## LINK 2

## A NIDA-Funded Youth Services Navigation Intervention for Post-Incarcerated Youth Living with HIV

**Study Leadership:** The LINK2 study is funded by the National Institute of Drug Abuse and conducted by the following institutions and researchers:

- UCLA; Led by Drs. Nina Harawa, Ph.D. & William Cunningham, MD
- The University of Chicago; Led by Dr. John Schneider, MD & Russel Brewer, DrPH
- Children's Hospital Los Angeles; Led by Dr. Marvin Belzer, MD







## The risks of insufficient HIV care

- HIV has become a chronic illness for those patients who get regular HIV care and take their anti-retroviral medication as prescribed.
- Some people living with HIV, however, have a lot of other basic needs that they need to prioritize over their HIV care. These needs include unstable housing, food insecurities, transportation issues etc.
- Young people with criminal justice involvement are at particularly high risk to inadequate support and resources to stay in HIV care after they leave jail or juvenile detention.
- Insufficient HIV care adherence has negative health effects on these young people by increasing the amount of HIV in their blood. This is called 'viral load.' In addition, the higher viral load that people have, the higher their potential risk of transmission to others.

## LINK2 Study Aims to Improve HIV Care Uptake and Maintenance

- The researchers have designed a six-session intervention that pairs navigators with HIV+ young people (ages 16-29) to help them access and stay in HIV care.
- Incentives are also provided to encourage engagement in HIV care.
- The intervention was adapted for young people from an intervention that effectively helped older people remain in HIV care and treatment after leaving jail.
- A total of 240 participants will be recruited in the Los Angeles County and Cook County
  Jails as well as through community clinics that serve a high number of
  HIV+ young people who have been recently released from custody.

This study has been approved by the UCLA IRB, the LA County Public Health, Ambulatory Care Network and Health Services Administration IRB as well as the U.S. Department of Health and Human Services.