The One- Two Punch

HIV/ STD Testing and Risk Reduction Education Working Hand in Hand

Learning Objectives

- 1. How each program facilitates increased capacity for building partnerships that integrate services.
- 2. How to maintain communication and work effectively across testing, education and case management
- 3. Incentives to working collaboratively

Overview

- JWCH Institute Inc.
- MTU- Multiple Morbidity Mobile Unit
- H.A.R.R.P.- Healthy Alternatives for Reducing the Risk for HIV Program

JWCH Mission

- The Mission of JWCH Institute is to improve the health status and well-being of under-served segments of the population of Los Angeles County through the direct provision or coordination of health care, health education, services, and research

- The Mission is carried out by two distinct divisions within the agency: Community Health/ HIV Services and Medical Care/ Services
- The Integrated Health Systems model allows us to offer a myriad of services at 8 clinics and 2 recuperative care centers

Some of the services offered include:

- Primary medical care
- HIV care and treatment
- Family planning
- Health education and research
- Case management
- Behavioral health
- HIV/ STD testing
- Residential/ Outpatient substance abuse treatment

JWCH Institute Inc.

- In 1960 attending physicians at John Wesley County Hospital (now California Hospital) began volunteering their time and services to under served populations in the communities surrounding the hospital. Sensing the unique needs for medical services and education these physicians joined together to form JWCH Institute Inc, A health care non- profit.

- Today our clinics see a daily average of _____ persons for medical services.
- The Center for Community Health is our flagship clinic and the only comprehensive health care center in downtown L.A.
- CCH is a partnership between JWCH. Los Angeles County Dept Health Services, & the Weingart Center.
- Other collaborators include USC Dental School, UCLA, & other public private partnerships

MTU- Multiple Morbidity Mobile Unit

- Has been in operation since 2005
- Provides HIV STI and Hepatitis B & C screenings.
- Referrals to medical care, case management and health education programs
- All staff are cross trained, and phlebotomy certified
- Currently have 4 vehicles in operation at JWCH Institute
- Travels to events, “hot spots”, health fairs and other areas in SPA 4, 6, 7.

H.A.R.R.P.- Healthy Alternatives for Reducing the Risk of HIV Program

- H.A.R.R.P is an HIV Prevention intervention that has been housed at JWCH Institute Inc. for more than 14 years. It combines evidence based theory with homegrown elements to give a unique touch to prevention education. Funded by the County of Los Angeles Department of Public Health, Office of AIDS Programs and Policy
- Our small staff provides outreach, 4 session groups, and individual risk reduction counseling.
- Services are conducted in Service Planning Areas 4, 6, and 7 (Metro Los Angeles/ South Los Angeles/ South East Los Angeles respectively)
- Engage women from diverse backgrounds and empower them to adopt safer behaviors that will help reduce the burden of new infections. Men are not part of H.A.R.R.P. current scope of work
- Our current home base is at the Center for Community Health Downtown LA, a state of the art medical clinic in the heart of Central City East (Skid Row).
- Last year (7/11-6/12) we saw 1066* women during outreach encounters. We saw 148 (non dup), women complete one on one sessions and 145 (non dup), women completed groups

How each program facilitates increased capacity for building partnerships that integrate services.

- In health care and social service settings agencies, it often seems as if providers tend to view their program or service as a lone entities.
- With our collaborations we have learned that at times have to rely on other programs as a vital piece of the "puzzle". No one program or service can satisfy the total needs of a person
- We actively seek out our co- workers and engage them regularly about clients and services we may be working on or can work on. This happens informally and formally during staff meetings or SPA meetings.
- We also try to include other teams in our " other " program activities: parties, talks, clothing giveaways held for our clients. This allows clients and staff to have continuous contact outside of the regular program activities and helps foster interpersonal relationships. .
- Financially programs with more resources can share with others with smaller budgets

Michelle* is a 35 year old African American female. She resides in a single room occupancy apartment in Skid Row. Michelle has struggled with alcohol and drug abuse for the past 14 years. Currently she is sober and unemployed. Client has had 3 partners in the past 12 months. When H.A.R.R.P. Outreach staff encountered her she had not been tested in over 1 year. Client said she tested before and thinks it was positive but never returned for the results. She was walked over to the Mobile Unit for HIV testing. Client tested positive for HIV. After the result was disclosed on the Mobile Unit. Testing Counselors gave her 3 referrals including medical care, psycho social case management, and education. An appointment was made via the phone to visit a case manager and received. Client arrived the next day and was greeted by case manager who discussed the plan of action. The plan initially was to get client stabilized, connect her to treatment/ care. Once these are established the CM planned to connect client to education and support.

Client signed up for one on ones with HARRP where she was able to receive personalized education about reducing the risk of co-infection and situations regarding her partners. She was also engaged by LODI program peers about support resources.

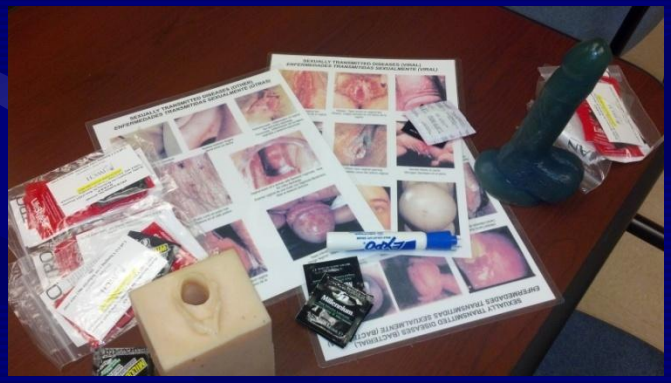
Connections

- In the case study we are able to see how the programs partnerships assist in facilitating needed client services.
- Working in the same agency or in the same facility do not always translate into partnerships. Partnerships must be cultivated.
- Monthly program calendars that are shared between programs are a great way to maintain communication.
- Monthly department staff meetings where all current staff are introduced keeps staff aware of names of staff they may need to refer to.
- Ensuring all staff have the phone numbers of other programs staff.
- Even if your program does not conduct outreach, devote time to allowing staff to meet and interface with other team members within the agency or within partnering agencies to find out who does what.
- Share your needs with other programs. One program may have the capacity to assist you or your clients in a way you did not expect

The Payoff

- Education programs receive CM and testing linkages without red tape of clinic administrative process
- Programs that don't have outreach/ incentive/ capacity receive it via their partners- MTU incentives, Case Management tokens
- Health Education programs reinforce reasons to test & risk reduction skills & can reinforce goals set in case plans
- Confirmed linkages to care, case management, education- no cold calls
- Higher success rates of client retention throughout the agency
- High risk clients receive needed support throughout the agency

Hard at Work



For More Info

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