Substance Abuse and HIV Prevention (SHIP) Grant

Needs Assessment Findings

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Introduction

On September 30, 2008, the Division of Adolescent Medicine, Childrens Hospital Los Angeles, was awarded SAMHSA funding as part of the Minority HIV/AIDS Initiative to strengthen and extend meaningful collaborative planning and infrastructure development around the prevention of SA and HIV among homeless youth of color in Service Planning Area (SPA) 4 of Los Angeles County and reduce substance use and HIV transmission among 18-24 year old homeless youth of color in Service Planning Area (SPA) 4 of Los Angeles County. The first step in this effort was to convene a working group to design and implement an assessment to determine the magnitude of SA and HIV in the target population and community, identify the risk and protective factors associated with SA and HIV, identify of community assets and resources, and determine gaps in services and capacity. The needs assessment subcommittee included representatives from Los Angeles Youth Network, My Friend's Place, the Saban Free clinic, Covenant House California, Los Angeles Gay and Lesbian Center, the Los Angeles County Office of AIDS Programs and Policy, and Childrens Hospital Los Angeles.

Needs Assessment Goals

The key goals of the SHIP needs assessment were to:

- Collect information about risk behavior among homeless youth in the Hollywood community including:
  - The nature and extent of substance abuse and HIV risk behavior
  - The conditions that contribute to substance abuse and HIV risk (the risk and protective factors)
  - The resources that currently exist
  - The gaps in resources
  - The readiness of the community to address the problem
- Collect information to help select appropriate interventions

Data Sources

SHIP Youth Survey: To better understand the prevalence of substance abuse and HIV risk, we surveyed 110 youth in homeless youth serving agencies in the Hollywood are during May 2009. The computer assisted survey include questions on demographics, substance use, sexual risk, HIV testing behaviors, ethnic and LGBT identity, future planning, etc. In order to be eligible for the survey, youth had to be ages 18 through 24; homeless in the past 6 months (i.e.- living on the street, shelter, transitional living, couch surfing); and report sexual activity in the last 90 days.

In our analysis of this survey, we conducted a separate analysis of young men who have sex with men (MSM). In Los Angeles County, men who have sex with men continue to be the group most highly impacted by HIV. We thought that this analysis would help us better target our interventions. Due to the small sample size of the MSM group very few significant difference were found. Significant differences at the $p<0.05$ are noted. To simplify the data shown in some cases only the MSM group is presented as opposed to others where both the MSM and non- MSM groups are presented.

Existing Survey Supported by The California Endowment (TCE Survey): From February to July 2007, research staff from Childrens Hospital Los Angeles (CHLA) partnered with the other agencies of the Hollywood Homeless Youth Partnership (HHYP), to recruit runaway and homeless youth for an hour-long computer assisted survey. This needs assessment was supported by a grant from The California Endowment (TCE) and was designed to help us better understand the needs and experiences of homeless youth in the community, in an effort to improve services and outcomes, reduce barriers to care, and affect changes in mainstream service systems working with homeless youth. Youth were eligible for the survey if they were homeless or at risk of being homeless (e.g., precariously housed, couch-surfing, etc.) and between the ages of 12 through 25. Over the course of the 6 months, we screened 642 prospective participants and collected 413 surveys. Twenty-four surveys were excluded due to data issues, bringing our total sample to 389. Youth were recruited to complete the survey from a variety of settings: 36% were recruited from drop in centers where youth can go to get a meal, shower, and receive support services and referrals; 23% were recruited from residential programs such as transitional living programs and group homes; 22% were recruited from street locations where homeless youth are known to congregate; 17% were from shelters; and 3% were recruited from The Saban Free Clinic in Hollywood. The pertinent results from this survey were included in our application to SAMHSA. The current needs assessment was designed to supplement these findings.

Provider Assessment Methods: To better understand provider perceptions of HIV and substance abuse prevention needs, community readiness, and gaps and resources a variety of assessment strategies were implemented.

- Focus group with managers and program coordinators from homeless youth serving agencies - May 5th, 2009
  - Number of Participants: 17 Participants
  - Agencies represented: Los Angeles Gay and Lesbian Center, Saban Free Clinic, Twin Town, My Friend's Place, Covenant House California, Children's Hospital Los Angeles, Department of Children and Family Services, People Assisting the Homeless (PATH)
- Focus group with direct care staff from homeless youth serving agencies -June 4th, 2009
  - Number of Participants: 9 Participants
  - Agencies Represented: Los Angeles Gay and Lesbian Center "The Spot", My Friends Place, Saban Free Clinic, Children's Hospital Los Angeles, Covenant House California, Los Angeles Gay and Lesbian Center-Jeff Griffith Youth Center
- Online survey of agencies in the Hollywood area
  - Total Completed Survey = 12
  - Agencies Represented: Children's Hospital Los Angeles (2), My Friends Place, APLA (2), SFC (2), Los Angeles Gay and Lesbian Center (2), Department of Children and Family Services, Covenant House California, Friends Research Institute, Van Ness Recovery House

Los Angeles County Alcohol and Drug Program Administration Data on Substance Abuse Treatment Admissions: Treatment data were provided by Los Angeles County Department of Public Health, Alcohol and Drug Program Administration (ADPA) (tables produced by California Department of Alcohol and Drug Programs [ADP]) from CalOMS (California Outcome Monitoring System. CalOMS is a statewide client-based data collection and outcomes measurement system for alcohol and other drug (AOD) prevention and treatment services. Submission of admission/discharge information for all clients is required of all counties and their subcontracted AOD providers, all direct contract providers receiving public AOD funding, and all private-pay licensed narcotic treatment providers. Data for the current report include admissions in Los Angeles County for periods July–December 2006 and January–June 2007. Note that CalOMS was implemented in early 2006 (replacing the earlier CADDS system). Thus, data reported for periods prior to July 2006 may not be comparable to more recent periods.

California Department of Public Health, Office of AIDS (CAOA, 2008): Data comes from the mandatory reporting of diagnosed HIV/AIDS cases to the State/County.

HIV Epidemiology Program, Los Angeles County Department of Public Health: HIV/AIDS Surveillance Summary, January 2009: 1-33; Data comes from the mandatory reporting of diagnosed HIV/AIDS cases to the State/County.

Belzer, 2008: study of young transgender women ages 13-24 conducted in Los Angeles, through the Adolescent Trials Network (ATN).

OAPP, 2008: Office of AIDS Programs and Policy: Data comes from the mandatory reporting of diagnosed HIV/AIDS cases to the State/County and from the Los Angeles County HIV Prevention Plan 2009 - 2014. Link: **Office of AIDS Programs and Policy**

Centers for Disease Control and Prevention: Data comes from the mandatory reporting of diagnosed HIV/AIDS cases to the CDC.

National Health and Nutrition Examination Survey and other data: Information comes from questionnaires and data sets. Some NCHS data systems and surveys are ongoing annual systems while others are conducted periodically. NCHS has two major types of data systems: systems based on populations, containing data collected through personal interviews or examinations; and systems based on records, containing data collected from vital and medical records

HIV/AIDS, Los Angeles County, Department of Public Health:
Data comes from the mandatory reporting of diagnosed HIV/AIDS cases to the State/County.
http://publichealth.lacounty.gov/wwwfiles/ph/hae/hiv/January2009SemiannualSurveillanceSummary.pdf
(Table 11)

Section 1: Geographical Area and Target Population

A. Geographic Service Area - The Metropolitan Service Area for this proposal is Los Angeles County, the largest county in the United States, with a population greater than that of 42 of 50 states (U.S. Census Bureau, 2006). Almost one-third of the total California population resides in Los Angeles County. As of January 2007, Los Angeles County had a population of approximately 10,331,939 residents (Los Angeles County Online, n.d.). Encompassing over 4,000 square miles, Los Angeles County includes over 88 cities, with sprawling suburbs, open wilderness, and some of the most densely populated areas in the United States. Due to its immense size, the County has been divided into 8 Service Planning Areas (SPAs) to address health care and associated services, including the allocation of funds. SPA 4 will be the specific focus of this project due to the concentration of homeless youth of color ages 18-24 in this area and their risk of substance abuse and HIV transmission as well as the concentration of people living with HIV and AIDS (PLWHA).

In addition to being the largest county in the United States, Los Angeles is one of the most ethnically diverse counties in the nation; racial and ethnic minorities have outnumbered Whites since 1990. According to the U.S. Census Bureau (2006), 47.0% of the county's residents are Latino, 28.9% are Non-Latino White 12.5% are Asian/Pacific Islander, 9.0% are African American, and 2.6% are classified as Other. In an analytical report of 2006 US Census data by the Los Angeles Alliance for a New Economy [LAANE] (2007), 20.4% of Latinos/Hispanics and 21.1% of African Americans/Blacks lived at or below the Federal Poverty Line. With over one-third of Los Angeles County residents born in other countries, the County is home to a broad spectrum of ethnic enclaves and approximately 56% of residents report

speaking a language other than English at home (U.S. Census Bureau, 2006). The numbers of each racial group tend to vary among SPAs. In SPA 4, 54.9% of the population is recognized as Hispanic or Latino, 22% White, 15.4% Asian/Pacific Islander, 5.4% Black or African American, 2% Other/Multi-racial, and .3% American Indian (Office of AIDS Programs and Policy [OAPP], 2008).

B. Demographics of Target Population – The population that we are targeting is young adults ages 18 – 24, with a focus on homeless youth of color living in the Hollywood area of SPA 4. Homeless street youth have become part of the landscape in most large American cities. Though the prevalence of youth homelessness is difficult to measure, it is estimated that between 1 million to 1.6 million youth per year experience homelessness (National Alliance to End Homelessness, 2006). In Los Angeles County, the biannual census conducted by the Los Angeles Homeless Services Authority (LAHSA) provides some information about the number of homeless youth in Los Angeles County. In 2007, the census generated a point-in-time estimate of 5,264 homeless youth ages 18-24, with projections of 10,875 homeless youth ages 18-24 annually.

Ethnic and Cultural Diversity: Much like the general population in Los Angeles, the homeless youth population is highly diverse. Data from the TCE survey indicate that homeless youth in Hollywood tend to be English speaking, over 18, and male. Approximately 40% of youth sampled reported their sexual orientation as gay, lesbian, bisexual, or questioning.

SHIP Youth Survey: Demographics of the youth who completed the survey are included in Tables 1 and 2 below.

Table 1: SHIP Youth Survey Demographics

		Percentage
Recruitment Site:		
	Jeff Griffith Youth Center	20.0
	KT House	7.3
	My Friend's Place	31.8
	Covenant House	13.6
	The Way In	20.9
	CHLA Risk Reduction Program	6.4
Age:	18- 20Years Old	17.8
	21-24 Years Old	72.2
Birth Gender:	Male	73.6
	Female	26.4
Current Identified Gender:	Male	68.2
	Female	25.5
	Transgender Male to Female	5.5
	Other	0.9
Self-Identified Race/Ethnicity:		
	White/Caucasian	18.2
	Black/African American	47.3
	Latino/Hispanic	19.1
	Asian/Pacific Islander	0.9
	American Indian/Alaskan Native	0.9
	Multiethnic	8.2
	Other	5.5

Table 2: SHIP Youth Survey Demographics

	Percentage
Sexual Orientation:	
Straight	60.9
Gay or Lesbian	22.7
Bisexual	11.8
Not sure/Undecided	2.7
Other	1.8
Working	11.8
Going to School	36.4
Slept on Street in Past 30 Days	22.7
Spend Majority of Time:	
Working	7.3
Going to school or studying	20.9
Hanging out with friends	14.5
Internet surfing	0.9
At a drop-in center	14.5
Looking for work	31.8
Asking people for money or food	7.3

Section 2: Epidemiological Indicator Data

A. Local Epidemiological Data on Substance Use Including Consumption Data

TCE Survey: Of those homeless youth ages 18 – 25 who had spent at least one night on the street in the last 30 days, 50% reported alcohol use in the last 30 days, 44% reported marijuana use, 14% reported methamphetamine use, 13% reported cocaine or crack use, 8% reported using hallucinogens, and 8% reported heroin use. Approximately 26% of these youth reported some type of hard drug use (heroin, methamphetamines, cocaine) in the past 30 days. Eighteen percent reported injection use at some point in their life.

SHIP Youth Survey: Almost all youth surveyed (84%) report some substance use (alcohol and/or drugs) in the past 12 months. Almost 20% of those who report any substance use report using crystal methamphetamines within the last 30 days. The majority report there first time drinking alcohol and using drugs was before becoming homeless. About 20% have used crystal methamphetamines in the last 30 days. See Table 3 below for details of substance use behaviors.

Table 3: Substance Use (SHIP Youth Survey)

	Total Percentage	MSM Only Percentage (n=28)
Used Substances Within Last 12 Months (n=110)	83.6	89.3
First Time Drinking Alcohol (n=90)		**(n=24)**
Was Before Becoming Homeless	77.8	75.0
Was After Becoming Homeless	22.2	25.0
First Time Using Drugs (n=83)		**(n=21)**
Was Before Becoming Homeless	81.9	61.9
Was After Becoming Homeless	18.1	38.1

	Total Percentage	MSM Only Percentage (n=28)
Substance Used Since Becoming Homeless (n=92)		**(n=25)**
Without Stable Housing, I Drink/Use Drugs More	37.0	52.0
Without Stable Housing, I Drink/Use Drugs The Same	29.3	12.0
Without Stable Housing, I Drink/Use Less	33.7	36.0
Primary Reason for Drinking or Using (n=92)		**(n=25)**
It's around me	10.9	8.0
I want to have fun	27.2	36.0
To feel better about myself	3.3	4.0
To escape my situation	17.4	16.0
I am over 21 years old	13.0	16.0
My friends ask or offer it to me	1.1	0.0
I buy it or am asked to buy it	3.3	8.0
To stay awake	1.1	4.0
To fall asleep	5.4	0.0
To stay warm	1.1	0.0
Other	16.3	8.0
Number of Days Drinking to Get Drunk Within Last 30 Days	**(n=92)**	**(n=25)**
0 Days	32.6	40.0
1 to 2 Days	31.5	20.0
3 to 5 Days	15.2	20.0
6 to 9 Days	5.4	8.0
10 or More Days	15.2	12.0
Number of Days Five or More Alcoholic Drinks Last 30 Days	**(n=92)**	**(n=25)**
0 Days	31.5	52.0
1 to 2 Day	34.7	16.0
3 to 5 Days	13.0	16.0
6 to 9 Days	4.3	0.0
10 or More Days	16.3	16.0
Illegal Drug Use Within Last 30 Days (n=92)		**(n=25)**
0 Days	31.5	40.0
1 to 2 Days	18.5	16.0
3 to 5 Days	10.9	4.0
6 to 9 Days	7.6	8.0
10 or More Days	31.5	32.0
Crystal Meth Use Within Last 30 Days (n=92)		**(n=25)**
0 Days	80.4	80.0
1 to 2 Days	6.5	8.0
3 to 5 Days	4.3	0.0
6 to 9 Days	4.3	8.0
10 or More Days	4.3	4.0
When Most Likely to Drink/Use Drugs (n=92)		**(n=25)**
Weeknights	22.8	12.0
Weekdays	28.3	24.0
Weekend Evenings	25.0	32.0
Weekend Days	14.1	24.0
Do Not Use Drugs/Alcohol	9.8	8.0
Who You Drink/Use Drugs With (n=92)		**(n=25)**

	Total Percentage	MSM Only Percentage (n=28)
With a Large Group	25.0	32.0
With a Small Group	26.5	56.0
Alone	18.5	12.0

B. Local Epidemiological Data on Substance Use Including Consequence Data

SHIP Youth Survey: Most youth report using drugs and alcohol when partying with friends, as indicated in Table 4.

Table 4: Activities When Using Drugs or Alcohol (SHIP Youth Survey)

Activities When Using Drugs or Alcohol	Percentage of Total (n=89)	MSM Percentage (n=25)	Non-MSM Percentage (n=64)
Partying With Friends	84.3	96.0	79.7
Hanging Out By Myself	52.8	40.0	54.8
Working On The Street	12.4	16.0	10.9
Party and Play (Substance Use and Sex)	39.1	39.3	39.0

Almost a third of those who used substances in the last year report being arrested for intoxication at some point in their lives (see Table 5).

Table 5. Arrest for Intoxication (SHIP Youth Survey)

	Percentage of Total (n=92)	MSM Percentage (n=25)	Non-MSM Percentage (n=67)
Arrest for Intoxication	30.9	36.0	37.3

More than half (60%) report using drugs and alcohol when stressed and about 41% report using when they are sad or dressed. In addition, almost a third (29%) report using whenever possible. See Table 6.

Table 6: When Do You Use Drugs or Alcohol (SHIP Youth Survey)*

	Percentage of Total (n=92)
When Stressed	59.8
When Bored	42.4
When Sad or Depressed	41.3
When Happy Or To Have Fun	58.7
When Angry	39.1
Whenever Possible	28.8
To Stay Awake At Night	10.9

*MSM group is not shown as percentages were same as total

In addition, almost half (44%) of the youth surveyed report not being troubled or bothered by their use (Table 7). However 3 out of 4 (76%) report that they plan to reduce their use in the next 12 months.

Almost a third of youth report that substance use has affected their ability to get a job or get stable housing.

Table 7. Additional Data Related to Substance Use (SHIP Youth Survey)

	Percentage Total	Percentage MSM Only
Troubled or Bothered by Behavior when Drinking or Using	**(n=92)**	**(n=25)**
Very Troubled	18.5	16.0
Somewhat Troubled	38.0	48.0
Not Troubled At All	43.5	36.0
Drinking/Drug Use Affects Ability to Get or Stay in Housing (n=85) (MSM n=24)	25.9	37.5
Drinking/Drug Use Affects Ability to Get or Keep a Job (n=86) (MSM n=23)	31.4	47.8
Plan to Reduce Substance Use in next 12 months	76.1	84.0

The few youth who report not using drugs or alcohol were asked why not. Most reported they had no interest. Less than 1 in 5 said it was due to lack of opportunity. (See Table 8)

Table 8: Reasons for Not Participating in Alcohol or Drug Use (SHIP Youth Survey)

Reasons for Not Participating in Alcohol or Drug Use Within The Past 12 Months	Percentage of Total (n=18)
No Opportunity	16.7
No Interest	61.1
Dislike the Way It Makes Me Feel	5.6
Dislike How I Behave When Drinking or Using	5.6
Dislike How Friends Behave When Drinking or Using	5.6
Parents Have or Had Problems With Drugs/Alcohol	0.0
Religious Reasons	0.0
Safety Reasons	16.7
Other Reasons for Not Using	5.6

Provider Perceptions Regarding Drug and Alcohol Use: During the focus groups conducted with direct care staff and managers and coordinators, providers indicated that the use of substances is a significant issue for homeless youth in Hollywood. Virtually all youth are using some type of substance and very few youth identify their usage as a problem. Many youth perceive that using marijuana and alcohol is NOT substance abuse. This population considers only injection drug use and hard drugs as substance abuse.

Providers also commented that youth like to self-diagnose and self-medicate with illegal substances. Selected youth function as "doctors of illegal drugs" for their friends and peers. Some of the trends in drug use/abuse in the last 6 months include: Coricidin (Triple C) – an over the counter cough medicine which is not detectable through drug testing. Providers also reported increases in poly substance use; and an increase in alcohol use.

C. Local Epidemiological Data on HIV/AIDS

Los Angeles County and the HIV/AIDS Epidemic

In the most recent statistics released February 29th, 2008 by the California Department of Public Health, Office of AIDS [CAOA] (2008), Los Angeles County (excluding the cities of Pasadena and Long Beach) has a cumulative total of 53,317 people with AIDS and 30,741 AIDS-related deaths. Compared to other California counties, Los Angeles has almost twice the amount of AIDS cases as the second-ranked county (San Francisco, with 27,593) (CAOA, 2008). According to the CDC, the AIDS case rate for minorities in the Los Angeles, Long Beach, and Santa Ana area is 12.3 per 100,000.

The risk profile of persons reported living with AIDS in Los Angeles County differs from the risk profile reported nationally, with 92% of all AIDS cases reported to date occurring in men, of whom 75% had the exposure category of MSM, 8% MSM/IDU and 5% IDU (HIV Epidemiology Program, 2008). Of the 8% of cumulative AIDS cases reported in females, 45% were exposed through heterosexual contact, 24% IDU and 25% had unidentified risk. With widespread use of combination therapy to manage HIV infection, the number of AIDS cases has become a less accurate marker of trends in the epidemic.

Although there has been increasing interest in Los Angeles County in documenting the incidence of AIDS and the seroprevalence of HIV in the transgender community, the studies done to date focus on transgender adults and do not report seroprevalence by age group. The County has estimated the HIV seroprevalence among transgenders at 25% (HIV Epidemiology Program, 2008). In a study of young transgender women ages 13-24 conducted in Los Angeles, through the Adolescent Trials Network (ATN), 20% reported being HIV positive (Belzer, 2008).

As in other communities across the nation, the HIV epidemic has had a severe and disproportionate impact on people of color. In L.A. County, this is particularly salient within African American communities. While African Americans made up only 9**%** of the county's total population, they made up **21%** of all those living with AIDS as of December 31, 2007 (the Latino/Hispanic population composes 40% of all PLWA) (HIV Epidemiology Program, 2008). The rates of infection in each of the 8 Service Planning Areas vary widely, and are reflective of other surrogate markers including other STI rates, poverty, and the ethnic/racial composition of the area.

Youth and the HIV/AIDS Epidemic in Los Angeles County

Like their adult counterparts, the primary risk factor for the transmission of HIV among youth is male-to-male sex (OAPP, 2008). In Los Angeles County, youth of color are even more disproportionately impacted by HIV/AIDS than their adult counterparts. Young people of color represent more than 64% of the youth reported with AIDS as compared to 49% of adults of color aged 30 and above (HIV Epidemiology Program, 2008). Cumulative AIDS cases in youth and young adults between 13 and 29 years, were 43% Latino, 34% White, and 21% Black. The percentages of Asian/Pacific Islanders and American Indian/Alaskan Natives were <5% each. Since 1988, the Risk Reduction Program (RRP) at the Division of Adolescent Medicine at Childrens Hospital Los Angeles has served approximately 600 youth, ages 13 – 24, living with HIV. In 2007 the RRP provided care to 110 patients ages 12-24 years of whom 83% were male, 10% female and 7% transgender. Forty-seven percent of our patients identified as African American, 44% Hispanic, 8% Caucasian and 1% Asian-Pacific-Islander. The majority of youth (86%) were ages 20 – 24; the remaining 14% were ages 13-19. Approximately 80% of the RRP's patients were young men who have sex with men (YMSM), 6% women at sexual risk, 7% transgender, and 7% had perinatal or transfusion associated infection. Forty percent of youth accessing services self-reported being homeless. (Youth in the 2005 Ryan White CARE Act client data set have the second highest rate of homelessness in the County, next only to injection drug users.) The HIV positive patients in the Risk Reduction Program report significant risk behaviors - 45% reported active substance use

within the last 12 months, 46% reported a history of mental health problems within the past 12 months, and 21% reported having been incarcerated in the past 24 months.

Due to the fact that California did not initiate name-based HIV reporting until April 2006, there are limited data on HIV infection among youth of color in Los Angeles County. Public agencies and practitioners rely on estimates for HIV infection generated from multiple sources including: reported AIDS cases among youth; the results of very limited seroprevalence studies with youth populations, data from HIV testing and HIV care sites; and other surrogate markers. In a CDC seroprevalence study in Los Angeles County, 14% of YMSM 18-24 years old were found to be HIV positive. Moreover, of those who were HIV positive, 79% were unaware of their positive serostatus (CDC, 2005). According to the Los Angeles County Department of Health Services, young men who have sex with men (YMSM) living with HIV/AIDS are more likely to live in SPA 4 (Metro), SPA 6 (South), and SPA 7 (East), and are more likely to remain out of care until they experience symptoms (HIV Prevention Planning Committee [PPC], 2003). The Hollywood area is located in SPA 4. Despite significant advances made in reducing adult gay men's involvement in HIV risk-related sexual behaviors, there has been little progress made in reducing the HIV-related risk behavior of young men who have sex with men . Significant gaps exist in our understanding of the broad array of individual, familial, social, and community characteristics that both individually and collectively influence YMSM to engage in risk behaviors, nor of the protective factors that we could enhance to shield them from risk.

The HIV/AIDS Epidemic in SPA 4 in Los Angeles County

The cumulative AIDS rate for SPA 4, the geographic target area for this proposal, is the highest in the County (38 per 100,000) (HIV Epidemiology Program, 2008). According to 2006 County data, SPA 4 also has the greatest number of individuals newly diagnosed with AIDS, the highest rate of AIDS cases diagnosed (24 per 100,000), and the largest number and rate of individuals living with AIDS (OAPP, 2008). African Americans in SPA 4 have the highest rate of HIV infection compared to any other racial/ethnic group in any service planning area of the County and also the highest new rate of infection compared to other ethnic groups (OAPP, 2008).

HIV Testing, Infection, and Perceived Risk among Homeless Youth in SPA 4

TCE Survey: Seven percent of the homeless youth ages 18 – 25 reported that they were HIV positive. Forty-three percent of youth reported that they had ever been HIV tested, with 34% reporting being tested in the last year.

SHIP Youth Survey: Youth were also asked about their HIV testing behaviors, and perceived threat. Youth reported high levels of testing. Almost all youth (92%) reported receiving an HIV test in their lifetime. Seventy percent reported receiving an HIV test within the last 90 days. Most youth also reported that they know of a comfortable place to get a test (84%). However one in four youth (26%) are not particularly worried about getting HIV. See Table 9 below.

Table 9: HIV Risk, Status, and Perceived Threat (Youth Survey)

	Total Percentage (n=110)	MSM Only Percentage (n=28)	Non-MSM Percentage (n=82)
HIV Test Ever	91.8	100.0	89.0
HIV Test Within Last 90 Days (n=101)	70.3	67.9	71.2
HIV Positive (n=99)	9.1	25.0	2.8
Know of a Comfortable Place for HIV Test (n=110)	83.6	96.4	79.3
Comfortable Place (n=92)			
Saban Free Clinic	41.3	22.2	49.2

	Total Percentage (n=110)	MSM Only Percentage (n=28)	Non-MSM Percentage (n=82)
Covenant House	18.5	18.5	18.5
LA Gay and Lesbian Center	13.0	33.3	4.6
The Spot	1.1	0.0	1.5
Out of the Closet	3.3	0.0	4.6
Mobile Unit	6.5	3.7	7.7
Other	16.3	22.2	13.8
HIV Test Type Last Time Got Tested (n=101)			
Rapid Testing	46.5	42.9	47.9
Standard Testing	53.5	57.1	52.1
Returned for Results (n=101)	92.1	100.0	89.0
Motivation for HIV Testing (n=101)			
Friends	25.7	25.0	26.0
Incentive Offered	11.9	14.3	11.0
Doctor Told Me To	9.9	3.6	12.3
Partner Asked Me To	13.9	10.7	15.1
Saw an Advertisement	14.9	7.1	17.8
Felt Sick	4.0	10.7	1.4
Felt I May Have Been Exposed	19.8	28.6	16.4
Testing Location (n=101)			
Saban Free Clinic	31.7	10.7	39.7
Covenant House	11.9	10.7	12.3
LA Gay and Lesbian	7.9	17.9	4.1
The Spot	1.0	3.6	0.0
Out of the Closet	2.0	3.6	1.4
Mobile Unit	11.9	10.7	12.3
Other	33.7	42.9	30.1
Worry About Getting HIV			
Strongly Agree and Somewhat Agree	60.9	67.9	58.5
Not Sure	12.7	21.4	9.8
Somewhat Disagree or Strongly Disagree	26.4	10.7	31.7
Know Where to Get Condoms and Lube	97.3	96.4	97.6
Have Been Referred/Used Mental Health Services in the Past*	44.5	64.3	37.8
Have Been Referred/Used Substance Abuse Treatment in the Past	27.3	35.7	24.4

* Statistically significant difference between MSM and Non-MSM

Section 3: Inventory of Services and Resources

A. Substance Abuse Prevention Services Offered in Geographic Area

To better understand the assets and resources in the community, we conducted an agency inventory for homeless youth serving agencies in the Hollywood community in the area of substance abuse and HIV prevention. Since our target population is homeless youth, we also included shelter, housing, and employment related resources since these can directly impact substance use among youth. Below are the results of the inventory for substance abuse prevention related services.

Shelter for up to 2 weeks

- ✓ Children Hospital Los Angeles (CHLA)
- ✓ Covenant House California (CHC)
- ✓ Los Angeles Gay and Lesbian Center (LAGLC)
- ✓ Los Angeles Youth Network (LAYN)
- ✓ The Way In (TWI)

Transgender youth-specific services

- ✓ CHLA
- ✓ LAGLC

LGBTQ youth-specific services

- ✓ CHLA
- ✓ :LAGLC

Needle exchange/bleach programs

- ✓ Clean Needles Now (CNN)

Pre employment skills training

- ✓ CHC
- ✓ LAGLC
- ✓ LAGLC
- ✓ TWI

Medical care

- ✓ CHLA
- ✓ CHC
- ✓ LAGLC
- ✓ LAYN (by CHLA/SFC)
- ✓ My Friends Place (MFP)- By CHLA/SFC
- ✓ Saban Free Clinic (SFC)

Help entering Detox

- ✓ CHLA
- ✓ CHC
- ✓ LAGLC
- ✓ LAYN
- ✓ MFP
- ✓ SFC
- ✓ TWI

Help dealing with drugs/alcohol

- ✓ CHLA
- ✓ CHC
- ✓ LAGLC
- ✓ LAYN
- ✓ MFP
- ✓ SFC
- ✓ TWI

Street Smart Intervention

- ✓ CHC
- ✓ LAGLC
- ✓ MFP

B. Gaps in Substance Abuse Prevention Services and Resources

While the Los Angeles County Alcohol and Drug Program Administration funds fourteen community-based programs (thirteen outpatient and four residential) that provide substance abuse prevention, treatment, and recovery services tailored to the specific needs of youth (including Childrens Hospital Los Angeles, the only program in the targeted community), the current level of funding is woefully inadequate to meet the prevention needs of youth in our community. In addition, the funding only supports adolescent-specific substance abuse prevention and treatment to youth through age 20 and older youth, ages 21 – 24, have had limited access to services. Additionally, many substance abuse services are restricted to youth who meet DSM criteria for abuse and addiction, and thus youth needing "indicated prevention" are ineligible.

Provider Perceptions about Gaps in Substance Abuse Prevention Services

Most providers (online survey) report there is appropriate substance abuse prevention and treatment services for homeless youth of color (Table 10). However, some providers believe that there are not appropriate services for homeless queer youth.

Table 10: Substance abuse prevention and treatment services (Online Provider Survey)

	Yes	No	DK
Are there substance abuse prevention services in Hollywood appropriate for homeless youth of color?	92%	0%	8%
Are there substance abuse prevention services in Hollywood appropriate for homeless queer youth?	67%	17%	17%
Are there substance abuse prevention services in Hollywood appropriate for homeless transgender youth?	75%	17%	8%
Are there substance abuse treatment services in Hollywood appropriate for homeless youth of color?	75%	8%	17%
Are there substance abuse treatment services in Hollywood appropriate for homeless queer youth?	75%	8%	17%
Are there substance abuse treatment services in Hollywood appropriate for homeless transgender youth?	75%	8%	17%
Offer needle exchange or bleach for IDU youth?	15%	77%	8%

Only a third of agencies (31%) report using standardized clinical assessment to identify substance abuse prevention or treatment needs, as indicated in Table 11. Overall, agencies feel that they are somewhat effective assessing youth for substance use as shown in Table 12.

Table 11: How agencies assess for substance abuse for homeless youth (all that apply)

How agencies assess for substance abuse for homeless youth	Percentage
Standardized clinical assessments (SASSI, CAGE, locally developed instruments)	31%
Agency Intake and assessment forms	85%
Informal assessment and observation	85%

Sixty one percent of respondents felt that their agencies were effective or very effective in assessing or screening for substance use and abuse (Table 12).

Table 12. Effectiveness in screening and assessing

	Very	Effective	Somewhat	Not At All
How effective is your agency in assessing or screening youth for substance use/abuse	22%	39%	39%	0%

Provider Perceptions regarding gaps and resources in substance abuse prevention: During the focus groups conducted with direct care staff and managers and coordinators, providers indicated the following:

- Aside from meth usage (which has a lot of consequences), youth usually do not come into the agencies on their own asking for help with substance use issues
- If substance use has a low impact on their lives, youth are allowed to live in shelters as long as they do not use inside.
- We need prevention interventions which focus more on living healthily rather than reducing harm.
- There is a small window when youth perceive that they need help. If they do not get it within the window, the youth is "lost".
- Many youth don't have an incentive to get clean/stop using drugs
- Individual drug prevention sessions are not readily available for homeless youth in Hollywood. Substance use prevention is generally integrated into some other group intervention
- Activities that involve youth that are not drug related are the best way to prevent substance use (e.g. jobs or employment programs).
- Youth arriving at agencies in an intoxicated state provide an opportunity to help them.
- We may be more successful engaging youth in other activities and bringing in a prevention component, such as employment, pro-social activities, etc.
- Youth are stuck in the "Pre-Contemplation Stage." It's hard to move them through the stages of change because there are few incentives to stop using substances while on the streets.
- An online newsletter for all the agencies to read about what's going on at other agencies regarding substance use prevention would be a great idea. Staff can share strategies, programs, and ideas.
- Some youth devised a "Google Map of Hollywood" for homeless youth including where to get needles, sleep, obtain food, etc. safely in the Hollywood area; it has been called the "MySpace for Homeless Youth."

The facilitators of the focus group noticed that many providers consider substance abuse prevention as a service only relevant for youth who have never used drugs. Providers were not familiar with the IOM definitions of targeted and indicated prevention.

C. HIV Prevention Services and Resources Identified

To better understand the assets and resources in the community, we conducted a agency inventory for homeless youth serving agencies in the Hollywood community in the area of substance abuse and HIV prevention. Below are the results of the inventory for HIV prevention related services.

HIV/STI testing

- ✓ Children Hospital Los Angeles (CHLA)
- ✓ Covenant House California (CHC)
- ✓ Los Angeles Gay and Lesbian Center (LAGLC)
- ✓ Los Angeles Youth Network (LAYN) – By CHLA/SFC
- ✓ My Friends Place (MFP)- By CHLA/SFC
- ✓ Saban Free Clinic (SFC)
- ✓ The Way In (TWI)-By CHLA/SFC

Free condoms
- ✓ CHLA
- ✓ CHC
- ✓ LAGLC
- ✓ LAYN
- ✓ MFP
- ✓ SFC
- ✓ TWI

Transgender youth-specific services
- ✓ CHLA
- ✓ LAGLC

LGBTQ youth-specific services
- ✓ CHLA
- ✓ LAGLC

Medical care
- ✓ CHLA
- ✓ CHC
- ✓ LAGLC
- ✓ Los Angeles Youth Network (by CHLA/SFC)
- ✓ My Friends Place (by CHLA/SFC)
- ✓ SFC

Needle exchange/bleach programs
- ✓ Clean Needles Now (CNN)

Street Smart Intervention
- ✓ CHC
- ✓ LAGLC
- ✓ MFP

HIV Testing and Prevention Services

To further understand HIV testing and prevention services in the community, providers were asked whether or not they felt there was appropriate services for specific subgroups of homeless youth. The majority reported that they felts there was appropriate services. See Table 13 for details.

Table 13: Appropriate testing and prevention services (Online Provider Survey)

Question	Yes	No	DK
Are there HIV testing services in Hollywood appropriate for homeless youth of color?	84%	8%	8%
Are there HIV testing services in Hollywood appropriate for homeless queer youth?	84%	8%	8%
Are there HIV testing services in Hollywood appropriate for homeless transgender youth?	77%	8%	15%
Are there HIV prevention education services in Hollywood appropriate for homeless youth of color?	100%	0%	0%
Are there HIV prevention education services in Hollywood appropriate for homeless queer youth?	92%	8%	0%

Question	Yes	No	DK
Are there HIV prevention education services in Hollywood appropriate for homeless transgender youth?	92%	8%	0%

The online survey of agencies also asked about what was done by the agency to make services appropriate for subgroups of homeless youth. For homeless youth of color, agencies report hiring staff of color (91%), implementing policies and procedures (zero tolerance for racism, etc) (75%), and ensuring that agency forms allow youth to record their identity in a way that is comfortable (75%). They were least like to report offering programs or services specific for homeless youth of color (8%). Similar answers were reported for homeless queer youth, and homeless transgender youth.

Agencies were also asked to report on the type of group HIV prevention interventions they offer at their agency. Table 14 shows that many agencies (80%) report offered evidenced based information including Street Smart, Mpowerment, POL, and other locally developed interventions that they felt were evidence based.

Table 14: Types of Group HIV Prevention Interventions Offered in Hollywood by Agencies (Online Provider Survey)

Types of Group HIV Prevention Interventions	Percentage
Evidence- based group intervention (Street Smart, MPowerment, POL, locally developed interventions)	80%
No group EB Intervention	10%
Other group interventions	30%
Incorporate HIV prevention into other groups	20%

Over half of the funding for HIV prevention activities comes from city and county sources as indicated in Table 15.

Table 15: Funding for HIV prevention education (Online Survey)

Where Agencies Get Funding for HIV Prevention Education	Percentage
City	27%
County	36%
Federal	27%
Private foundation	18%
No funding	27%
Other	9%

Provider Perceptions about Available HIV Prevention Services

- Mainly only social marketing avenues are being pursued (ie. Man Up and Get Tested.)
- LGBTQ youth might be more aware because they are targeted more often
- Staff often don't integrate HIV prevention messages with other conversations.
- According to researcher Margarita Lightfoot, StreetSmart does not reach young men of color
- Jeff Griffith Youth Center (LAGLC) has expanded the StreetSmart program to include residents in their transitional living program. They have found that incentives are key to its success
- Covenant House California also has a positive reception to StreetSmart and have about 10-15 residents participate each time. Though voluntary, many youth are willing to participate. Youth will often refer friends due to fun activities (and food). CHC mandates a health screening, which includes HIV testing for youth that want it, as first step before entrance into their housing program. They are

considering a safety orientation for all residents that would include HIV information as well as other safety topics.
- My Friends Place has done StreetSmart in the past but has not implemented in the past year. They offer a low barrier health education workshops for which youth can join as they wish. All groups are voluntary. StreetSmart content has been incorporated into other health groups. They also implement a sexual health group called CondomRap.
    - Not sure if we are only reaching youth that already have this information. Some youth never attend and don't appear interested.

Provider Perceptions of HIV Testing
- LAGLC has POW (Prevention on Wheels) van that provides testing weekly at Jeff Griffith. It is a visual reminder of the need to get tested.
- HHYP agencies are the most sensitive towards attitudes and feelings of homeless youth. Youth receiving testing at other agencies often report bad experiences with testing.
- MFP youth go to the Saban Free Clinic for testing.
- OAPP is currently managing a 'pyramid scheme' recruitment program to increase testing frequency and improve knowledge. This recruitment program encourages youth to bring in their peers to get tested; empowers youth; improves dialogue. This has been pretty effective.
- Mobile testing at all sites would make a huge difference according to many of the providers
- We need a comprehensive list of HIV testing sites and services in the Hollywood area.
- The message of testing has to be delivered by all forces: clinics, schools, shelters, etc
- Transgender youth are aware of HIV testing services and are bombarded with messages. Transgender youth face many barriers to receiving sensitive care of all types.
- Youth should be targeted for testing at a younger age
- Other testing barriers include denial and wishful thinking; youth are concerned about confidentiality when testing is done at an agency where they live or regularly attend.
- The majority of youth who returned for their HIV test results had a good-standing relationship with a staff member within agencies;
- Some youth engaging in survival sex (transgender youth and otherwise) avoid testing because of the consequences of continuing to engage in prostitution once you are aware of your positive status.

Provider Perception about Potential HIV Prevention and Testing Interventions
- Interventions must address as many people as possible while also catering to individual treatment, counseling, and confidentiality.
- Maintain identity (celebrate diversity of individuals) and not simply just promote HIV prevention.
- There is an 'invisible population' of lesbian homeless youth engaged in sex work that are not targeted.
- Using a "Pyramid Scheme" for HIV testing that incorporates referrals and incentive, might be helpful
- Social Networking Theory should be utilized to increase testing.
- Need to accompany youth to testing the way we accompany youth for other highly charged services
- Programs must be fun and engaging for youth. They must grab the youth's attention and be attractive, after which positive health information can be embedded within.
- Youth who attend Street Smart or similar HIV educational workshops have a lot of knowledge but the majority of youth don't attend.
- Need to use an overall health approach whereby we focus on general health issues including HIV, instead of just focusing on HIV.
- Celebrating the achievements of youth may be a way to resolve this problem. This may make youth more likely to attend these groups and programs. By promoting what they have achieved, healthy behaviors may be increased.
- There is a balancing act between empowering HIV positive youth and raising HIV awareness and concern. We need to address both. We have to manage the conflicting messages about HIV. On the

one hand, public information campaigns are promoting the idea that you can live with HIV. On the other hand, we want youth to

D. Gaps in Available HIV Prevention Services and Resources Identified

From 1991 - 1997, youth were a prioritized funding category for CDC HIV prevention funds distributed by the Los Angeles County Office of AIDS Programs and Policy. However, in the late 90s, the County transitioned to behavioral risk group (BRG) categories and many homeless youth-specific agencies lost their HIV prevention funding at this time. Second, there have been inadequate resources to support coordinated planning and intervention for SA and HIV prevention services. As a result, there has not been the opportunity to develop shared philosophies, develop consistent strategies to promote risk reduction, and implement coordinated approaches, and. Since homeless youth often use multiple agencies, the lack of a comprehensive approach has diluted the impact of existing programs.

While most agencies surveyed reported that they offer evidence based group interventions, fewer offer evidence based individual interventions (Table 16).

Table 16: Types of Individual HIV Prevention Interventions offered in Hollywood by Agencies (Online Survey)

Types of Individual HIV Prevention Interventions	Percentage
Evidence based individual intervention	33%
Other individual interventions	11%
Incorporate HIV prevention into other individual contact	56%

Provider Perceptions about Barriers to HIV Prevention Services

- Due to focus on MSM populations, lesbian youth and straight youth often are ignored.
- Not enough prevention services are available
- Youth are intimidated/scared and tend to avoid prevention services.
- Youth will enter a prevention program/group whenever they feel ready, not when case managers or staff feels that they should.
- Past trauma experiences interfere with their ability to negotiate sex and condom use.
- Youth are in a state of constant uncertainty and are not sure where they will be from day to day, which makes it hard for regular attendance of groups and programs.
- There is not enough information for youth regarding personal responsibility regarding testing.

E. Integrated Prevention (HIV, Substance Abuse) Services and Resources Identified

Over the last two decades, homeless youth serving agencies have attempted to meet the substance abuse prevention and HIV prevention needs of the youth they serve. The Los Angeles County Alcohol and Drug Program requires that providers are trained in HIV and discuss HIV risk in both prevention and treatment programs. The Los Angeles County Office of AIDS Programs and Policy has been similarly concerned about the role of substance use in HIV infection and has established significant programs designed to reduce methamphetamine use, the drug most complicit in HIV transmission. The Los Angeles County Board of Supervisors responded to the methamphetamine epidemic by allocating $1.75 million dollars for a methamphetamine prevention, intervention, education and treatment program and instructed the Department of Public Health's Alcohol and Drug Program Administration (ADPA) and Office of AIDS Programs and Policy (OAPP) to work in partnership to implement this program.
The Office of AIDS Programs and Policy (OAPP) is particularly concerned with the evidence that links methamphetamine use among gay men with increased rates of new HIV infection. Within MSM, stimulant abuse, particularly abuse of methamphetamine, continues to be a major factor in driving new infections, as users engage in extremely high-risk sexual transmission behaviors.

The amount of $250,000 has been allocated for implementing an evidence-based biomedical and behavioral prevention intervention for use in groups of MSM who use methamphetamine and engage in high-risk sexual transmission behaviors. This includes the biomedical intervention of Post-exposure Prophylaxis (PEP) for HIV prevention and the behavioral intervention of contingency management, which targets reduction of methamphetamine use as a way of reducing concomitant high-risk sexual behaviors among HIV-negative methamphetamine-using gay, bisexual, and other MSM.

F. Gaps in Integrated Prevention (HIV, Substance Abuse) Services and Resources Identified

In the Hollywood area of Los Angeles, County and City HIV prevention resources are targeted to young gay men and transgender youth. Homeless youth serving agencies use their own resources to integrate HIV prevention education into their services however there is no formal integration with substance abuse prevention. County contracts for substance abuse prevention require providers to address HIV risk. However, limited funding for substance abuse prevention limit the reach of these services. Aside from the grant that funded this needs assessment, there are no other funding sources designated for substance abuse prevention for homeless youth in Hollywood.

G. Readiness to Address Identified Services Gaps Discussed

Partner agencies in the target geographic area are very interested in ways to address some of the service gaps identified.

Some of the things they are willing to do include (Online Provider Survey):

- Send staff to training (75%)
- Provide space for groups (50%)
- Promote other agency prevention services (50%)
- Allocate staff time to facilitate groups or interventions (50%)

Agencies report they are not willing to segregate out certain youth and that any intervention would need to be broad enough to address a wide spectrum of youth in the same group.

Section 4: Risk Factors/Section 5: Protective Factors

A. Individual, Family, Peer, School, Faith –Based, Community, Society Risk and Protective Factors

Homeless youth are particularly vulnerable to substance abuse and HIV transmission due to the behaviors they engage in to survive on the street. Out of school, poorly educated and without job skills, many homeless youth become involved in illegal behavior, such as shoplifting, trading sex for food or shelter, or selling drugs or sex, in order to generate income and meet basic needs. Intervention with homeless youth is complicated by their histories of complex trauma, their disconnection from caring adults and distrust of mainstream service systems, and the social networks they create to support their survival. These networks, while offering protection from many of the dangers of the street, also often reinforce participation in risky drug and sexual behaviors. Multiple studies have documented the significant substance abuse and HIV risk behaviors of homeless youth and the varying risks based on length of time on the street, involvement in the street economy, and sexual orientation and gender identity (Robertson & Toro, 1999).

Sexual Risk:

TCE Survey: Of the 18-25 year old homeless youth surveyed, 52% reported using a condom the last time they engaged in sexual activity and 23% of sexually active youth reported ever engaging in survival sex

(sex in exchange for food, a place to stay, drugs, or money). Twenty-six percent of those who had slept on the street in the last 30 days reported ever engaging in survival sex.

SHIP Youth Survey: Homeless youth reported high levels of unprotected sex as well as intoxication during sex. Almost 3 out of 4 youth (67%) reported that they had unprotected vaginal and/or anal sex in the past 90 days. Table 17 illustrates the sexual behaviors of homeless young people in our sample. MSM youth in particular report sexually risky behaviors including high levels of survival sex (39%) compared to non- MSM youth (15%).

Table 17: Sexual Risk (SHIP Youth Survey)

	Total Percentage (n=110)	MSM Percentage (n=28)	Non-MSM Percentage (n=82)
Unprotected Oral Sex in the Past 90 Days	71.8	78.6	69.5
Unprotected Vaginal Sex in the Past 90 Days *	49.1	7.1	63.4
Unprotected Receptive Anal Sex in the Past 90 Days *	24.5	46.4	17.1
Unprotected Insertive Anal Sex in the Past 90 Days *	23.6	50.0	14.6
Unprotected Sex (Vaginal and/or Anal) in the Past 90 Days	67.3	57.1	70.7
Intoxicated During Vaginal Sex			
Always	1.8	0.0	2.4
Over Half the Time	5.5	7.1	4.9
Half the Time	15.5	7.1	18.3
Less than Half the Time	15.5	3.6	19.5
Never	61.8	82.1	54.9
Intoxicated During Anal Sex			
Always	4.5	7.1	3.7
Over Half the Time	5.5	7.1	4.9
Half the Time	8.2	10.7	7.3
Less than Half the Time	10.0	17.9	7.3
Never	71.8	57.1	76.8
Participated In Survival Sex Within the last 90 Days	20.9	39.3	14.6
Drunk or High While Trading Sex (n=23)			
Always	26.1	18.2	33.3
Over Half the Time	13.0	9.1	16.7
Half the Time	13.0	9.1	16.7
Less than Half the Time	17.4	27.3	8.3
Never	30.4	36.4	25.0
Condom Used Within Last 90 Days			
Always	22.7	28.6	20.7
Over Half the Time	13.6	14.3	13.4
Half the Time	5.5	0.0	7.3
Less than Half the Time	2.7	7.1	1.2
Rarely	15.5	14.3	15.9
Never	40.0	35.7	41.5

* Statistically significant difference between MSM and Non-MSM

Friend/Social Network Characteristics:
SHIP Youth Survey: Studies have shown that peers are a great source of influence for positive and negative behaviors. To learn more about youths' social networks, youth were asked about their friends

and what they do and don't do. Table 18 shows youth report most of their friends are using hard drugs and alcohol. Youth were much more unsure regarding the sexual behaviors of their friends including condom use and HIV testing.

Table 18: Social Network Characteristics (SHIP Youth Survey)

	Percentage of Total (n=110)	MSM Percentage (n=28)	Non-MSM Percentage (n=82)
Most Friends Are In School and/or Are Working-Past 90 Days			
Strongly Agree and Agree	53.7	60.7	51.2
Not Sure	24.5	17.9	26.8
Disagree and Strongly Disagree	21.9	21.5	21.9
Most Friends Didn't Have Permanent Place to Sleep-Past 90D			
Strongly Agree and Agree	45.5	57.1	41.5
Not Sure	23.6	7.1	29.3
Disagree and Strongly Disagree	31.0	35.7	29.3
Most Friends Have Tested For HIV Within The Past 6 Mon.			
Strongly Agree and Agree	38.2	46.4	35.4
Not Sure	52.7	50.0	53.7
Disagree and Strongly Disagree	9.1	3.6	11.0
Most Friends Have Used Drugs - Past 90 Days			
Strongly Agree and Agree	54.6	57.1	53.6
Not Sure	29.1	28.6	29.3
Disagree and Strongly Disagree	16.4	14.3	17.1
Most Friends Have Drank Alcohol - Past 90Days			
Strongly Agree and Agree	66.3	78.6	62.2
Not Sure	23.6	14.3	26.8
Disagree and Strongly Disagree	10.0	7.2	11.0
Most Friends Have Known If They Are HIV Positive-Past 90D	27.3	32.1	25.6
Strongly Agree and Agree	51.8	50.0	52.4
Not Sure	20.9	17.8	21.9
Disagree and Strongly Disagree			
Most Friends Have Had Unprotected Sex Past 90 Days			
Strongly Agree and Agree	29.1	25.0	30.5
Not Sure	60.9	64.3	59.8
Disagree and Strongly Disagree	10.0	10.7	9.7
Most Friends Use Condoms During Anal Sex- Past 90 Days	19.1	21.4	20.7
Strongly Agree and Agree	71.8	71.4	73.2
Not Sure	9.1	7.2	6.1
Disagree and Strongly Disagree			
Most Friends Use Condoms During Anal Sex With New Partner -Past 90 Days Strongly	19.1	25.0	17.1
Agree and Agree	71.8	64.3	74.4
Not Sure	9.1	10.7	8.5
Disagree and Strongly Disagree			

	Percentage of Total (n=110)	MSM Percentage (n=28)	Non-MSM Percentage (n=82)
Most Friends Think I Should Use Condoms - Past 90 Days			
Strongly Agree and Agree	40.9	53.5	36.6
Not Sure	43.6	32.1	47.6
Disagree and Strongly Disagree	15.4	14.3	15.9
Have Someone to Turn to Get Off Drugs/Alcohol			
Strongly Agree and Agree	78.2	92.8	82.9
Have Someone Who Could Get Me Into Services to Lower My Use of Drugs/Alcohol			
Strongly Agree and Agree	83.6	92.9	80.5
Have Someone Who Would Be There For Me If I Tried to Use Less Drugs/Alcohol			
Strongly Agree and Agree	78.1	89.3	74.4
Have Someone to Talk to About Using Less Drugs/Alcohol	80.0	89.3	74.3
Strongly Agree and Agree			
Have Someone to Talk to About Safe Sex			
Strongly Agree and Agree	85.4	89.3	76.8
Have someone in my life who encourages using condoms*	74.5	89.3	69.5
Strongly Agree and Agree			
MySpace Frequency of Use			
At Least Once a Week	58.2	71.4	53.7
Friends Expect Me To Do Drugs	27.3	25.0	28.0

Identity:
SHIP Youth Survey: To better understand the target population, they were asked a series of questions about some of the different ways they identify and whether or not that their identity was a source of strength. Slightly over half of the gay and lesbian youth surveyed reported strong ties to the community including feeling part of the community, feeling close to others, and feeling pride in the community. However many youth (64%) also indicated that people treat them differently. A third of youth also felt that being gay and lesbian their community is not good due to lack of opportunity. See Table 19 for details.

Table 19: Gay/Lesbian Identity (Youth Survey)

	Percentage of Total (n=25)
Being Gay/Lesbian Has A Lot to Do How I Feel	
Strongly Agree and Agree	48.0
Somewhat Agree or Disagree	12.0
Disagree and Strongly Disagree	40.0
Feel I Am Part of Gay/Lesbian Community	
Strongly Agree and Agree	64.0
Somewhat Agree or Disagree	12.0
Disagree and Strongly Disagree	24.0

	Percentage of Total (n=25)
Feel Pride In What the Community Has Done/Achieved	
Strongly Agree and Agree	56.0
Somewhat Agree or Disagree	24.0
Disagree and Strongly Disagree	20.0
Feel Close to Others in the Gay/Lesbian Community	
Strongly Agree and Agree	56.0
Somewhat Agree or Disagree	28.0
Disagree and Strongly Disagree	16.0
My Personal Success Will Help the Gay/Lesbian Community	
Strongly Agree and Agree	72.0
Somewhat Agree or Disagree	12.0
Disagree and Strongly Disagree	16.0
Important For The Gay/Lesbian Community That I Succeed	
Strongly Agree and Agree	60.0
Somewhat Agree or Disagree	20.0
Disagree and Strongly Disagree	20.0
People Treat Me Differently Because I Am Gay/Lesbian	
Strongly Agree and Agree	64.0
Somewhat Agree or Disagree	16.0
Disagree and Strongly Disagree	20.0
Only Other Gay/Lesbian People Understand M	
Strongly Agree and Agree	28.0
Somewhat Agree or Disagree	24.0
Disagree and Strongly Disagree	48.0
My Community Is Not Good Due to Lack of Opportunity	
Strongly Agree and Agree	32.0
Somewhat Agree or Disagree	36.0
Disagree and Strongly Disagree	32.0
Helps Me When Others in My Community are Successful	
Strongly Agree and Agree	64.0
Somewhat Agree or Disagree	12.0
Disagree and Strongly Disagree	24.0
People Might Have Negative Ideas About My Abilities Because of My Community	
Strongly Agree and Agree	48.0
Somewhat Agree or Disagree	28.0
Disagree and Strongly Disagree	24.0
Have to Work Hard to Get Ahead or My Chances As A Gay/Lesbian Individual Will Be Limited	
Strongly Agree and Agree	32.0
Somewhat Agree or Disagree	32.0
Disagree and Strongly Disagree	36.0

African American and Latino youth were also asked about their racial identity. About half of both the African American and Latino groups indicated that they felt part of their ethnic community. Half of African Americans and a third of Latinos felt that people might have negative ideas about their abilities due to their ethnic background. See Table 20 for details.

Table 20: Ethnic Community Identity (SHIP Youth Survey)

	African American or Black Percentage (n=52)	Latino or Hispanic Percentage (n=21)
Racial Identity Has A Lot to Do How I Feel		
Strongly Agree and Agree	32.7	33.3
Somewhat Agree or Disagree	13.5	14.3
Disagree and Strongly Disagree	53.9	52.4
Feel I Am Part of Respective Ethnic Community		
Strongly Agree and Agree	50.0	47.6
Somewhat Agree or Disagree	15.4	28.6
Disagree and Strongly Disagree	34.7	23.8
Pride in What Respective Ethnic Community Has Done/Achieved		
Strongly Agree and Agree	67.3	52.0
Somewhat Agree or Disagree	9.6	33.0
Disagree and Strongly Disagree	23.0	14.3
Feel Close to Others In Respective Ethnic Community		
Strongly Agree and Agree	51.9	47.6
Somewhat Agree or Disagree	23.1	28.6
Disagree and Strongly Disagree	25.0	23.8
Personal Success Will Help Respective Ethnic Community		
Strongly Agree and Agree	50.0	57.1
Somewhat Agree or Disagree	28.8	23.8
Disagree and Strongly Disagree	21.1	19.1
Personal Success Is Important for Respective Ethnic Community		
Strongly Agree and Agree		
Somewhat Agree or Disagree	50.0	52.4
Disagree and Strongly Disagree	25.0	28.6
	25.0	19.1
Some People Treat Me Differently Because of My Respective Race		
Strongly Agree and Agree	61.6	38.1
Somewhat Agree or Disagree	11.5	42.9
Disagree and Strongly Disagree	26.9	19.1
Only Others of my Respective Race Can Understand Me		
Strongly Agree and Agree	25.0	9.6
Somewhat Agree or Disagree	30.8	42.9
Disagree and Strongly Disagree	44.2	47.7
My Community Is Not Good Due to Lack of Opportunity		
Strongly Agree and Agree	53.8	19.1
Somewhat Agree or Disagree	19.2	47.6
Disagree and Strongly Disagree	27.0	33.3
Helps Me When Others Of My Respective Ethnic Community are Successful		
Strongly Agree and Agree	57.6	47.6
Somewhat Agree or Disagree	21.2	23.8
Disagree and Strongly Disagree	21.1	28.6
People Might Have Negative Ideas About My Abilities Because of My Community		
Strongly Agree and Agree	50.0	24.5

	African American or Black Percentage (n=52)	Latino or Hispanic Percentage (n=21)
Somewhat Agree or Disagree	23.1	38.1
Disagree and Strongly Disagree	26.9	33.3
Have to Work Hard to Get Ahead or My Chances As Respective Race Will Be Limited		
Strongly Agree and Agree	50.0	33.3
Somewhat Agree or Disagree	23.1	28.6
Disagree and Strongly Disagree	27.0	38.1

Perception of Future:
SHIP Youth Survey: Having a positive perception of the future is another protective factor. Youth were asked a series of questions to determine whether or not they think about their future and what they perceive it will be. Most youth recognize that it is important to do things that make their future better (97%). Less youth reported having a specific action plan to help them reach their goals (84%). See Table 21 for details.

Table 21: Future Self Perception (Youth Survey)

	Percentage of Total (n=110)	MSM Percentage (n=28)	Non-MSM Percentage (n=82)
It Is Important to Do Things That Will Make My Future Better			
Strongly Agree and Agree	97.3	100.0	96.4
Willing to Sacrifice My Happiness Now So I Can Get What I Want In The Future			
Strongly Agree and Agree	82.7	92.9	79.3
Know What I Need To Do To Get Started Toward Reaching My Goals			
Strongly Agree and Agree	88.2	96.4	85.3
Have A Specific Action Plan to Help Me Reach My Goals	83.6	92.8	80.5
Strongly Agree and Agree			
Tend To Make Choices That Make Good Things Happen For Me and the People I Care About			
Strongly Agree and Agree	88.2	85.8	89.0
Make Plans To Keep Bad Things From Happening to Me and the People I Care About			
Strongly Agree and Agree	90.0	89.3	90.2
Know What Kind of Job I Want When I am Older			
Strongly Agree and Agree	85.4	100.0	80.5

System Involvement: Youth in the dependency and delinquency system are known to be at greater risk for homelessness, substance abuse, and HIV risk behavior, and their experiences in these systems profoundly affect their perceptions of risk and their willingness to access available services (Auslander et al., 2002). In the recent TCE survey, 41% of youth reported that they had ever been involved with child protective services; 34% had been removed from their home. Fifty-nine percent of youth reported being a

victim of child physical or sexual abuse while growing up. Seventy-one percent of youth disclosed involvement (arrest, probation, or incarceration) with the criminal justice system. Thirteen percent of youth surveyed reported that they had outstanding warrants.

Transgender Youth: CHLA's research on transgender youth conducted through the Adolescent Trials Network (ATN-039) indicates the majority of transgender youth struggle with homelessness (57% reported spending one or more nights homeless) and engage in risky substance abuse and sexual behaviors (Belzer, 2008). CHLA led a two-city research project in Los Angeles and Chicago in 2006 through the ATN designed to better understand sexual and substance abuse risk behaviors of transgender youth ages 13- 24. Of the 76 Los Angeles participants, 84% had been tested for HIV and 20% reported being HIV positive. Seventy five percent reported ever being involved in sex work; 68% reported being involved in sex work in the last 3 months. In the last 30 days, 53% reported using alcohol, 32% reported using marijuana, and 25% reported using speed/crystal. A significant number of transgender youth engage in receptive anal intercourse (85%), with 50% reporting never using condoms and an additional 10% reporting rarely using condoms. Transgender young people experience high levels of violence and victimization (71% had been threatened with physical violence due to their transgender status) and are even more disconnected from services, reinforcing the need for specialized SA and HIV prevention interventions for these young people.

Other: Complicating and contributing to the HIV epidemic is the fact that Los Angeles County is challenged by a range of health-related co-morbidities that impact the health of low-income people and suggest that the HIV epidemic will continue to accelerate over the coming years. Los Angeles County is currently facing a major sexually transmitted infection (STI) crisis that is testing the limits of the care system and providing an ominous marker for the future of the epidemic. As of the end of 2005, the annual primary and secondary syphilis infection rate for Los Angeles County stood at 6.7 per 100,000 – an increase of over 300% from the 2001 incidence of 2.2 per 100,000, and was 50% higher than the statewide incidence of 4.3 cases per 100,000 (OAPP, 2008). Young adults ages 18 – 24 have the highest rates of Chlamydia and gonorrhea in the County (OAPP, 2008), indicating high rates of unprotected sexual activity. SPA 4 has the second highest rate of gonorrhea and the highest rate of syphilis in the County. While adolescents 13-24 accounted for only 14% of all syphilis cases, in 2006, 22% of YMSM HIV positive patients at CHLA's youth clinic were diagnosed with syphilis during the last contract year (Martinez, 2008).

Crystal methamphetamine use, particularly among men who have sex with men, has reached significant levels in Los Angeles County. According to 2005 data, 1 out of 10 gay men in Los Angeles County accessing HIV testing services used methamphetamine in the last 6 months (OAPP, 2008). The high prevalence of use among populations at highest risk for HIV has made this issue a priority for the local HIV Prevention Planning Committee. According to the 2004 Countywide Risk Assessment Survey (CRAS) data collected by the County Public Health Department, 88% of HIV positive youth used drugs in the last 6 months. Marijuana and methamphetamine are the most common drugs reported by youth entering substance abuse treatment (Alcohol and Drug Program Administration [ADPA], 2006).

Protective Factors

While it is easy to become focused on the risk factors facing homeless youth, the tables above do identify key protective factors that can be supported. Over half of the homeless youth surveyed report that their friends are employed or in school. Our knowledge of the role of social networks with homeless youth suggests that having friends who are engaged in age-appropriate activities provides a strong role model. Almost three quarters of the youth report that they have someone in their life that can support them in reducing or abstaining from substance use. Similarly, over three-quarters report that they have someone in their life to talk to about safer sex and condom use. A large number of youth surveyed report pride about their ethnic community or about their affiliation with the GLBT community. Finally, the youth

report that they want to take action to improve their future, achieve their dreams, and "keep bad things from happening". Prevention interventions can build on these protective factors.

Section 5: Conclusions and Recommendations

Homeless Youth in Hollywood and Substance Use Prevention: Substance use is ubiquitous among homeless youth in Hollywood. Most of these youth began using drugs and alcohol before they became homeless. While youth report using drugs and alcohol for many reasons, the most common reasons cited were to have fun and to escape their situation. The majority of youth report using drugs and alcohol in a social context. Almost 40% of youth reported mixing drug and alcohols and sex (party and play). While some homeless youth have significant substance abuse problems and require treatment, many more homeless youth are excellent candidates for selected or indicated prevention services.

Most of the homeless youth surveyed did not believe that their substance use was problematic. As a result, youth are not seeking out substance use related services. In addition, since many youth use substances to cope with their life situation and for recreation, providers believe that homeless youth have little or no motivation to avoid substances or reduce their substance use. Therefore, substance use prevention services need to be incorporated into existing services or woven into interventions that are not promoted as substance use/abuse prevention. We need to help youth identify how their substance use is getting in the way of securing permanent housing and of achieving their future goals.

Currently, youth-specific substance abuse prevention services are only provided to homeless youth by Childrens Hospital Los Angeles Substance Abuse Prevention and Treatment Program. CHLA staff are out-posted at some Hollywood agencies to provide these services. However, due to the limited size of their contract from the Los Angeles County Alcohol and Drug Program Administration, they have limited capacity to provide individual and group prevention services. There are significant unmet needs for additional prevention services for this population.

Homeless Youth in Hollywood and HIV Prevention: While the majority of homeless youth surveyed reported report being worried about acquiring HIV, few take the steps that they know will protect them. Approximately two-thirds of homeless youth surveyed reported unprotected vaginal or anal sex during the past 3 months. Only 23% report using condoms every time they have sex.

Homeless youth do report accessing HIV testing services. Ninety-two percent of youth surveyed reported receiving HIV testing ever and 70% reported testing in the last 90 days. Over 80% of youth felt that they could identify a safe place for HIV testing. Even so, providers thought we could increase testing frequency and reach youth that do not seek out testing by bringing rapid testing to drop in centers and shelters.

Due to changes in the allocation of public funding, HIV prevention programs targeting homeless youth in particular no longer exist. As a result, agency staff feel less prepared to assess HIV risk, provide risk reduction education, educate youth about HIV testing options, and help youth

understand test results. Two agencies continue to implement an evidence- based intervention (Street Smart) and another agency implements skill focused educational groups (Condom Rap). However, providers are concerned that the youth that really need HIV prevention education often avoid groups that are publicly promoted as HIV prevention groups. Providers believe that youth believe that HIV infection is no longer the "death sentence" it was considered in the past and is easily treated.

Recommended Approaches for Substance Abuse and HIV Prevention: Based on the youth surveys and input from providers at all levels, the following recommendations emerged:

1) Integrate substance abuse and HIV prevention education and help youth see the connection between substance abuse and HIV.
2) Prioritize interventions that provide youth with a motivation for behavior change
3) Package the substance abuse and HIV prevention education within a service that youth want (such as employment)
4) Provide training for staff on substance abuse and HIV
5) Provide training for staff on motivational interviewing and interventions
6) Interventions need to be focused on healthy living and youth development instead of avoiding illness, disease, or death.
7) Since youth use drugs and engage in HIV risk behavior in a social context, group interventions are desirable
8) Look for ways to involve youth in leadership positions or as advisors
9) Identify strategies to address contractual and regulatory barriers preventing the Mobile Team from providing rapid HIV testing to shelters and drop in centers.
10) Create calendars for Hollywood indicating the locations with HIV testing and prevention programs

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Appendix: Additional Provider Data Regarding HIV/AIDS

Provider Perceptions regarding their perception of HIV/AIDS threat to homeless youth: During the focus groups conducted with direct care staff and managers and coordinators, providers were asked about their opinions about the threat posed by HIV/AIDS to homeless youth in Hollywood.

- Providers believe that the threat is significant, particularly for young gay men and substance using youth, but most homeless young people generally aren't paying attention. They feel that they the perception of risk has fallen over the past several years.
- At one time, there was a lot of focus on HIV prevention at homeless youth serving agencies but funding has declined. This has led to a diminished sense of vulnerability among youth.
- Youth have a perception that if they become HIV infected, they could simply take a pill and be fine. Perceived severity of disease is low among youth.
- HIV is not readily discussed among youth. Youth only speak about HIV if there is a formal discussion. There seems to be a feeling of 'burn out' or 'tiredness' about HIV, as if it's been preached to them too frequently.
- Youth tend to perceive HIV as a 'curable' condition.
- Youth are facing so many issues that HIV doesn't really come up unless they already have it. Youth tend to not seek out information regarding HIV until they have already tested positive for it.
- There is an apparent stigma associated with youth who have HIV, and because of this stigma many youth would rather not discuss HIV or ask questions.
- There's a lot of mixing of drugs and sex among homeless youth
- Most providers believe that HHYP agencies should be more aggressive in providing HIV information
- High risk youth are scared to get tested because they do not want to know their status.
- Youth who test positive are often very surprised. Many youth are interested in testing only because they think they will be negative. If they are really worried about being positive, they don't want to get tested.
- Youth who are involved in survival sex receive less money if they have to use condoms.
- Many of the providers would like to work on a prevention method that gets youth to look at HIV as a connection to their body and general well being.
- Providers would like to see if youth who take care of their bodies (fitness, diet) are less likely to get HIV.
- We need to encourage youth to take the time to regularly meet with doctors. We must request that doctors fit in HIV prevention information during their sessions with patients.
- Many youth receive services from homeless youth serving agencies in the context of a traumatic event. In this instance, HIV prevention is a low priority.
- An agency-wide risk assessment should be done to properly refer youth to the correct services and provide access to the right information.

Provider Perceptions about HIV knowledge Among Youth

Providers also feel that there is a lot of misinformation and lack of knowledge about HIV among youth:

- They don't understand the relationship between substance abuse and contracting HIV (crystal meth and HIV).
- They don't really know or understand the mechanisms for disease transmission or the meaning of a low viral load.
- They are unaware of advised testing frequency and may have multiple partners between testing dates
- They don't know how to be assertive about condom use with their partners.
- Straight youth tend to believe all gay youth are infected with HIV and end up saying hateful things. There is also a perception among youth that testing for HIV identifies them as being homosexual.
- Many youth who have been in Catholic schools do not believe in the effectiveness of condoms because the Pope says they do not work.
- Many staff assume youth already know about HIV, however this is often not the case.

- Some youth believe the conspiracy theories regarding HIV; these concepts are very entrenched and affect testing.
- Many youth believe that parental consent is required for HIV treatment for youth under the age of 18

Provider recommendations regarding Counseling Sessions with youth

- Counseling needs to be included with testing. We need to understand how youth come into the risks and not always why they take the risk so we can more effectively prepare ourselves to counsel them.
- Assume youth do not have any information; ask what they already know
- In this population, counseling must be integrated with other programs

We CANNOT rely on counseling at the testing site to deliver information because youth who test positive usually do not return for additional tests

- make serious changes in their behavior to prevent infection.

Provider Recommendations regarding increasing condom use and barriers to condom use

- Need to incorporate a peer messenger approach to encourage condom us
- Youth don't use condoms because of Feelings of invincibility, Romance/Intimacy, Prostitution, "They're Too Small" "They Break", Don't want to offend (implying disease), Unattractive, Perception that they're unnecessary in homosexual relationships since nobody can get pregnant, "Preservation of manhood", Too loaded, Lube not always available, Not able to think past the moment, Lack of good messages for young gay men-must use condoms for the rest of their lives.
- Youth say that their religion dictates they should not use; Some youth have undiagnosed latex allergies; There is a perception that condoms are only for preventing pregnancy and not for preventing disease; Youth attempt to use oral sex condoms for intercourse, which end up breaking and create misconceptions about condoms as a whole; Intoxication
- Youth like taking the XL condoms; If there are lots of different colors, youth tend to take more (giving youth a choice).
- MFP reports they have to really market condoms. They use Condom Rap program that incorporates a 'bag-o-fun' full of sex devices. Used to educate youth on sex in a light-hearted fun fashion.

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