

# CDUHR news

## Center for Drug Use and HIV Research

in the Institute for AIDS Research at the National Development and Research Institutes, Inc.

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**Emerging HIV/AIDS research and dissemination needs indicated the growing importance of interdisciplinary research on clinical infectious diseases among drug users and other vulnerable populations.**

## CDUHR III: An Interdisciplinary Approach to HIV and Other Infectious Diseases of Drug Users

The Center for Drug Use and HIV Research (CDUHR) is pleased to announce continued funding for an additional five years (2008-2013) from the National Institute on Drug Abuse (NIDA). The current theme of the center is "An Interdisciplinary Approach to HIV and Other Infectious Diseases of Drug Users." The Center is headed by Sherry Deren, Ph.D., Center Director and Holly Hagan Ph.D., Center Deputy Director. CDUHR was the first center for the socio-behavioral study of drug use and HIV in the United States and has been funded since 1998 to provide an infrastructure to support the HIV/AIDS-related studies at NDRI; it currently supports 28 projects. A brief summary of current projects appears on pages 2 and 3.

During CDUHR I (1998-2003) the focus of the Center was to further research on individual-level

factors related to HIV epidemiology and prevention. CDUHR II (2003-2008) advanced research on social-level influences on HIV risk, prevention and transmission. Developments in the HIV epidemic and in emerging research and dissemination needs indicated the importance of interdisciplinary research which incorporates research questions related to clinical infectious diseases among drug users and other vulnerable populations.

Thus, the goals of CDUHR III are to:

- Foster interdisciplinary research on HIV and related infectious diseases among drug users
- Advance the science of the field by developing theories, methods and analytic techniques to further study multi-level influences on HIV risk, transmission and prevention
- Enhance the synergy, productivity and quality of projects in the Center
- Serve as a national and international resource regarding the study of drug use and HIV risk.

### The goals of CDUHR III will be accomplished through five cores:

<b>Administration Core</b>	Provides overall Center leadership and management and promotes discussion, integration and dissemination of research findings. Sherry Deren, Ph.D., Director Holly Hagan, Ph.D., Deputy Director
<b>Infectious Diseases Core</b>	Serves as a resource regarding clinical infectious disease issues among drug users and provides consultation and training for investigators to enhance interdisciplinary studies. David Perlman, M.D., Director Don Des Jarlais, Ph.D., Deputy Director
<b>Theoretical Synthesis Core</b>	Provides theoretical training and consultation and engages in theory development to integrate theories drawn from diverse disciplines. Samuel R. Friedman, Ph.D., Director Naomi Braine, Ph.D., Deputy Director Marya Gwadz, Ph.D., Deputy Director
<b>Interdisciplinary Research Methods Core</b>	Fosters optimal approaches to study design and analyses of infectious diseases and prevention in drug users and their communities by providing consultation and training on new methodologies. Holly Hagan, Ph.D., Director Don Des Jarlais, Ph.D., Deputy Director Marya Gwadz, Ph.D., Deputy Director Charles Cleland, Ph.D., Deputy Director
<b>Dissemination Core</b>	Disseminates research findings to health and social service providers and fosters opportunities for dialogue between researchers and providers. Andrew Osborne, M.S., CHES, Director Joseph Lunievicz, Deputy Director

# CDUHR III PROJECTS (as of May 2008)

Project and Funding Agency	Principal Investigator	Population	Location	Objective
<b>Adaptation to High School among Affluent Youth: Stress and Effective Coping Strategies</b> (Engelhard Foundation)	Marya Gwadz, Ph.D.	Affluent urban high school students	NYC	Examine coping skills, social support and academic activities and their association to mental health, substance use, peer relationships and adjustment to high school
<b>Community Vulnerability and Responses to IDU-Related HIV</b> (NIDA)	Samuel Friedman, Ph.D.	Drug users and community experts	96 large U.S. metropolitan areas	Longitudinal study of trends and predictors of population prevalence of IDUs, HIV prevalence among IDUs and prevention programs
<b>Computer Delivery of Effective, Psychosocial Interventions in Methadone Treatment</b> (NIDA)	Lisa Marsch, Ph.D.	Opioid users	NYC	Evaluate the effectiveness of a computer-delivered psychosocial intervention among new patients entering methadone treatment
<b>Couples HIV Intervention Randomized Controlled Trial</b> (NIDA)	James McMahon, Ph.D.	Women drug users and their main male sex partners	East Harlem, NYC	Develop and evaluate a couples relationship-based intervention
<b>Dynamics of Retail Methamphetamine Markets in New York City</b> (NIJ)	Travis Wendel, J.D.	Methamphetamine users and distributors	NYC	Examine demographics, social networks and market behaviors of methamphetamine users, buyers and sellers
<b>Enhancing HIV Partner Notification Through Peer Educators</b> (NIMH)	Marjorie Goldstein, Ph.D.	HIV+ individuals	NYC	Evaluate the efficacy of training HIV+ peers to conduct partner notification
<b>Evaluation of Implementation of Harm Reduction Services in MMTP</b> (amfAR & NYCDOHMH)	Naomi Braine, Ph.D. <sup>a</sup>	MMTP clients	NYC	Examine the organizational process of introducing overdose prevention and expanded syringe access services in a substance abuse treatment setting, and assess outcomes among clients
<b>Expanding Computer-Based Drug Abuse Prevention</b> (NIDA)	Lisa Marsch, Ph.D.	Elementary school-aged children	NYC	Development and evaluation of a computer-based drug abuse prevention program
<b>Gender Differences in Healthcare and Drug Treatment Utilization among Drug Users</b> (NIDA)	Sung-Yeon Kang, Ph.D.	Not applicable	NYC	Secondary analysis of a NIDA-funded CDUHR study of Puerto Rican drug users to examine factors related to gender differences in health care and drug treatment utilization
<b>HIV and Hepatitis Care Coordination in Methadone Treatment</b> (NIDA)	David Perlman, M.D. <sup>a</sup>	MMTP clients	NYC & SF	Examine the impact of coordinated care on screening for HAV, HBV and HCV; adherence to vaccinations for HAV and HBV; adherence to HCV and HIV clinical evaluations
<b>HIV Knowledge and Risk among Deaf Adolescents</b> (NIDCD)	Marjorie Goldstein, Ph.D.	Deaf high school students	U.S.	Assess HIV/AIDS knowledge and risk behaviors among deaf high school students throughout the U.S.
<b>HIV/STD Infection in an Urban High Risk Population</b> (NIDA)	Larry Nuttbrock, Ph.D.	Biological males identifying as females (trans women)	NYC	Identify behavioral and social risk factors for HIV and STD. Measure prevalence and incidence of HIV, HBV, HCV, chlamydia, gonorrhea, syphilis
<b>Increasing HCV Knowledge and Service Use in Drug Treatment Programs</b> (NIDA)	Shiela Strauss, Ph.D.	Staff in drug treatment programs	U.S. drug treatment programs	Develop and evaluate the effects of staff training on HCV and HCV/HIV coinfection and patient knowledge and utilization of treatment services
<b>An Intervention for Migrant Puerto Rican Drug Users</b> (NIDA)	Sherry Deren, Ph.D.	Migrant Puerto Rican drug users	Manhattan, Brooklyn and the Bronx, NYC; Newark & Elizabeth, NJ	Develop and evaluate a multi-level (peer and drug treatment) program intervention for migrant drug users

Project and Funding Agency	Principal Investigator	Population	Location	Objective
<b>MSM Communities in NYC Respond to HIV and Methamphetamine</b> (NIDA)	Naomi Braine, Ph.D. <sup>a</sup>	MSM and community stakeholders	NYC	Explore community response to methamphetamine use and HIV-related risk behavior among MSM
<b>National HIV Behavioral Surveillance Survey (NYC)</b> (CDC, PHS, NYCDOHMH)	Holly Hagan, Ph.D.	MSM, IDUs, and heterosexuals in high risk neighborhoods	NYC	Monitor HIV risk behavior and prevalence among MSM, IDUs and heterosexuals in high risk neighborhoods
<b>Neighborhood, New Injector Networks and HCV/HIV Risk</b> (NIDA)	Alan Neaigus, Ph.D.	New IDUs	NYC	Investigate transmission and risk networks for HIV, hepatitis C virus (HCV) and hepatitis B virus (HBV) infection among new injecting drug users
<b>Peer-Driven Intervention to Enroll Minorities/Women in HIV/AIDS Clinical Trials</b> (NIAID)	Marya Gwadz, Ph.D.	Minorities and women	NYC	Evaluate the efficacy of a peer-driven intervention to improve ACT screening and enrollment among minorities and women
<b>Recent Changes in HIV Testing Recommendations: Impact on Youth at Risk</b> (amfAR)	Marya Gwadz, Ph.D.	Homeless youth	NYC	Describe individual, attitudinal, structural and behavioral influences that impede or facilitate HIV testing (rapid and conventional)
<b>Reducing HIV Transmission by Promoting Sexual Health among Drug Users</b> (NIDA)	Holly Hagan, Ph.D.	Drug users	NYC	Assess STI knowledge and sexual risk behaviors among drug users. Evaluate a pilot intervention to increase STI screening and follow-up for medical treatment when needed
<b>Risk Factors for AIDS Among IDUs</b> (NIDA)	Don Des Jarlais, Ph.D. <sup>a</sup>	IDUs and drug sniffers	Beth Israel Detox Units, NYC	Monitor HIV risk behavior and trends in prevalence among NYC drug users
<b>The Science of Addiction for Deaf High School Students – Phase II</b> (NIDA)	Marjorie Goldstein, Ph.D.	Not applicable	NYC	Develop and adapt ASL version of the NIDA curriculum “The Brain: Understanding Neurobiology through the Study of Addiction”
<b>Science-Based Treatment for Opioid Dependent Adolescents</b> (NIDA)	Lisa Marsch, Ph.D.	Adolescent opioid users	NYC	Evaluate a combined behavioral-buprenorphine treatment for adolescents
<b>Secondary Analysis of Alcohol and Sexual and Injection HIV-risk Behaviors</b> (NIAAA)	Kamyar Arasteh Ph.D. <sup>a</sup>	Not applicable	NYC	Secondary analysis of data from two NIDA-funded CDUHR studies and WHO data to determine the relationship of alcohol use to injection and sexual risk behaviors and antiretroviral treatment
<b>Staying Safe: Long-Term IDUs Who Avoided HIV &amp; HCV</b> (NIDA)	Samuel Friedman, Ph.D.	Long-term IDUs	NYC	Determine resources, practices and prevention strategies that help IDUs avoid becoming infected with HIV and HCV
<b>Supporting Alcohol Reduction in HIV+ Patients: A Training for HIV Care Providers</b> (NIAAA)	Shiela Strauss, Ph.D.	HIV care providers	NYC	Develop and evaluate training for HIV care providers to screen and counsel clients for alcohol use
<b>Synthesis: HCV Epidemiology and Prevention in Drug Users</b> (NIDA)	Holly Hagan, Ph.D.	Not applicable	Not applicable	Meta-analysis of studies on HCV prevalence and incidence among drug users
<b>WHO Survey Coordinating Center, Drug Injecting Study-Phase 2</b> (WHO)	Don Des Jarlais, Ph.D.	IDUs	Multi-site, international	Monitor HIV risk behavior and trends in prevalence for HIV, HBV and HCV

<sup>a</sup> Investigator located at CDUHR and Beth Israel Medical Center; grant awarded to BIMC.

**Abbreviations for Funding Sources**

amfAR	American Foundation for AIDS Research	NIDA	National Institute on Drug Abuse	NYCDOHMH	New York City Department of Health and Mental Hygiene
CDC	Centers for Disease Control and Prevention	NIDCD	National Institute on Deafness and Other Communication Disorders	PHS	Public Health Solutions
NIAAA	National Institute on Alcohol Abuse and Alcoholism	NIJ	National Institute of Justice	WHO	World Health Organization
NIAID	National Institute of Allergy and Infectious Diseases	NIMH	National Institute of Mental Health		

## Advancing Public Policy to Support Hepatitis C Virus Prevention, Treatment and Care for Drug Users

HCV is the most common chronic bloodborne infection in the U.S.<sup>1</sup> While allocations for HCV research are low, much research is needed.

CDUHR and the New York City Department of Health and Mental Hygiene sponsored a forum on April 25, 2008 to advance public policy on hepatitis C virus (HCV) prevention, care and treatment for drug users. The purpose of the forum was to provide background information on HCV and examples of best practices to guide the development of strategies for informing policy. It is the first in a series of CDUHR events to promote discussion of policy issues regarding infectious diseases among drug users.

Six presentations provided an overview of the current state of HCV research, treatment, and policy. Following are highlights of these presentations.

### HCV Research Related to Drug Users — Holly Hagan, CDUHR

It is estimated that 4.1 million people in the U.S. have been infected with HCV and of these, 3.2 million have chronic HCV infection.<sup>2</sup> Rates of new infections with HCV among IDUs are approximately 10-40%; only 5% of cases are reported to local departments of health. Allocations for HCV research by the National Institutes of Health are low relative to the disease burden for other health conditions in U.S. However, there are many areas where research is needed. For example, little is known about the epidemiology, risk factors and prevention of HCV among non-injection drug users. Randomized control trials evaluating HCV prevention interventions among IDUs have not demonstrated great success in reducing HCV transmission. Practical strategies for safer injection should be developed and studied which take into consideration that injection practices

are complicated and that the settings where they take place may be chaotic. Developing interventions that change the social norms of IDUs and community perceptions of IDUs, and community-level prevention efforts are recommended.

### Barriers to HCV Treatment for Drug Users — Alain Litwin, Albert Einstein College of Medicine

With the large number of individuals with chronic HCV infection, improving access to treatment and evaluating the barriers to receiving adequate HCV services are critical. While providers often test drug users for HCV, guidelines for testing are inconsistent. For example, the U.S. Preventive Services Task Force does not recommend routine testing even among high risk individuals.<sup>3</sup> Providers may not adequately assess risk, either by not asking individuals about their risk, or by not ordering tests when risk factors are identified. In terms of HCV treatment, other medical, psychiatric or substance abuse may be considered higher priority for treatment. Patients may forget to make to keep appointments, lack access to psychiatric care or drug treatment, have inadequate social support, or harbor fears about biopsies or medications for treating HCV infection. There is often mutual mistrust between physicians and patients; doctors fear deception from patients, while patients fear being mistreated and stigmatized. Essential services are often fragmented with primary care, drug treatment and psychiatric care in different locations. Integrated onsite treatment has shown some promise in improving HCV treatment outcomes.

### Current HCV Policy and Legislative Activity — Daniel Raymond, Harm Reduction Coalition

Funding at the local, state and federal levels for HCV are low compared to other health issues. In NYC, there has been no general, broad-based budget advocacy for HCV. Funds have been allocated to specific organizations through City Council member funds. The Ryan White Planning Council has advocated for HIV/HCV co-infection clinics. In NYS, a State advisory board brought together advocates and fostered networking, and the sharing of information and analyses. Status C Unknown, an education and advocacy group, prioritized legislative advocacy and built an ad hoc coalition. HCV advocates coalesced around a budget framework and made a broad request for funds for HIV/HCV co-infection, substance abuse/harm reduction, medical care, funding



Holly Hagan, Alain Litwin & Daniel Raymond



Samuel Friedman, Milagros Sandoval, Daniel Church & Colleen Flanigan

for community-based organizations, and strengthening public health capacity. At the federal level, the National Hepatitis C Advocacy Council and the Hepatitis C Appropriations Partnership, and the National Viral Hepatitis Roundtable have attempted to obtain increased funding for HCV, with modest results to date. In addition, there was an effort to incorporate viral hepatitis language into all areas of the Ryan White Care Act. Key groups to include in HCV advocacy efforts are: veterans, hemophiliacs, prison representatives, current and former drug users and HIV planning groups.

**The Staying Safe Project: How Do They Do It? Long Term IDUs Who Avoided HCV and HIV—Milagros Sandoval & Samuel Friedman, CDUHR**

The Staying Safe Project has been conducting detailed life history interviews with long-term IDUs. The study compares those who remain uninfected with HIV and HCV with those who became infected, to investigate their strategies and resources for staying uninfected. The study found that IDUs are more likely to remain uninfected if they avoid possible threats (e.g., drug withdrawal periods, lack of syringes, high-risk contexts) to their safe injection practices, and avert risk if they find themselves in high-risk situations. To avoid withdrawal symptoms or syringe sharing, they plan ahead by stashing drugs and clean syringes for future use. They also have diverse syringe sources (e.g., pharmacies, diabetics, belonging to multiple syringe exchange programs). In situations when withdrawal is inevitable they will sniff heroin instead of injecting, or cope with symptoms until they are able to obtain a clean syringe. They maintain social ties with family, friends and neighbors and by doing so can help lower their risk behavior. For example, individuals providing social support may also provide a safe space to inject away from environments where sharing drug equipment

occurs. IDUs who remained uninfected may have used different combinations of strategies depending on their circumstances. Findings from this project may be helpful in developing innovative strategies and interventions to avoid HCV infection.

**Integrated Medical Management Programs for People Living with HCV Infection in Massachusetts – Daniel Church, Massachusetts Department of Public Health**

In 2006, Massachusetts implemented pilot programs within existing HIV Enhanced Medical Management Programs to provide HCV related services. The programs targeted HCV mono-infected clients only, most with a history of IDU. They provided many services including: assistance with health insurance enrollment, facilitated support groups, vaccinations for hepatitis A and B, referrals to specialty care, mental health services, group medical visits for those on interferon, partner counseling, and sterile syringe access. Provider surveys at the funded sites indicated that the programs improved access to interferon therapy, psychosocial support and HCV-related health care. Client surveys indicated that they felt that their HCV-related needs were being met. However, most were dissatisfied with the referrals they received and a significant number felt that their mental health needs were not met. The pilot program showed the need for increased mental health support (e.g., psychiatric referral, multi-lingual providers and training for peer-facilitated support groups), funding for increased staff and increased availability of drug treatment services. Phase II of the pilot program provided increased funding and additional sites in underserved areas. Evaluation of this phase is underway.

**Models of Care: A Survey of Programs Providing Comprehensive Hepatitis C Services in New York City—Colleen Flanigan, New York State Department of Health (NYSDOH)**

Members of the NYS Hepatitis C Community Workshop conducted a survey of model HCV programs in NYS to inform advocacy plans for enhancing HCV program services throughout the state. A total of four community-based organizations (CBOs) and six health services/medical facilities completed the surveys. The survey found that model programs that were connected to the community or those at risk, had consistent, caring, (Continued next page)

non-judgmental staff, and provided testing and vaccination for hepatitis A and B, follow-up care or referral for care with non-judgmental providers, mental health services, support groups, peer education, escorts to medical appointments, and assistance obtaining benefits and addressing socio-economic needs. Model programs addressed a wide range of client needs beyond the disease itself. New York City has several model programs and the capacity to provide comprehensive HCV services.

### Recommendations and Next Steps

Based on the presentations and discussion periods, a number of key themes emerged:

*Integration of HCV services and treatment with other support services*—This may include implementing HCV testing, education and harm reduction into all drug treatment programs, or providing comprehensive treatment plans which include substance abuse treatment, psychiatric care and social support services.

*Development of innovative prevention interventions*—HCV prevention interventions have thus far yielded disappointing results. A paradigm shift in developing interventions may be needed to reduce HCV trans-

mission. This may include community-level interventions or changing social norms among IDUs.

*Advocacy and policy issues*—Suggestions included: develop alliances with groups impacted by HCV to advocate for additional funding (e.g., OSHA for those infected through occupational exposure); lift the ban on federal funding for syringes; evaluate the impact of law enforcement practices on access to prevention and medical services; and change Medicaid reimbursement policies regarding HCV testing and related services.

**NEXT STEPS**—The conference presentations were developed to help inform HCV-related policies. Representatives of the NYCDOHMH and other conference attendees will be using these materials and recommendations as they review and develop policy initiatives.

1. Alter, M. J., et al. (1999). The prevalence of hepatitis C virus infection in the United States, 1988 through 1994. *New England Journal of Medicine*, 341, 556-562.
2. Armstrong, G. L., et al. (2006). The prevalence of hepatitis C virus infection in the United States, 1999 through 2002. *Annals of Internal Medicine*, 144, 705-714.
3. U.S. Preventive Services Task Force (2004). Screening for hepatitis C virus infection in adults: Recommendation statement. *Annals of Internal Medicine*, 240, 462-464.

## NEW CDUHR PROJECT

*In this section of the newsletter, information regarding a new CDUHR project is described.*

### Funding Agencies:

CDC, PHS, and NYCDOHMH

### Principal Investigators:

Holly Hagan, Ph.D.

(NDRI);

Christopher Murrill, Ph.D.

(NYCDOHMH)

### Project Staff:

Camila Gelpi-Acosta, M.A.

*Project Director*;

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*Research Assistant*;

Travis Wendel, J.D.,

*Co-Investigator*

## National HIV Behavioral Surveillance Survey (NHBS)—New York City

In 2004, the Centers for Disease Control and Prevention began a nationwide surveillance system intended to track changes in HIV-related risk behavior over time among three groups at highest risk for HIV: men who have sex with men (MSM), injection drug users (IDUs), and high-risk heterosexuals (HRH). The current project is the NYC component of the new NHBS survey; MSM, IDU and HRH will be surveyed in one-year phases over the duration of this three-year project. The broad aim of the study is to monitor HIV risk behavior and HIV prevalence for the purpose of guiding local and national HIV prevention efforts. The goals for each phase of the study are to: 1) Synthesize the current state of knowledge describing HIV risk in each group; 2) Identify

key stakeholders and key informants who can provide contextual information related to the local population; 3) Formulate scientific questions related to the HIV risk behavior and prevention that should be included among the “local use questions” in the survey; 4) Ensure that the prevention questions included in the national survey are relevant to local prevention activities; and 5) Recruit and administer the survey.



*Camila Gelpi-Acosta, Luis Alcantara, Darnell Walker & Rosa Colon*

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# The NDRI Training Institute

The NDRI Training Institute (A. Osborne, Director) provides training for the New York State Department of Health AIDS Institute and conducts courses by special request. Following are courses available from August – December 2008, offered at no cost. All courses are held at the NDRI main offices unless otherwise noted. Please note: the schedule is subject to change. Go to [www.training.ndri.org](http://www.training.ndri.org) for the complete schedule, course requirements and to register for courses.

Date	Course
8/5-8/7	Reducing the Risk and Harm of HIV (Three days)
8/12, 9/12, 11/18	◆ Overview of HIV Infection and AIDS (3 hours)
8/12, 11/18	HIV Disclosure (3 hours)
8/14 <sup>a</sup>	◆ Basic Information about Domestic Violence (One day)
9/4 <sup>a</sup>	◆ Addressing Prevention with HIV Positive Clients (One day)
9/9-9/10	◆ Mental Health Services (Two days)
9/12	What's New in HIV/AIDS? (3 hours)
9/26	◆ Building Bridges to Cultural Competency (One day)
9/30-10/1	◆ It's Time: Integrate Viral Hepatitis Into Your Work (Two days)
10/3	◆ Promoting Adherence to HIV Treatment (3 hours)
10/3	HIV/AIDS Treatment Update (3 hours)
10/7-10/9	Skills Practice and Implementation of Stage-Based Behavioral Counseling (Three days)*
10/15	◆ Domestic Violence in Lesbian, Gay, Bisexual & Transgender Communities (One day)

a Samaritan Village, Queens

◆ Training courses are provided under NYS OASAS Education and Provider Certificate Number 0305 and are acceptable for CASAC credits.

\* Visit the website at [www.training.ndri.org](http://www.training.ndri.org) for requirements before registering for this course.

*For a complete listing of courses, the curriculum of Special Request courses, CDUHR-sponsored Training Institute courses, and information on the courses listed above, call the Training Institute at (212) 845-4550.*

The Center for Drug Use and HIV Research is funded by the National Institute on Drug Abuse (Grant # P30 DA011041) to provide an infrastructure to support the HIV/AIDS-related research projects at NDRI. It is the first center for the socio-behavioral study of drug use and HIV in the United States and is dedicated to increasing our understanding of the drug use-HIV epidemic.

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Theoretical Synthesis Core  
Samuel R. Friedman, Ph.D.

Interdisciplinary Research Methods Core  
Holly Hagan, Ph.D.

Dissemination Core  
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Date	Course
10/17, 12/12	HIV/AIDS Confidentiality Law (3 hours)
10/17	HIV & STDs (3 hours)
10/21-10/23	Offering Rapid HIV Testing in CBOs Serving High Risk Communities (Three days)
10/30-10/31 & 11/13-11/14	Developing Skills for Enhanced Outreach (Four days)*
11/4	◆ Introduction to Case Management (One day)
11/6	◆ Enhancing the Partnership Between Client and Case Manager (One day)
11/24-11/25	Serving Families: From Assessment to Service Plan (1½ days)
12/4-12/5	VOICES/VOCES (Video Opportunities for Innovative Condom Education and Safer Sex) (Two days)*
12/9 <sup>a</sup>	Addressing Prevention in HIV Case Management (One day)
12/11	Improving Health Outcomes for HIV-Positive Individuals Transitioning from Correctional Settings to the Community (One day)
12/15-12/16	Methamphetamines & HIV (Two days)

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