

AIDS Community Alliance of South Central Pennsylvania

AIDS Community Alliance of South Central Pennsylvania is a 501(c) 3 nonprofit organization founded in 1985 as the Lancaster AIDS Project.

Mission: AIDS Community Alliance of South Central Pennsylvania provides individuals impacted by HIV and AIDS with the education, the skills and the resources necessary to enhance and sustain their quality of life. The agency empowers individuals through professional, confidential services that are inclusive of all communities.

Vision: The vision of AIDS Community Alliance is to be the best HIV and AIDS services and prevention provider, offering services and programs that empower and educate individuals throughout south central Pennsylvania.

Core Values

The core values of AIDS Community Alliance help to guide the decisions and actions of the organization and its staff. All services and programs are reflective of the values upon which the agency's foundation is built.

*Client-Driven *Leadership *Compassion *Collaboration *Service

Agency History

Recognized as a finalist in the 2006 Central Pennsylvania Nonprofit Innovation Awards, AIDS Community Alliance prides itself on adaptable, creative and effective programming aimed at meeting the needs of individuals impacted by HIV/AIDS in south central Pennsylvania. Since our founding, ACA has been at the forefront of HIV/AIDS services in the region. Originally an all volunteer operation in Lancaster, the agency offered comfort and care to infected individuals who often were abandoned by those closest to them. While meeting the needs and working to restore and maintain the dignity of individuals accessing the first services of AIDS Community Alliance in 1985, the agency made a commitment to the provision of prevention and education programming to the community hoping to aid others in avoiding infection with the virus.

Today, after multiple expansions to meet the growing need in south central Pennsylvania, AIDS Community Alliance provides high quality care and supportive services and innovative prevention and education services to much of the south central Pennsylvania region. Our focus remains squarely on the needs of individuals and communities impacted by HIV as we offer a host of creative and proven effective programs to the region including:

- A deployed case management program offering residents of south central Pennsylvania the ability to accessible services in locations where the client and their family are most comfortable whether that be at a partnering medical provider, their own home, one of the agency's community partners or a public location such as a local restaurant or coffee shop.
- Prevention programming utilizing Centers for Disease Control and Prevention recommended "Demonstrative Effective Behavioral Interventions (DEBI)" as their

foundation. The DEBI models replicated by AIDS Community Alliance are employed in the agency's efforts to provide effective prevention programming for individuals at greatest risk for HIV infection including Women, Men Who Have Sex With Men and Injection Drug Users.

- Partnerships and strong community relationships, which include the United Services Program Partnership network. The USP partnership benefits both clients and providers in the system. HIV-infected individuals enrolled in USP are able to access services at any of the eight network providers without a referral. Community Partners in the project benefit from joint service planning, networking and fundraising activity.
-

A community-based Board of Directors that is composed of twenty-two representatives from throughout the region served governs AIDS Community Alliance. 100% of the Board of Directors makes a financial commitment to AIDS Community Alliance.

The Need of the Injection Drug Using Community:

For almost a decade the Pennsylvania Department of Health has documented injection drug use as the greatest risk for HIV/AIDS infection in the state of Pennsylvania based upon the reported risk factors of reported AIDS cases throughout the Commonwealth. The south central Pennsylvania region – include York and Adams Counties have reported increased level of injection drug use activity. Most notably, the number of drug and alcohol treatment admissions for injection drug use – most commonly heroin use – has steadily increased each year in many of the regions counties including York and Adams Counties.

Individuals who use injection drugs are often a population that is hard to reach with traditional public health and prevention messages. A high level of trust and understanding must be established within the “community” before effective interventions can work to successfully reduce their risk for HIV infection and steps can be made to have individuals access drug and alcohol treatment in hopes of beating their addiction. To reach individuals injecting drugs and their partners, AIDS Community Alliances utilizes an adaptation of the Centers for Disease Control and Prevention Recommended Effective Intervention Community Promise. Community Promise is one of eighteen “demonstrated effective behavioral interventions” (DEBIs) that have been proven to effectively reduce the risk of HIV infections in traditionally hard to reach populations such as injection drug users.

The CDC in their description of recommended programs for replications says that Community Promise is:

A community-level intervention to promote progress toward consistent HIV prevention through community mobilization and distribution of small-media materials and risk reduction supplies, such as condoms and bleach. The program is derived from the AIDS Community Demonstration Projects. The program is based on several behavioral theories, including the trans-theoretical model of behavior change, which states that people move through a series of stages in the process of changing their behavior; the Theory of Reasoned Action, which explains how behaviors are guided by attitudes, beliefs, experiences, and expectations of other persons' reactions;

and Social Cognitive Theory, which states that persons learn by observing other people successfully practice a new behavior.

Persons from the targeted at-risk communities are recruited and trained to be community advocates and to distribute role model stories and risk reduction supplies on the streets of their communities. Role model stories are personal accounts from individuals in the target population explaining how and why they took steps to practice HIV risk-reduction behaviors and the positive effects the choice has had on their lives. The messages in the role model stories are reinforced by interpersonal communication with the community advocates. Each week, community advocates distribute stories and supplies to 10 to 20 of their peers.

Goals and Objectives

Goal: Maintain and enhance a community-based HIV prevention program targeting injection drug users and their partners in York and Adams Counties.

Objective: Establish, maintain and expand community partnerships with organizations, businesses and agencies serving injection drug users and their partners.

- Organizations / Businesses / Agencies / Groups (sampling) to be targeted:
 - Alcoholics and Narcotics Anonymous Chapters
 - Drug and Alcohol Treatment Centers
 - Methadone Clinic
 - VA Hospital
 - WellSpan – York Hospital
 - Family First Health Services
 - York City Health Bureau
 - AIDS Community Resource Program/Adams County
 - Gettysburg Hospital
 - Hispanic Outreach
 - Barber and Beautician Shops

Objective: Conduct and Maintain accurate community observation records that include:

- Locations of Drug Activity – use and sale
- Identification of types and levels of drug activity and usage
- Gatekeepers to the various elements of the community

Objective: Recruit Peer Advocates for participation in the project

- Individuals recruited as peer advocates are to be individuals in recovery from injection drugs (2 years clean) or partners of current or former injection drug users.
- Peer Advocates must be willing to distribute outreach materials – including referrals to HIV testing and drug and alcohol screenings / treatment to their friends, family and members of the community in targeted area.

Street Outreach Objectives:

95% participants demonstrate increased knowledge of HIV and STD - risk factors and modes of transmission

92% participants demonstrate an understanding of the role that drug and alcohol use and abuse and other addiction play in increasing the risk of HIV and STD infection

93% participants demonstrate increased utilization of risk reduction strategies and techniques

55% participants report accessing HIV testing services or plans to access HIV testing in 3 to 6 months and STI screenings as necessary

60% participants report increased willingness to discuss their HIV status and STI history with their partners and potential partners

100% of individuals requesting referrals to Drug and Alcohol rehabilitation receive a referral and contact information at the time of the request.

A.

Who specifically is selected to perform outreach?

Individuals conducting outreach are HIV Community Educators employed by AIDS Community Alliance who are recruited and trained specifically to implement the Community Promise model with IDU in south central Pennsylvania. Staff members are hired after a selective interview process that gauges the candidate's understanding of IDU, addiction/recovery, HIV/AIDS and his/her desire to work with IDU (both those in recovery and active addiction). HIV Community Educators themselves recruit and train volunteer members of the community to perform outreach in accordance with the Community Promise intervention model. Volunteers may be gatekeepers to the IDU community in a region, members of the community, individuals who are in recovery or family members / partners of individuals in active addiction or in recovery.

What types of training do outreach workers receive?

HIV Community Educators at AIDS Community Alliance are trained to have a thorough knowledge of HIV/AIDS and Hepatitis, and are equipped to deliver a range of presentations, group-level, and individual-level interventions, in accordance with state department of health standards for HIV prevention staff published in November 2005. HIV Community Educators are also trained specifically in implementing the Community promise model. The Education Services Manager, Ed Granger, who has extensive experience and training in HIV, Hepatitis and the Community Promise Intervention, conducts all training in-house. Project staff members regularly visit, interact, collaborate and coordinate with drug and alcohol treatment facilities. In

addition, as training sessions are available, Project Staff are provided with the opportunity to attend specific drug and alcohol trainings and trainings on working with IDU.

Both the Education Services Manager and the HIV Community Educator coordinating the project train project Outreach Volunteers –including project advisory committee members -.

Who at the SCA ensures that outreach activities are carried out as planned?

Jodi Skiles, Drug and Alcohol County Administrator I, provides the direct oversight of the project.

How is the oversight by that person done?

The **County Administrator I** of the SCA meets quarterly with project staff. Reports are submitted outlining project activities, locations of high-risk activity including IDU and other drug use and progress of project toward meeting the indicators and service levels.

What are those specific outreach activities?

The HIV Community Educator coordinating the project works to build trust and gain a thorough understanding of the target community. The project coordinator creates an advisory group comprised of members of the local community familiar with injection drug use, such as treatment facility staff, individuals in recovery and family of individuals who use or are in recovery from injection drug use.

HIV Community Educators perform the following activities:

- HIV Counseling and Testing Services
- Deliver presentations at halfway houses, treatment facilities, and other locations that allow for “wrap-around” contact with IDUs in the community
- Accompany D&A workers and others at the street level and interview current and former IDU to gain a thorough understanding of the local IDU community
- Individuals and Group Level Interventions as well as outreach (interventions without a specific individualized risk-reduction component) are conducted in the community - Frequent street level contacts with IDU create opportunities for intensive, one-on-one risk-reduction discussions with IDU
- Creation of role model stories – includes the identification of IDUs who are willing to serve as “role models” of risk reduction behavior. Individuals are recruited to tell their own story of behavior change, which is then distributed in IDU social networks with the help of peers
-

Funding from the Lebanon County Commission on Drug and Alcohol Abuse supports the conducting of Individual Level Interventions, Group-Level Interventions and Outreach.

B. How to outreach workers contact and follow-up with the IDU population:

Outreach workers initially contact IDU through a community identification process performed at multiple levels – the full process is outlined as a necessary component in the Community Promise Intervention and includes collecting and integrating information from:

- Activity on the street and in the community
- Staff and participants at treatment facilities
- HIV testing sites
- The SCA and other social service agencies
- Key stakeholders / gate keepers to the community

The community identification process aids in identify locations of high-risk activity including injection drug use and sales as well as what risk behaviors need to be prioritized in outreach and intervention activities.

Project Staff, in addition to community-based interventions in the streets and neighborhood, provide presentations at local treatment facilities. These presentations lay the foundation for on-going relationship with the individual in treatment. These contacts help to provide vital information and connections within the community.

Peers and gatekeepers from the IDU community are identified and recruited in order to provide staff with access to IDU social networks.

Members of the staff conduct street outreach as a part of the project to reach individuals who have not as of yet sought treatment. Street outreach is conducted in areas identified through the community identification process as having high levels of drug use and drug activity. Street Outreach occurs in these neighborhoods frequently helping project staff establish key relationships and develop trust with individuals who are injecting drugs and their partners.

C. How is the IDU population made aware of the relationship between injection drug use and communicable diseases like HIV?

Information about the link between injection drug use and increased risk for HIV and other communicable diseases such as Hepatitis C is provided through all elements of the intervention:

- HIV presentations in treatment facilities and methadone clinics
- Street-Level and Community-based Interventions as well as by street-level contact
- Role model stories provide information in peer-to-peer fashion. The information from role-model stories is peer-to-peer and explores real individual risks and the steps individuals have taken to reduce their risk of infection. The stories are developed from interviews conducted in the community and may include the decision of a participant to seek treatment for their addiction.

Information about HIV and the increased risk of infection associated with injection drug use is provided in both verbal and written format through individual/group conversations and the distribution of materials. Included in the information distributed are role model stories that highlight risks in the local community and steps that can be taken for injection drug users to reduce their risk of infection.

D. How is the IDU population made aware of the steps that can be taken to prevent the transmission of such diseases?

During street outreach activities, staff members educate individuals who inject drugs and their partners of the steps that can be taken to reduce their risk for HIV infection. The information is shared both verbally and in written format through the distribution of materials including role model stories.

All interventions associated with the project include information on risk-reduction. Group-level and individual-level intervention contacts include the provision of individualized risk-reduction plans and skills development (i.e. how to properly put on a condom).

Role model stories and other intervention activities target specific aspects of risk based and promote behavior change using techniques based upon the theory of “determinants” behavior change model.

E. How do outreach workers encourage entry into treatment?

The project coordinator and community educator volunteers work to establish a high level of trust within the IDU community. Through the trust that is developed staff work with individuals to make small changes in their lives as well as to build the recognition of the need for change in individuals who are actively using drugs. With each step, the individual is closer to accepting the need for treatment. Ultimately when the individual is ready to accept treatment a referral is provided to the SCA. Referrals are available and made at any time in the process including upon the first intervention.

Individuals who inject drugs and their partners are verbally educated about resources in the community including how and where they can access drug and alcohol treatment. In addition, when members of the staff distribute role model stories a printed resource card is included which provides individuals with key numbers in the community for drug and alcohol treatment, STD screenings and HIV counseling and testing among other services.

The primary intent of this outreach policy is to identify individual IDU's that are not in treatment services and encourage these individuals to seek treatment.

Priority Populations

Pregnant Injecting Drug Users
Pregnant Substance Abusers
Injecting Drug Users
All Others

AIDS Community Alliance
401 Division Street
Suite 100
Harrisburg, PA 17110

1-800-867-1550
1-717-233-7190