Counseling, Testing, and Referral & Prevention Case Management Interventions For Asian & Pacific Islander Youth

March 2004
Acknowledgements

This document is intended as a tool to assist community-based organizations (CBOs) who are interested in implementing and/or enhancing HIV Counseling, Testing, and Referral (CTR) as well as Prevention Case Management (PCM) programs that target Asian & Pacific Islander (A&PI) Youth communities. It highlights “promising interventions” that are currently being developed and/or implemented for A&PI youth communities.

We would like to thank all of the individuals and organizations that were interviewed for the “Promising Practices” section of this document. As diverse A&PI communities, we hope that this document will serve as a tool for us all to learn from our collective successes and experiences.

The main author of this document is Lawrence Ozoa of the Asian & Pacific Islander Wellness Center (A&PI Wellness Center). A&PI Wellness Center is currently funded by the Centers for Disease Control and Prevention to provide HIV prevention capacity building assistance to A&PI communities.

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## Frequently Used Terms

Below are some of the terms and abbreviations that you will find throughout this document.

<table>
<thead>
<tr>
<th>Term</th>
<th>Full Form</th>
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<tr>
<td>A&amp;PI</td>
<td>Asian &amp; Pacific Islander</td>
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<tr>
<td>A&amp;PIs LWH</td>
<td>Asians &amp; Pacific Islanders Living With HIV/AIDS</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>APIAHF</td>
<td>Asian &amp; Pacific Islander American Health Forum</td>
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<tr>
<td>APIHCV</td>
<td>Asian Pacific Health Care Venture</td>
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<tr>
<td>CBO</td>
<td>Community Based Organization</td>
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<tr>
<td>CDC</td>
<td>Centers For Disease Control and Prevention</td>
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<tr>
<td>CTR</td>
<td>Counseling, Testing, &amp; Referral</td>
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<tr>
<td>FTE</td>
<td>Full Time Equivalent</td>
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<tr>
<td>GLI</td>
<td>Group Level Intervention</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HIV+</td>
<td>HIV Positive</td>
</tr>
<tr>
<td>ILI</td>
<td>Individual Level Intervention</td>
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<tr>
<td>LWHA</td>
<td>Living With HIV/AIDS</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have Sex with Men</td>
</tr>
<tr>
<td>PCRS</td>
<td>Partner Counseling and Referral Services</td>
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<tr>
<td>PLWHA</td>
<td>People Living With HIV/AIDS</td>
</tr>
<tr>
<td>P4P</td>
<td>Prevention For Positives</td>
</tr>
<tr>
<td>PCM</td>
<td>Prevention Case Management</td>
</tr>
<tr>
<td>PSE</td>
<td>Public Sex Environment</td>
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<tr>
<td>PwP</td>
<td>Prevention With Positives</td>
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<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<tr>
<td>TG</td>
<td>Transgender</td>
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</table>
AIDS cases among A&PIs vary by geographic location throughout the U.S., with most cases concentrated in Chicago, Hawai’i, Guam, New York City, and San Francisco, which account for about 38% of total AIDS cases among A&PIs. However, the majority of AIDS cases are found among A&PI immigrants and refugees.

Some studies of gay men / MSM in San Francisco and Los Angeles have found that A&PIs have higher rates of HIV infection than any other ethnic group. For example, a recent study of young men, ages 18 through 24, found that young A&PI gay men had the second highest rate of HIV infection. The San Francisco Department of Public Health estimates that 1/3 of A&PI gay/bisexual men in the city are HIV-infected.

A&PIs are extremely diverse, comprising over 40 different nationalities that speak over 100 languages and dialects. A&PIs include Chinese, Filipinos, Koreans, Hawaiians, Indians, Japanese, Samoan, Vietnamese, among others. The 2000 Census counted Asian Americans separately from Native Hawaiians and other Pacific Islanders.

A&PIs are often stereotyped as the "model minority" in terms of health, education and economics. However, A&PIs are often underserved in health care. Because of the rapidly increasing size of and the differences within the A&PI communities, there is still little data on health status and behavioral risks. A&PIs have higher rates of many preventable diseases that are strongly associated with HIV, such as hepatitis-B. In fact, A&PIs have the highest rate of Pneumocystis Carinii Pneumonia (PCP) as their AIDS-defining illness, which might indicate barriers to accessing PCP prophylaxis medications.

There are cultural, linguistic, economic and legal barriers to HIV prevention among A&PIs. For example, cultural avoidance of discussing issues of sexual behavior, illness and death can be barriers to HIV prevention. In addition, although A&PI MSM are at significant risk for HIV, the lack of peer and community support for sexual and racial diversity often are barriers to self-esteem and positive self-identity. Foreign-born A&PIs may have low or no English skills, and very few programs provide interventions in A&PI language.

Taken from GLADD’s website; article entitled, HIV/AIDS Amongst Asians & Pacific Islanders.


Overview of CDC’s “Revised Guidelines for HIV Counseling, Testing, & Referral”

In November 2001, CDC released its “Revised Guidelines for HIV Counseling, Testing, & Referral” document which was developed for policy makers and service providers who offer HIV Counseling, Testing, & Referral (CTR). The guidelines are intended to be used to develop CTR services and policies. As stated in this document, the “recommendations should be tailored to fit the needs of clients, communities, and programs within local, state, and federal rules and regulations.”

Please refer to the document for actual text.

NOTE: The entire original document can be accessed online at CDC’s website at www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm

CDC’s “Procedural Guidance for Implementation of Counseling, Testing, and Referral”

Organizations who receive funding from CDC’s Program Announcement #04064 (Direct funding for HIV prevention projects for community-based organizations) must implement interventions from CDC’s “Procedural Guidance.” Interventions not included in the Procedural Guidance will not be funded by CDC under this Program Announcement.

Several portions of the Procedural Guidance are related to CTR:

Pages 83-92  Procedural Guidance for Implementation of CTR
Pages 93-102  Procedural Guidance for Implementation of Rapid Testing in Non-Clinical Settings
Pages 103-111  Procedural Guidance for Implementation of Routing Testing of Inmates in Correctional Settings

Please refer to the full text of the actual document which can be accessed on CDC website at www2a.cdc.gov/hivpra/documents/Attachments/CBOProcedures_15Dec03_FinalDraft.pdf
CDC Procedual Guidance for Implementation of Prevention Case Management (PCM) For Persons Living with HIV

This guidance is offered to assist state and local health department human immunodeficiency virus (HIV) prevention cooperative agreement grantees and directly funded community-based organization (CBO) grantees in planning, implementing, and evaluating HIV prevention case management (PCM). The Centers for Disease Control and Prevention (CDC) provides funding for individual-level, health education and risk-reduction activities, which include PCM. Previous guidelines for PCM are published in Guidelines for Health Education and Risk-Reduction Activities, U.S. Department of Health and Human Services, 1997. This revised guidance supersedes the 1997 PCM guidelines by further detailing essential components and protocols for PCM programs.

HIV Prevention Case Management is a client-centered prevention activity, which assists HIV seropositive and seronegative persons in adopting risk-reduction behaviors. PCM is intended for persons having or likely to have difficulty initiating or sustaining practices that reduce or prevent HIV transmission and acquisition. PCM provides client centered, multiple session HIV risk reduction counseling to help individuals initiate and maintain behavior change to prevent the transmission of HIV while addressing competing needs which may make HIV prevention a lower priority. In addition, PCM provides assistance in accessing needed medical, psychological, and social services that affect clients' health and ability to change HIV-related risk-taking behavior.

NOTE: The entire original 42 page document can be accessed online at CDC’s website at www2a.cdc.gov/hivpra/documents/Attachments/cbofinal/Pages%20from%20CBOProcedures_15Dec03_FinalDraft_8.pdf
Promising Interventions: Agencies’ Overview

On the pages that follow are examples of two interventions that are currently being practiced in A&PI communities throughout the U.S.

Most HIV prevention programs have limited budgets, hence these featured interventions may not have been formally evaluated to determine overall behavioral and health outcomes.

Given that there is little to no research on model HIV CTR and PCM programs for A&PI Youth. We felt it was important to document these programs as examples of how CBOs have responded to the HIV prevention needs of their A&PI Youth clientele.

The information provided in this section has been gathered through surveys and telephone interviews with program staff. On the following page is an explanation of the format used. (See diagram on following page)
# How to read this document: Figure 1

<table>
<thead>
<tr>
<th>Table Title</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Populations Served</strong></td>
<td>Indicates the populations the intervention specifically works with.</td>
</tr>
<tr>
<td><strong>Geographic Area Served</strong></td>
<td>Indicates the geographic area that intervention extends to and is able to provide services to on a routine basis.</td>
</tr>
<tr>
<td><strong>Intervention Setting</strong></td>
<td>Indicates the physical location where the intervention takes place.</td>
</tr>
<tr>
<td><strong>Program Goals &amp; Objectives</strong></td>
<td>Indicates what the intervention is trying to achieve.</td>
</tr>
<tr>
<td><strong>Program Outcomes</strong></td>
<td>Indicates what the intervention achieved. Please note that for some of the organizations, process outcome data was presented when program outcome data was not available.</td>
</tr>
<tr>
<td><strong>Core Elements</strong></td>
<td>Indicates the most important aspects of the intervention that should be maintained when replicating the intervention.</td>
</tr>
<tr>
<td><strong>A&amp;PI Culturally Competent Characteristics</strong></td>
<td>Indicates the unique components of the intervention that demonstrate cultural competent and sensitivity to the needs of A&amp;PIs.</td>
</tr>
<tr>
<td><strong>How Was the Intervention Developed</strong></td>
<td>Indicates how the community was involved in the development (and possibly implementation) of the intervention.</td>
</tr>
<tr>
<td><strong>Theory/Research Basis</strong></td>
<td>Indicates the research or behavioral science theory that the intervention is based on.</td>
</tr>
<tr>
<td><strong>Lessons Learned</strong></td>
<td>Indicates adjustments to the intervention that were made during implementation.</td>
</tr>
<tr>
<td><strong>Budget &amp; Staff</strong></td>
<td>Indicates the program budget and staffing needs.</td>
</tr>
<tr>
<td><strong>Additional Info</strong></td>
<td>Indicates any additional information provided by the program staff.</td>
</tr>
<tr>
<td><strong>Intervention Flowchart</strong></td>
<td>A pictorial representation of how a client might progress through the intervention.</td>
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Counseling, Testing and Referral for A&PI Youth

**Intervention Overview:**
APHCV collaborates with Asian Youth Center and KHEIR to increase access to HIV counseling and testing to the A&PI communities in Los Angeles County at risk for transmission and to promote risk reduction behaviors. Each of the collaborating agencies targets a specific high-risk group based on each organizational expertise and program focus.

APHCV, Inc. hopes that through a consortium model, Project AACTTO (Asian & Pacific Islanders Accessing Counseling and Testing through Theatre and Outreach) will maximizes resources and increases access and service utilization for HIV counseling and testing to the hard-to-reach underserved A&PI population in Los Angeles County.

Because of existing stigma and cultural barriers around HIV/AIDS, many A&PIs are reticent about seeking information and treatment for HIV/AIDS. Hence a multi-faceted outreach plan is needed to encourage the population to seek HIV testing and counseling. To help the consortium promote testing and counseling, it utilizes teen theater, outreach, a multi media campaign, and referrals from support services.

**Populations Served**
APHCV targets its outreach, counseling, and testing to gay, bisexual and MSM of various A&PI ethnic groups. AYC targets high-risk A&PI youth groups in the San Gabriel valley. KHEIR targets high-risk Korean women and commercial sex workers respectively.

APHCV, Inc. provides the HIV counseling and testing service as part of its integrated primary health care, hence it is integrated into prenatal care and other medical services.

**Geographic Area Served**
Los Angeles County

**Intervention Setting**
The primary site for CTR is a Youth Clinic established by APHCV. The Youth Clinic is open on Wednesday from 5 pm to 7 pm, serving youth ages 12-24. The Program Coordinator is also responsible to provide technical assistance to ensure that the services offered are appropriate and effective.

**Program Goals & Objectives**
1) APHCV, Inc. seeks to provide HIV testing and counseling to at least 180 A&PI high-risk youth through community outreach and theater performances. At least 80% percent of these 180 high-risk youth reached will receive their test result.

2) A minimum of 15 AACTTO participants will be recruited and trained to be youth performers. Five youth performers will be recruited for each session, a total of 3-4 sessions in a 12 months period, to increase awareness about risk reduction behaviors and promote HIV testing and counseling among high-risk A&PI youth.

3) To provide case management and PCRS to ensure appropriate and youth friendly medical care and services to all HIV positive youths.
Program Outcomes

Through AACTTO, APHCV, Inc. has been able to integrate peer education and theater to reduce HIV risk behavior among A&PI youths. AACTTO has helped A&PI youth to personalize their perception of risk and to provide skills necessary for safer behavior. The presentations/pieces are written, produced and performed by teens to make preventing HIV/AIDS entertaining and informative. These performances have culminated into “Youth and Identity” a performance night created to address access to HIV testing and counseling services, as well as integrated HIV prevention messages. Through its successful past performance, “Youth and Identity” is now an annual performance program for the youth, which is drawing a large and talented pool of host (e.g. casts of “Better Tomorrow”) and an increasing number of audiences.

Through AACTTO, APHCV has served 1250 youth in this particular program.

Core Elements

- The presence of youth friendly staff who have an understanding and capabilities to address issues that the A&PI youths are facing such as language barriers, cultural barriers and etc.

- Small group discussions facilitated by peer leaders. These discussions provide the youth with a safe “place” to talk about a variety of topics.

- Presentations that cover HIV related topics to dispel any misinformation and myths about the epidemic.

- One-on-one outreach where staff frequent places where youth congregate. These outreach activities allow other youths to inquire about HIV counseling and testing

- Evaluation of the HIV counseling and testing program is conducted for the entire component of the program. APHCV, Inc. has not conducted evaluation of the youth component of its HIV testing program. Although APHCV, Inc. is testing an increasing number of youths.

A&PI Culturally Competent Characteristics

The presence of HIV counselors who are proficient in the various ethnic languages that APHCV, Inc. serves.

The establishment of a Youth Clinic at the primary site has created a space where youth feel comfortable accessing services. The Youth Clinic is open on Wednesday from 5 pm to 7 pm, serving youth ages 12-24.

The Program Coordinator is also responsible in conducting monthly meetings with the other HIV counselors to coordinate services, plan activities, conduct training, update other HIV counselors on current HIV data and discuss barriers and success stories to improve quality of services.
### How Was the Intervention Developed?

APHCV, Inc. involves its target population during planning and implementing of its program activities and among them is through its consortium testing and counseling model. APHCV, Inc. collaborate with two other community-based organization that specialize in its specified target population e.g. AYC will target the high risk youth in the San Gabriel valley to maximize its community involvement.

APHCV, Inc. also conducts needs assessment to yield meaningful information and findings that is then integrated into its HIV services. Integrated into its need assessment is the quarterly held focus group. APHCV, Inc. incorporates the inputs from randomly selected clients and community members to improve its service delivery to reach the hard to reach target populations and better its services.

### Theory/Research Basis

Behavioral Change Model

### Budget & Staff

$202,254.00 annually – CDC funded

Program AACTTO is staffed with a 1.0 FTE Program Coordinator, a .5 FTE Program Assistant and 2 hourly Outreach Workers.
**HIV Prevention Case Management for A&PI Youth**

**Intervention Overview:**

HOPE: Helping and Outreaching to Peers Everywhere is a program for young A&PI who are currently involved in or at risk for becoming involved in the juvenile justice system. Services are available office-based or mobile: (e.g. in the clients' homes, in schools, Juvenile Hall, and outreach settings where clients congregate.) Skills building workshops focus on issues of sexual health, juvenile justice system, domestic violence, HIV/AIDS, safe sex, drug use, relationships, culture, and family dynamics. Skills learned include anger management, negotiation, group facilitation, public speaking, curricula development, decision-making, critical thinking, and peer counseling.

Case management services are available for A&PI youth in the HOPE program. The Youth Prevention Case Manager uses a client-centered approach to assess a young person’s needs and to help her/him to obtain particular services. She is available to meet young persons for one-on-one sessions on-site and off-site.

The HOPE program also includes an after school drop-in intervention

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**Populations Served**

- Chinese, Vietnamese, Samoan, Cambodian, Filipino, Japanese, Hapa, Hmong and Indian.
- Peer leaders are equally comprised of both female and male participants.
- Most youth whom access PCM are male.

**Geographic Area Served**

- City and County of San Francisco
  - (Richmond, Tenderloin, China Town)

**Intervention Setting**

- Asian & Pacific Islander Wellness Center Offices
- Community outreach sites, including Youth Guidance Center, through our collaboration with Special Programs for Youth.

**Program Goals & Objectives**

- To improve the mental well being of clients and to impart knowledge on healthy sexuality among A&PI youth clients
- To build leadership within the A&PI youth community.
- To develop life skills among HOPE Peer Leaders and other program participants
**Program Outcomes**
The agency has met and/or exceeded all objectives in the prevention case management component of the HOPE program. The HOPE Program reached an approximate 120 unduplicated clients in the last contract year. Some major findings are:

- That youth expressed an increased use of condoms
- Youth in HOPE were accessing HIV testing services
- High participation and retention of clients with many youth being involved for five years or more.
- There is a greater need for mental health therapy
- Program should be partly mobile utilizing schools as a venue for services, and include job training.

**Key Components**
The core elements in this particular program are:

- Program MUST be Culturally Competent for both the A&PI and youth communities, and have a commitment to being sensitive to diversity.
  - The organizational culture should reflect a commitment to diverse sexual orientation,
  - The program should be able to accommodate and welcome all ethnicities represented under the umbrella term of Asian & Pacific Islanders.
  - Program should have the support and often include the collaborative efforts of other A&PI organizations serving youth.
- Program Coordinator should be linguistically competent and/or have the support to achieve that capacity (Because of A&PIWC volunteer and staff pools, the program is able offer its services in 18 A&PI languages)
- Programs objectives should draw upon close friends to enhance the prevention process
- Program needs to remain flexible to adapt to the changing needs of youth accessing programming
- Program should offer comprehensive mental health program along side the PCM component
- Program should seek to establish and maintain strong linkages and collaborations with other resources and/or agencies
- Individual risk reduction counseling and prevention case management. Including individual counseling services for at-risk youth referred through outside resources)
- Sexual health rap groups and educational workshops (Peer run workshops that enhance the knowledge base and helping youth to make informed decisions about sex, gang violence, substance use, and relationships
- Life skills events (led and planned by peer leaders, these events take place as outdoor activities, and maximize the use of basic of outdoor survival principles, such as camping, and other outdoor events

Other data tracking tools include:
- Workshop Sign in Sheets
- Training evaluations /post work shop evaluations
A&PI Culturally Competent Components

- The HOPE Program has established a very strong commitment to welcoming all A&PI youth, through celebrating A&PI ethnic sexual, and gender diversity by making it a safe and affirming space for all who come to the program space.
- Provide a safe, attractive, confidential, youth oriented space. To house PCM services and other activities. The HOPE program has its own separate space in the same building as A&PI Wellness Center. The images on the walls of this space are created and/or picked by youth in the program creating a safe and familiar environment. Ground rules are clearly posted allowing for safety of those participating in programming
- Program must be youth oriented, and client centered.
- Harm reduction models have worked best with A&PI youth in HOPE's programming.

How Was the Intervention Developed?

The Youth Prevention Case Management program at A&PI Wellness Center began as an agency response to address a need to manage crises as they arose among the youth accessing services at A&PI Wellness Center.

HOPE has been an A&PI Wellness Center program for 3-4 years

Program was formerly part of the Asian AIDS Project in collaboration with Youth Guidance Center and Special Programs for Youth formed in 1993.

Theory/Research Basis

- HOPE operates through a youth development model and a client centered approach.
- Most PCM work focuses on a Cognitive Behavioral approach, while taking a on totally holistic approach to addressing multiple issues faced by A&PI youth, such as;
  - Domestic issues
  - School
  - Peer influence
  - Sexual activity and Health

Lessons Learned

- The need to be flexible with staff time so that on-site / off-site work is possible.
- Job duties need to accommodate the requirements of youth, as well as the overall agency commitment and mission.
- Agency needs to make a greater commitment to creating new funding opportunities.
- A&PIA&PIWC needs to raise its visibility in the Juvenile Justice System

Budget & Staff

The HOPE program is supported by a grant from the Mayor’s Office of Criminal Justice, which totals approximately $42,000 per fiscal year.

The HOPE Program is staffed with a 1.0 FTE Program Coordinator, and a .5 FTE Program Assistant.