Data Collection and Methods

A community participatory framework was used:

To identify organizational needs that could bear upon HIV capacity-building in a feasible, real-world context at a youth serving agency. Our research team brings together community, public health and academic partners whose aim is to better understand organizational capacity at LSYS to address co-occurring syndemic conditions that impact HIV among homeless, LGBTQ, youth of color in San Francisco.

Data are drawn from: key informant interviews; bi-monthly meetings; focus groups; LSYS agency data, front-line staff trainings, and motivational interviewing technical assistance sessions with key stakeholders. Field notes and transcripts were coded using thematic analysis.

## LSYS Data on Clinical Services

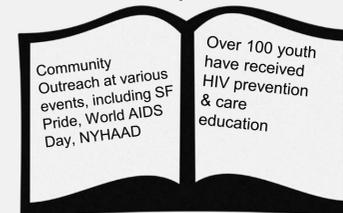
 As of June 2017, 103 youth aged 12-24 are engaged in PrEP care. This group is 81% youth of color and 22% female. Of all 103 youth, approximately 30% identify as trans or gender non-conforming

 To address access challenges, the San Francisco Department Health operates a special program that provides no cost PrEP to youth who face financial or confidentiality barriers

 Dedicated youth RAPID program for same day stabilization and ART initiation.

## What We Are Doing Now

### Community Outreach



### Peer PrEP Education

Currently creating a Peer Health Education curriculum for HIV prevention, with a focus on developing youth as PrEP champions. In partnership with UCSF, youth will develop leadership skills and be encouraged to engage their peers in health empowerment messaging.

### Motivational Interviewing

Staff reported a need for increased training and support to effectively address client mental health, substance abuse, and trauma. In response, we implemented a series of case-based workshops with 25 staff members, focused on skill building and follow-up groups.

### Seeking Safety Psychoeducational Groups

In order to address the high substance use and trauma Larkin Street youth experience, we are implementing Seeking Safety, an evidence-based psychotherapy group intervention.