

Optimizing Care for Youth Living with HIV: The Larkin Street Youth Services Model

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Workshop Overview

- Introduction and Service Model Overview
 - Youth-centered, low-barrier, one-stop access point
- Medical Services Provided
 - Rapid model, patient education and sexual health/wellness promotion, virologic suppression, transition to adult medical care
- Program Values
 - Harm reduction, trauma-informed care, restorative practices

Who we are:

Adam Leonard, he/him, Larkin Street Youth Services

Jazmine Mincey, she/her, Larkin Street Youth Services

*The mission of **Larkin Street Youth Services** 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.*

Who are YOU?

Name, PGP, Organization, Location

What brings you to this workshop?

Objectives

- Understand how Larkin Street's innovative youth-centered, low-barrier, one-stop service model addresses NHAS goals 1, 2 and 3.

1. Reduce New Infections

2. Increase Access to Care and Improve Health Outcomes for People Living with HIV

3.Reduce HIV-Related Health Disparities and Health Inequities

- Learn techniques and best practices around rapid HIV treatment initiation and achieving virologic suppression in this special population.
- Share your own experiences in working with similar populations and learn from other programs' best practices.



HIV Among US Youth

Incidence (2014):

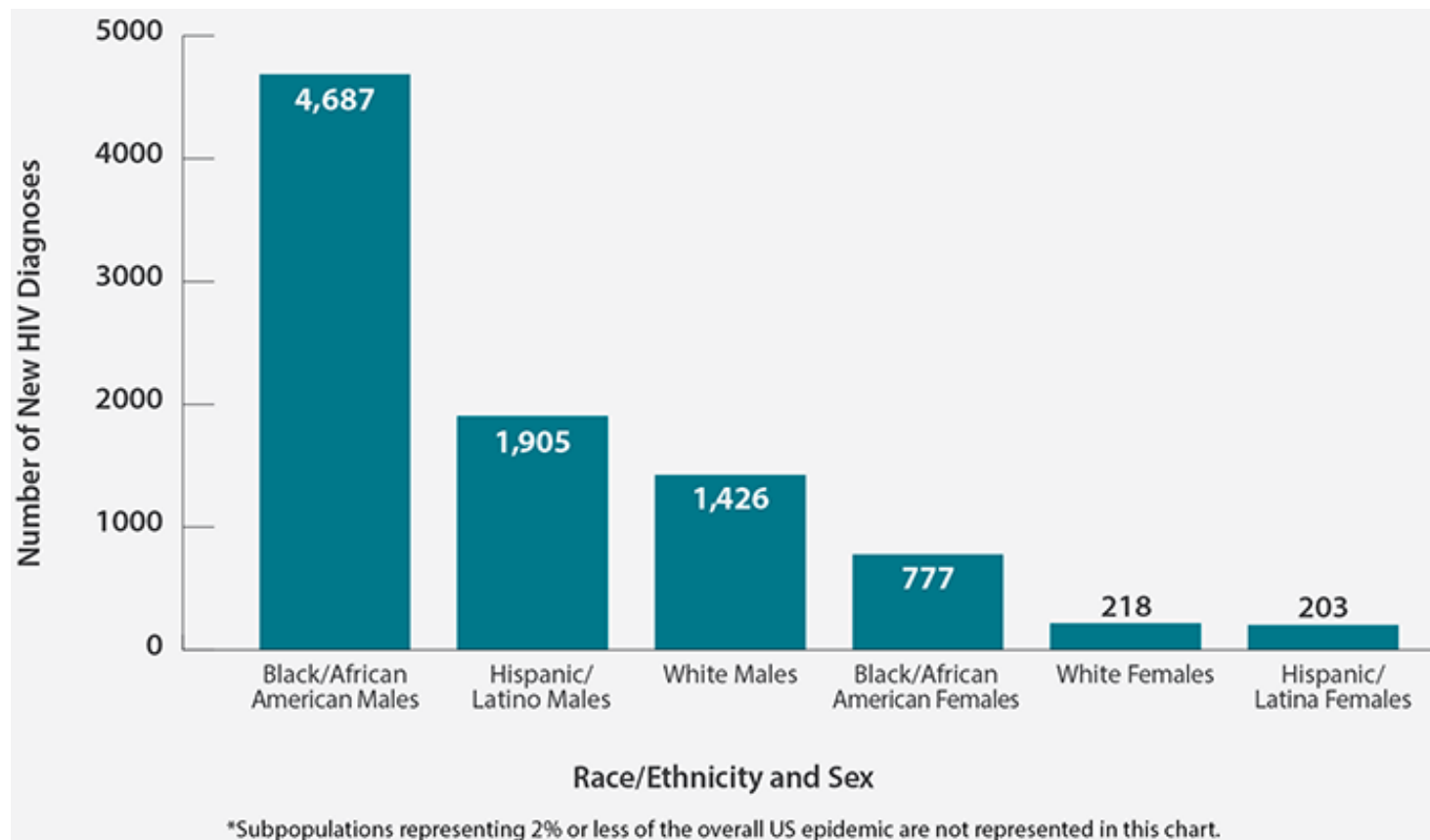
- Youth ages 13-24 accounted for 22% (~10,000) of new HIV infections
- Young gay, bisexual men (YMSM) disproportionately affected
- 80% of infections among youth
- Only group in which incidence of new infections is increasing: **22% increase 2008-2010**
- Significant racial and ethnic disparities
- Concentrated in Southeastern US

Prevalence (2013):

- 62,400 youth living with HIV in the US
- 2,704 diagnosed with AIDS (10% all AIDS dx)
- 156 AIDS-related deaths (1% of all AIDS deaths)

<http://www.cdc.gov/hiv/group/age/youth/index.html>

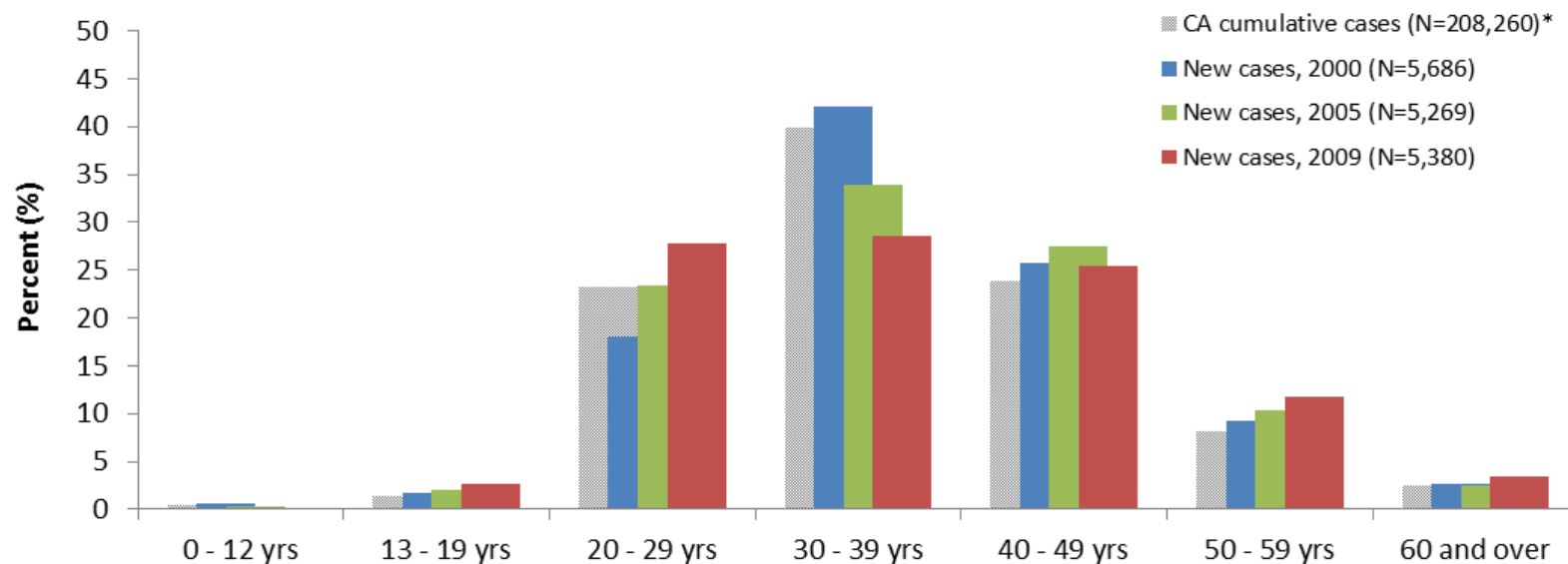
Estimates of New Infections Among Youth Aged 13-24 Years, by Race/Ethnicity and Sex, United States 2014



CDC. Diagnoses of HIV infection in the United States and dependent areas, 2014. HIV Surveillance Report 2015;26.

HIV Among Youth in California

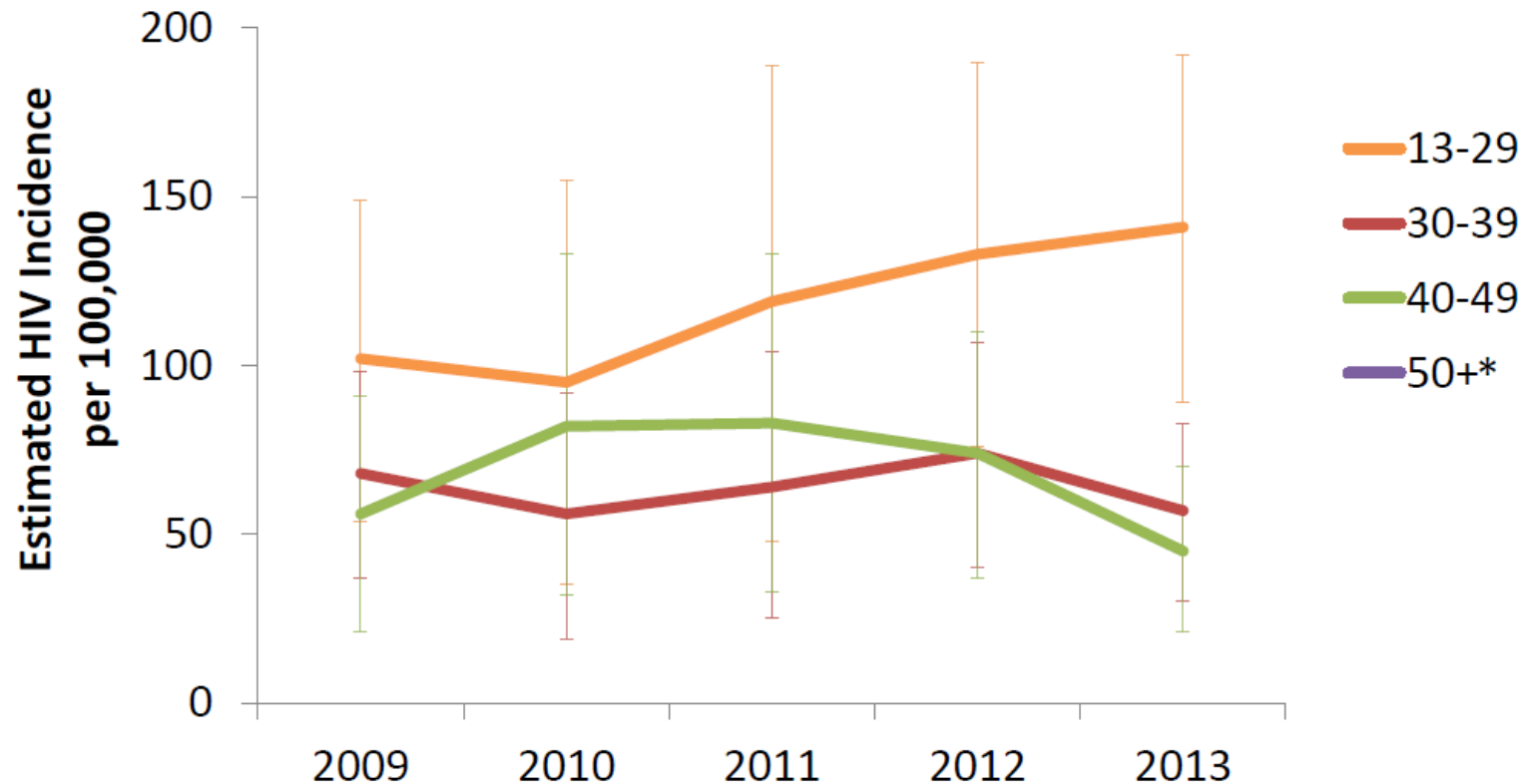
Figure 14. Distribution of newly diagnosed HIV Infection cases by age at diagnosis: Cumulative and new diagnoses in 2000, 2005 and 2009



*Includes cumulative cases diagnosed in California as of Dec. 31, 2009
p<0.01, 2000 v 2009 all age groups except 40-49 yrs

California Department of Public Health, Office of AIDS. (2012). California HIV/AIDS Epidemiological Profile, 2009 Update.

Estimated HIV Incidence in San Francisco by Age



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



Getting To Zero



HIV Continuum of Care

HIV CARE CONTINUUM:

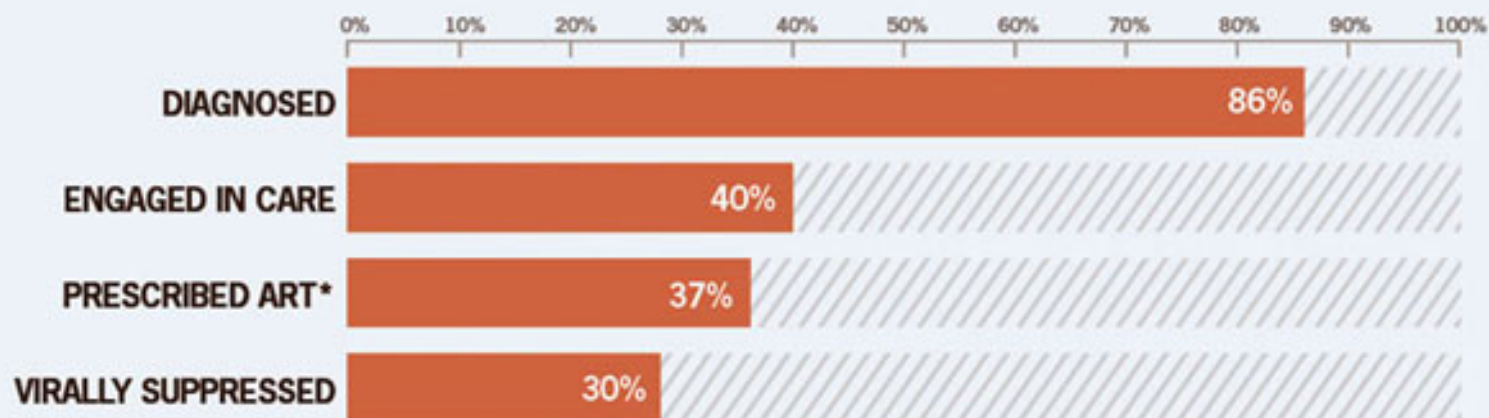
THE SERIES OF STEPS A PERSON WITH HIV TAKES FROM INITIAL DIAGNOSIS THROUGH THEIR SUCCESSFUL TREATMENT WITH HIV MEDICATION



HIV Continuum of Care Outcomes

HIV Care Continuum Shows Where Improvements are Needed

In the US, 1.2 million people are living with HIV. Of those:

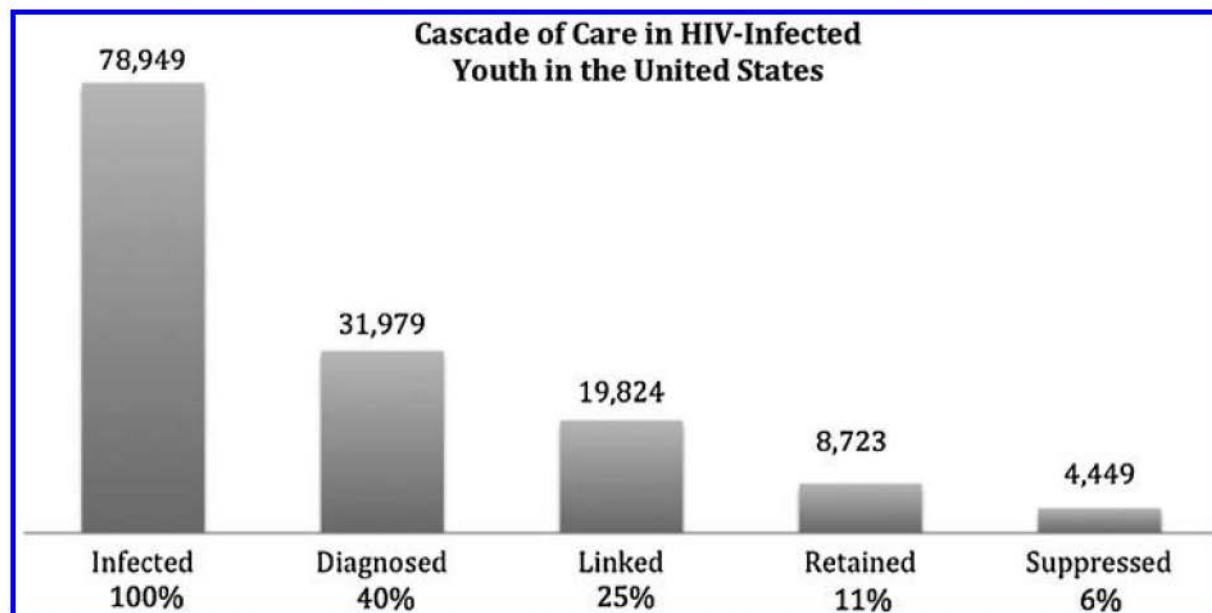


SOURCES: CDC National HIV Surveillance System and Medical Monitoring Project, 2011.

*Antiretroviral therapy

Continuum of Care for HIV+ Youth

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



Zanoni and Mayer. (2014). The Adolescent and Young Adult HIV Cascade of Care in the United States: Exaggerated Health Disparities. *AIDS Patient Care and STDs*, 28(3): 128-135.



Youth-Specific Services

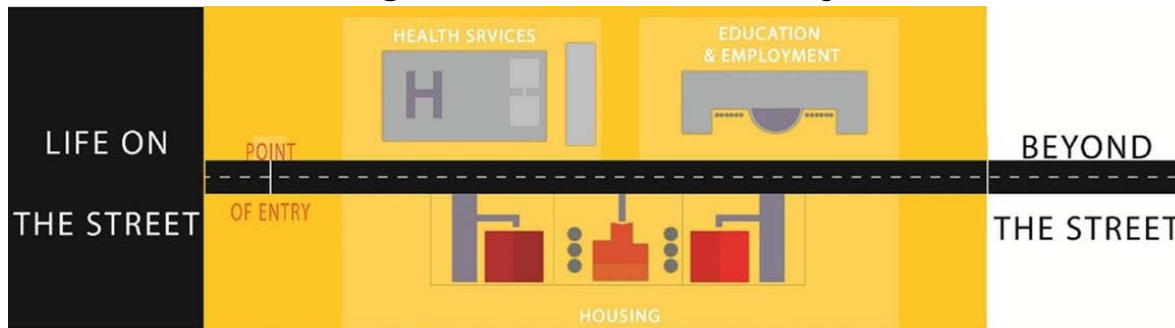
Participant Perspectives!

- How are youth served in your program?
- What specific needs do transitional-age youth have?



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

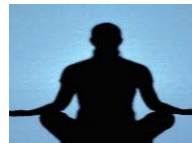
Safe and Stable Housing



Self Sustaining Employment



Two Years Post-Secondary Ed



Physical and Emotional Wellness



Larkin Street At A Glance

Agency/Program Profile	LSYS Totals 2015	AC/AC Totals 2015
Staff	205	22
Programs	>12	3
Youth Housed	250-300	45
Youth Served	2,500	70
Average Client Age	21	22
Youth Exits to Stability	81%	81% overall 100% After Care
Sources of Revenue	56% public revenue 44% individual, foundations, events	97% public revenue 3% foundation revenue



Assisted Care / After Care Program 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



Assisted Care / After Care 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

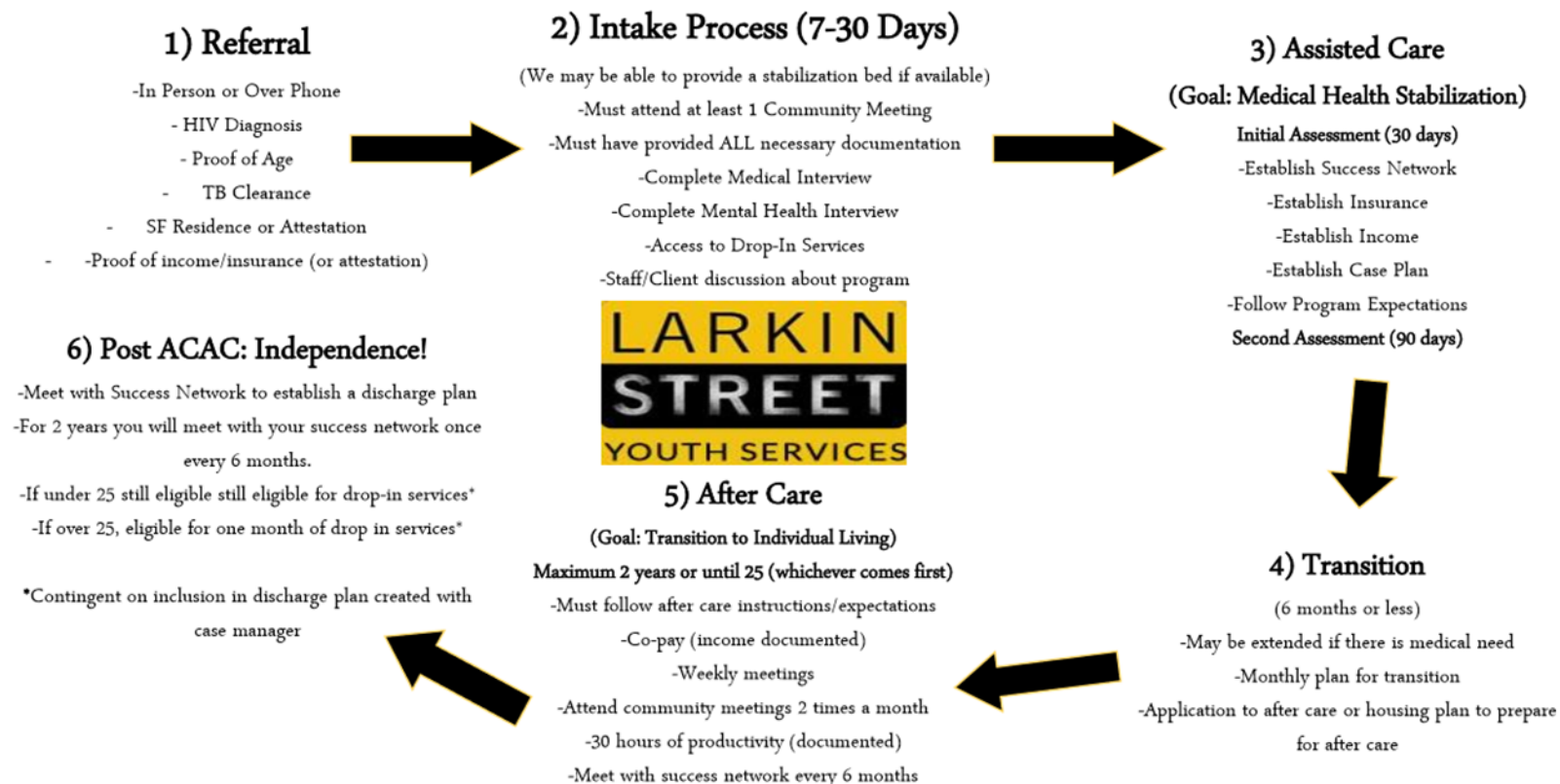
After Care

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



AC/AC Service Model

Assisted Care/After Care Timeline



AC/AC Service Model



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

Diagnosis

What's The Problem?

Nationally about 50% of youth living with HIV in the US are undiagnosed

- Highest rate of any age group

Barriers at individual & community level

- Convenience

- Confidentiality

- Risk perception

- Perceived judgment from clinic staff

- Stigma

- Assumption

- Different testing technologies

What We're Doing!

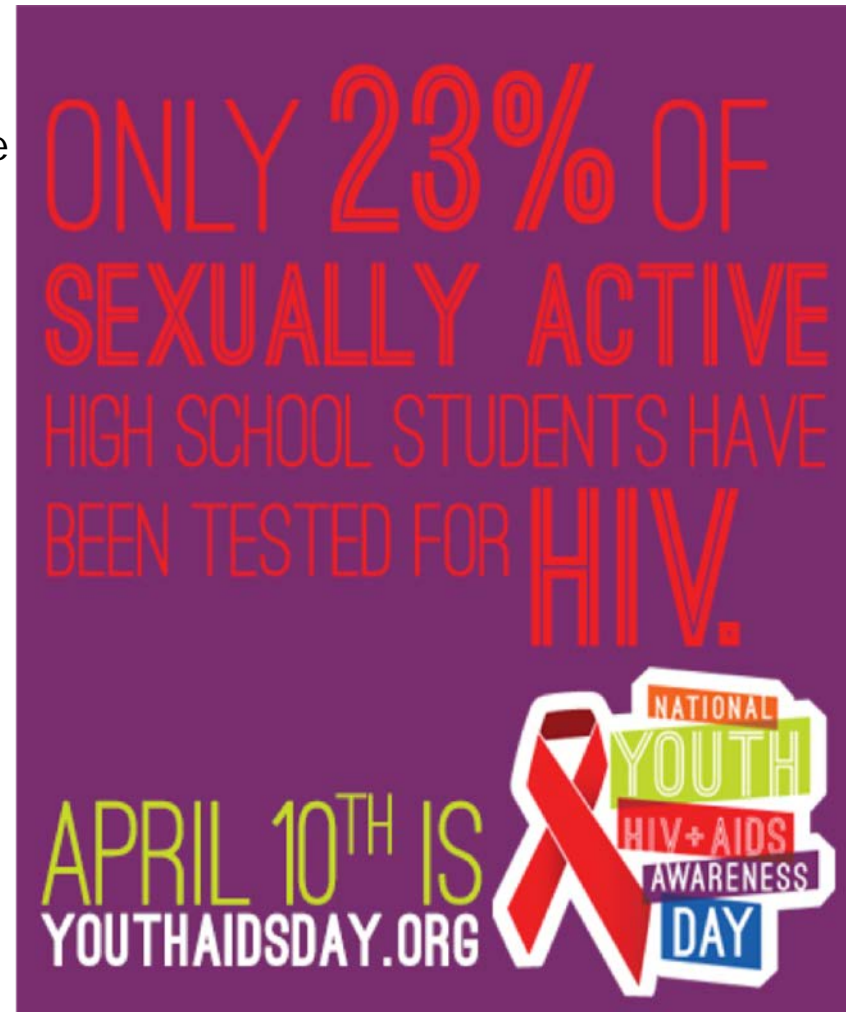
Rapid HIV and HCV testing

Clinic based testing

Piloting novel testing recruitment strategies

- Peer referral

- Home test kits



Linkage

PRIORITIZE YOUNG PEOPLE IN THE RESPONSE TO HIV & AIDS

WHERE ARE THE GAPS?

50% ABOUT HALF OF YOUNG PEOPLE LIVING WITH HIV HAVE NOT BEEN DIAGNOSED & DO NOT KNOW THAT THEY HAVE HIV.

13% AMONG YOUNG PEOPLE LIVING WITH HIV, ONLY 13% ARE RECEIVING ENOUGH MEDICATION SO THAT THE VIRUS IS SUPPRESSED. (THE LOWEST PERCENTAGE OF ANY AGE GROUP)

POVERTY, HOMELESSNESS &
LACK OF EMPLOYMENT OPPORTUNITIES
...FORCE YOUNG PEOPLE LIVING WITH HIV TO STRUGGLE TO
MEET BASIC NEEDS & CREATE BARRIERS TO HEALTH CARE.



What's The Problem?

- Among youth aged 13 to 24 diagnosed with HIV in 2013, 78% were linked to care within 3 months
Lowest rate of any age group

What We're Doing!

- RAPID model
- Referral relationship building
- Dedicated youth friendly services
 - Approachable
 - Non-judgmental
 - Accessible hours and location
 - Confidentiality
- Wrap Around Care
 - Prioritize housing and stabilization

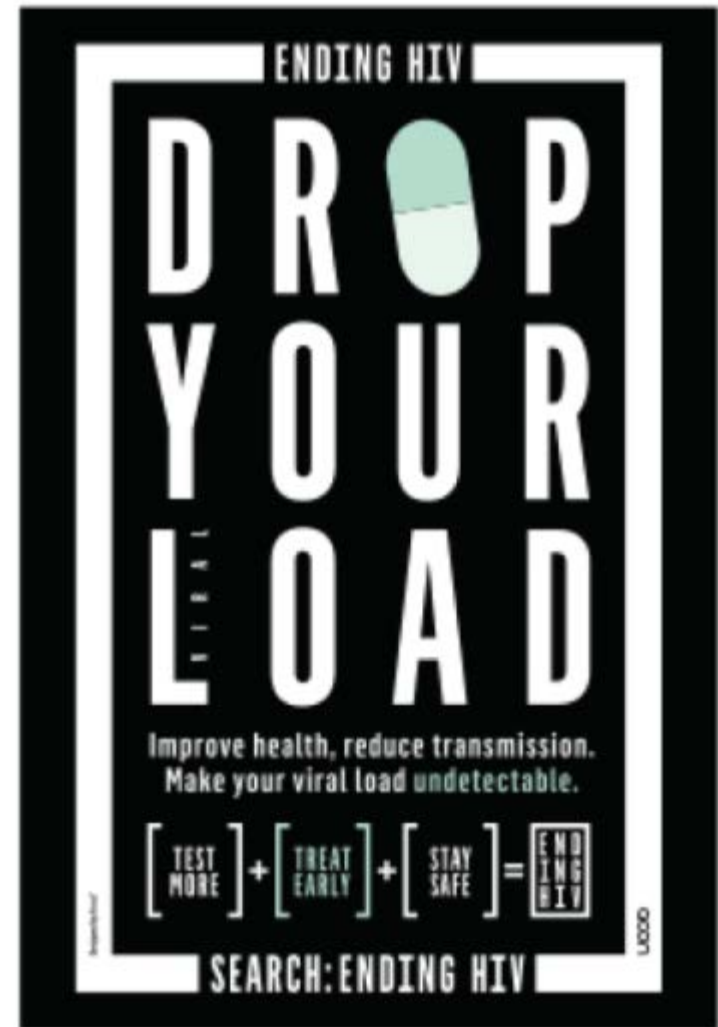
Antiretroviral Therapy

What's The Problem?

- Only 21% of youth living with HIV were prescribed ARVs
 - Lowest rate of any age group
- AC/AC youth: 73% on ARV (FY'14-'15)
- 90% of youth housed 60+ days in Assisted Care program on ARVs achieve “good” to “excellent” adherence

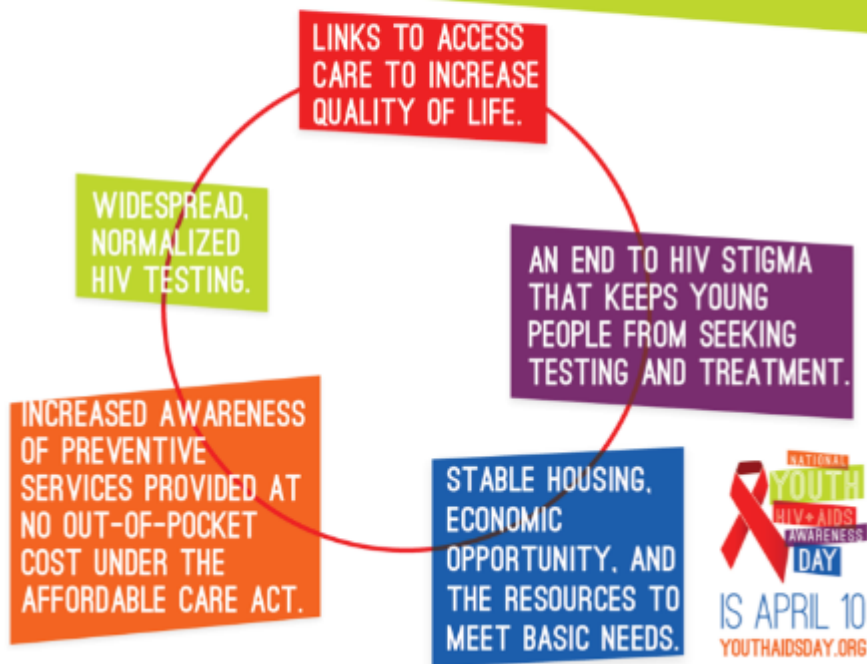
What We're Doing!

- RAPID start
- Agency in ARV regimen
 - Treatment *not* required for services
- Medication management
- Adherence counseling
- Low judgment zone
 - Missed pills = learning opportunity
 - ARV holidays
 - Language matters



Retention

WHAT YOUNG PEOPLE LIVING WITH HIV NEED:



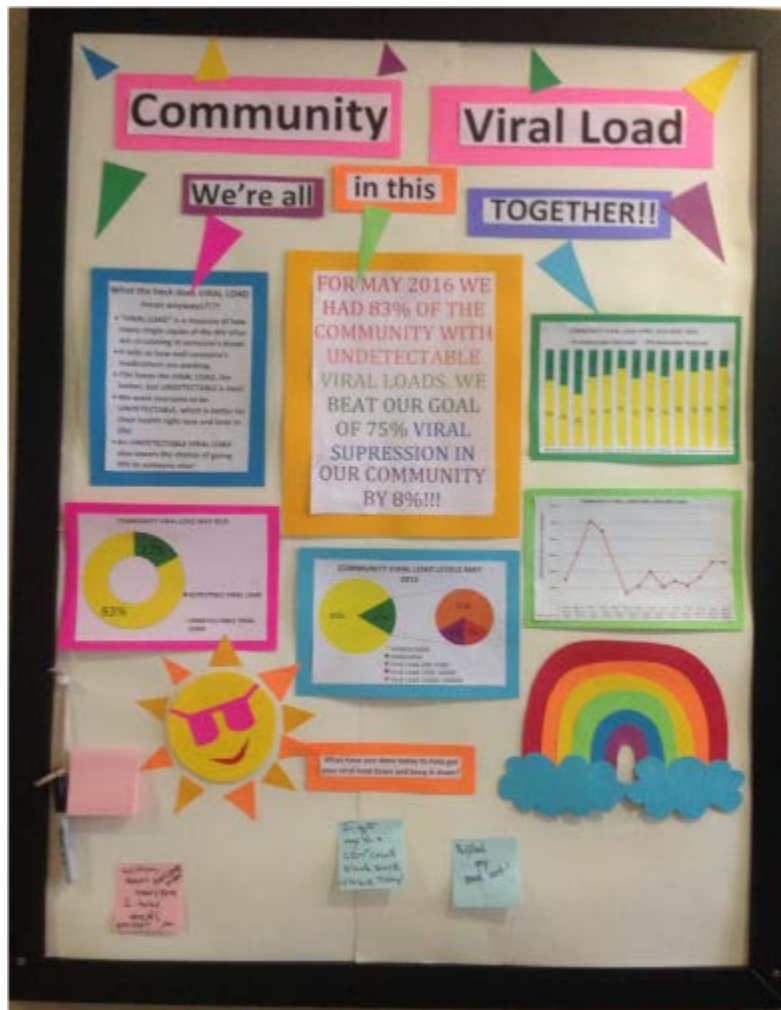
What's The Problem?

- Only 52% HIV+ youth were retained in HIV care at the end of 2012

What We're Doing!

- HOUSING
- Relationship building
- Drop-in medical care
- Evening hours
- Case Management support
- Tech-based reminders

Viral Suppression



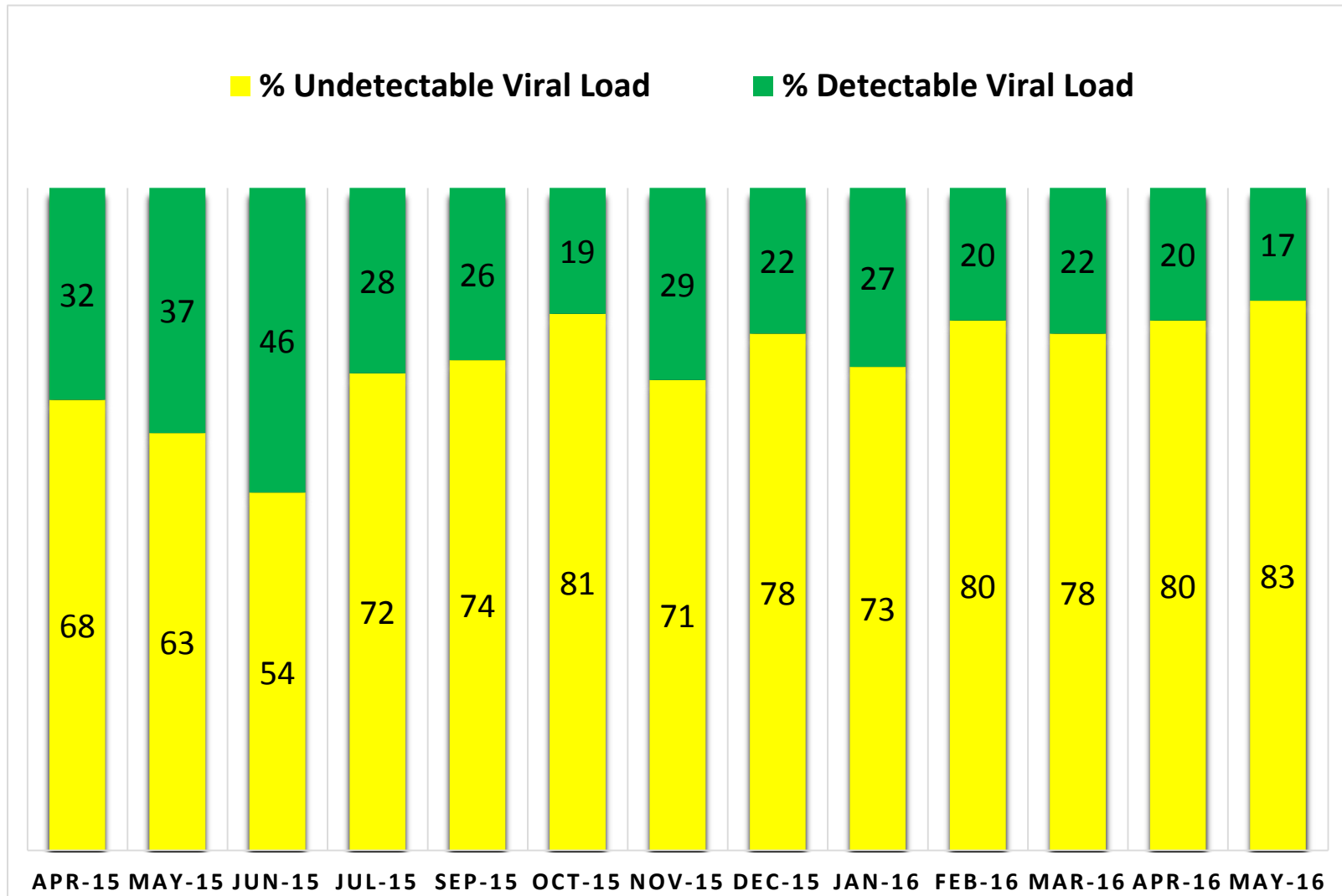
What's The Problem?

- 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

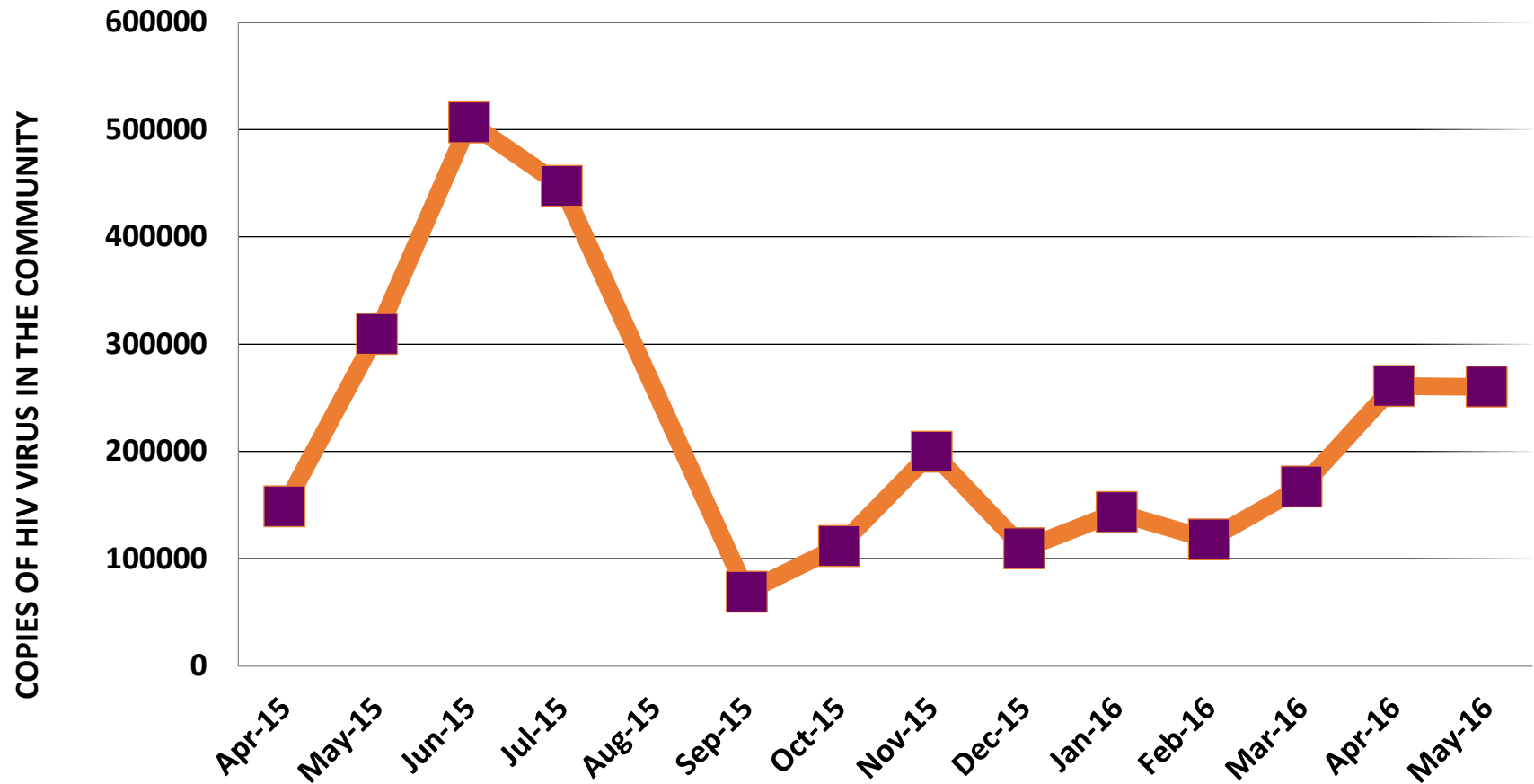
What We're Doing!

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

AC/AC Viral Suppression, April 2015 – May 2016

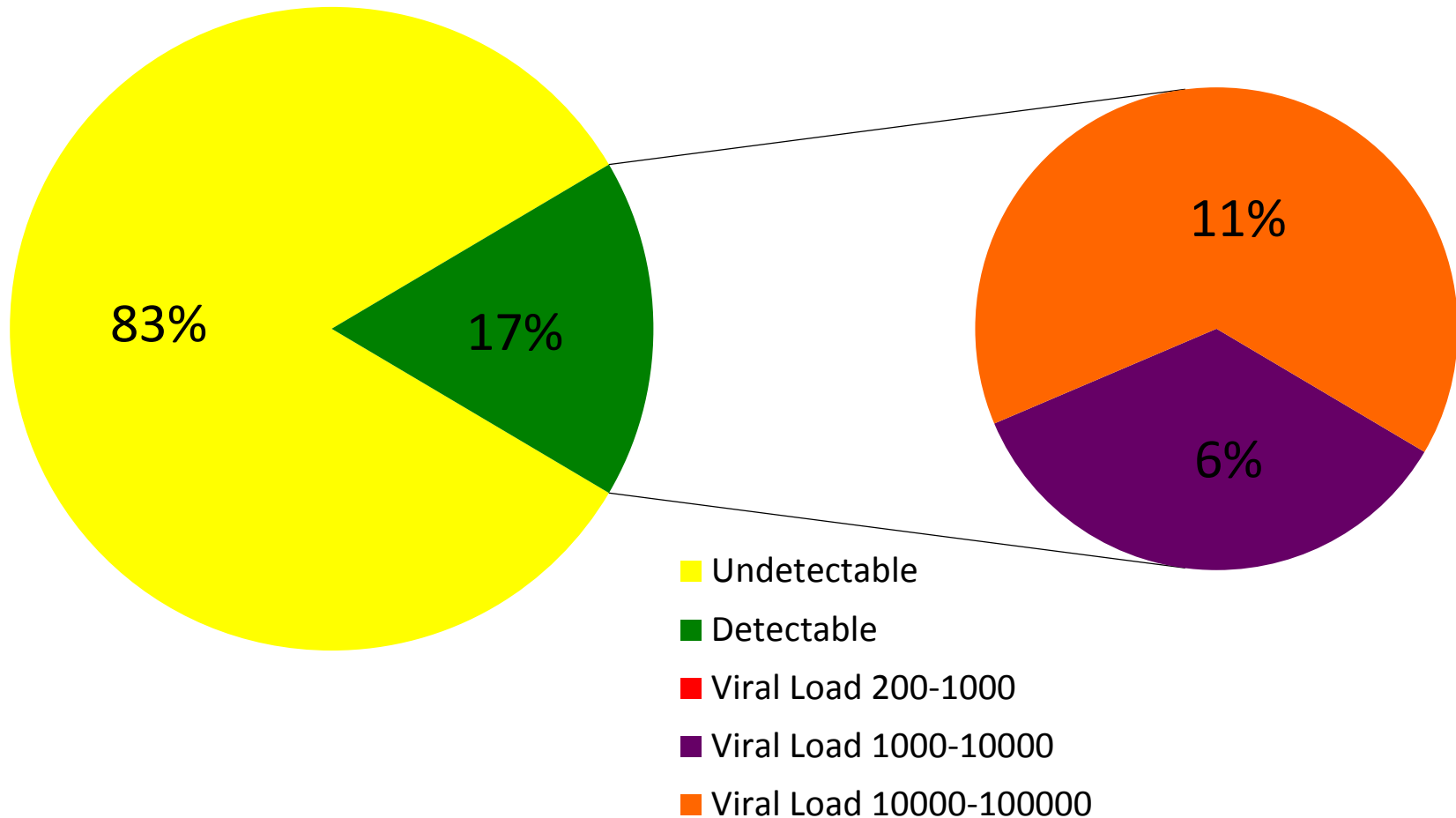


Community Viral Load April 2015 - May 2016



	Apr-15	May-15	Jun-15	Jul-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Total Viral Load	148685	309372	506741	447461	69231	111712	199631	109523	143240	117955	167113	261101	260365

Viral Load Suppression and Range, 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

What We're Doing!

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



Program Values

Trauma-informed care

- Mirror language
- What happened to you? vs. What's wrong with you?
- Meeting and group expectations posted in milieu
- Ownership of space: Client art and garden/plants in patio tended by clients

Restorative Practices

- “hurt people hurt people”
- Behavior change is the goal- this is achieved through relationships and feeling of belonging rather than fear/shame
- Ex. Missing community meeting = extra chore or cook dinner for household

Harm reduction

- Sex worker safety strategies- texting friends, placing hands (fingerprints) on car,
- Sleeping in milieu and informing staff of more substance than usual
- Narcan signs on doors

Successes



- Program stabilization
- Staff morale
- Client involvement and ownership in program/space
- Medical stability
- Housing stability
- Sustained relationships over time/Aftercare



Challenges

Staff turnover

Program location

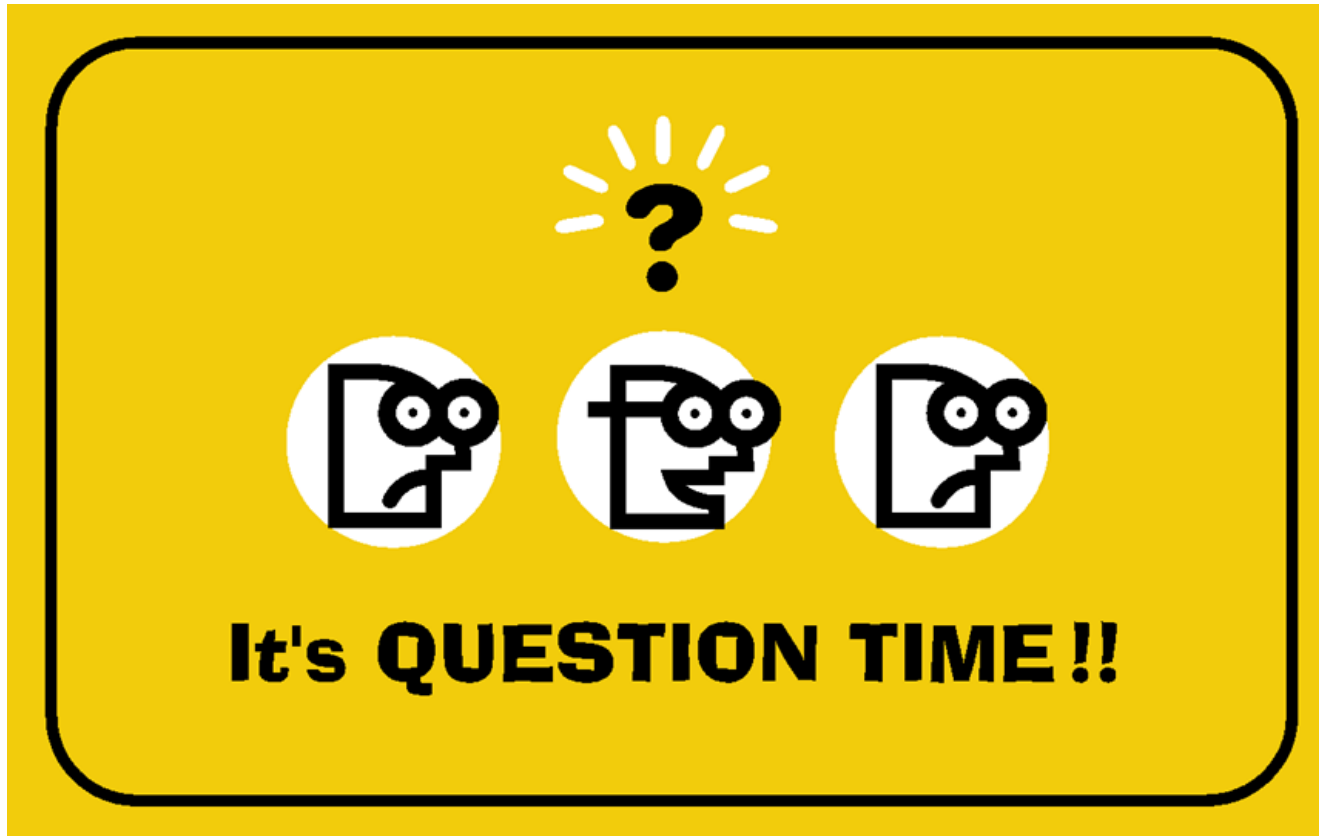
Substance use

Mental health

Client engagement & accountability



Questions?



Thank You!

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