



Programs Manual

2023



Dear ST. JOHN'S COMMUNITY HEALTH Team Members,

Programs at SJCH collaborates and integrates care management in the medical setting to improve health outcomes. Our mission is to eliminate health disparities and foster community well-being by providing and promoting the highest quality care in South Los Angeles. We are a leader, catalyst, and model for the best care. Thus, building a network of trusted partners within our setting and outside of our health centers help us ensure we are providing comprehensive resources for our patients in need. Case management in the various programs outlined takes into account the whole person and aims to address the social determinants of health while advocating for health equity.

Thank you for working with us to promote and advocate for the full integration of our patients' care in order to enable them to participate in their own health improvement and become active and responsible members of a vibrant and just community.

Elena Fernandez
Chief Programs Officer

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St John's Community Health: Locations

S. Mark Taper Foundation Health and Wellness Center (Williams)

808 W. 58th Street
Los Angeles, CA 90037

Dr. Louis C. Frayser Health Center

5701/5717 South Hoover Street
Los Angeles, CA 90037

Magnolia Place Health Center

1910 S. Magnolia Avenue Suite 101
Los Angeles, CA 90007

W.M. Keck Foundation Health Center (Compton)

2115 N. Wilmington Avenue
Compton, CA 90222

East Compton Health Center at Casa Dominguez

15715 S. Atlantic Avenue 2nd Floor
E. Rancho Dominguez, CA 90221

Leavey Health Center (OB Clinic)

3628 E. Imperial Highway, Suite 301
Lynwood, CA 90262

Rev. Warner Traynham Health Center

326 W. 23rd Street
Los Angeles, CA 90007

Compton College Health Center

1111 E. Artesia Boulevard
Compton, CA 90221

Rolland Curtis

1060 Exposition Blvd
Los Angeles, CA 9007

Sylvia Mendez Wellness Center

1321 E. 1st Street
Los Angeles, CA 90033

Crenshaw Health Center

4251 Crenshaw Boulevard
Los Angeles, CA 90008

Boys & Girls Club Dental Clinic

1000 W. 50th Street
Los Angeles, CA 90037

Lincoln High School

2512 Alta Street
Los Angeles, CA 90031

Mark Ridley-Thomas Wellness Center at Manual Arts

4085 S. Vermont Avenue
Los Angeles, CA 90037

Hyde Park Elementary School

6505 8th Avenue
Los Angeles, CA 90043

Washington Prep Wellness Center

1555 West 110th Street
Los Angeles, CA 90047

Dominguez High School

15301 S. San Jose
Compton, CA 90221

Avalon

6818 S Avalon Blvd.
Los Angeles, CA.9003

Mobiles 1-4

Scheduled for Events & Shelters.

Integrated Behavior Health Services (IBH)

Description: The Integrated Behavioral Health (IBH) Services Program at St. John's Community Health Community Health is designed to support the health, development, and growth of people in need. Integrated Behavioral Health staff work closely with Primary Care Providers to address the overall health of a patient. Our integrated model advocates a relationship-oriented and wellness approach at all system levels and makes a commitment to collaborative practice. The program combines medical and behavioral health services to fully address the spectrum of problems patients bring to the clinic. Our interventions are tailored to our setting and community with the goal of providing comprehensive care. The program can address a wide range of mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms. Integrated Behavioral Health Services is a holistic, symptom focused approach that aims to enhance access to behavioral treatment, improve treatment outcomes, and reduce the stigma associated with seeking behavioral health treatment.

Services Include

- Individual brief counseling (up to 12 sessions)
- Substance Use Recovery
- Medication Assisted Therapy (MAT) in collaboration with the Medical Team
- Psychiatry
- Psychological Testing
- Case management, referrals and linkages to higher levels of care

Location: Referrals made at all clinic sites

Eligibility: Patients of all ages

Contact:

- Deborah Bradley, *Behavioral Health Director*, Dbradley@wellchild.org- ext. 4077

MAT Services (*Medication-Assisted Treatment*)

Description: Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient's needs. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. MAT is also used to prevent or reduce opioid overdose. SJCH MAT Program, proposes to serve low-income adults in South Los Angeles County (“South LA”) diagnosed with an opioid use disorder (OUD), many of whom will be uninsured, undocumented, homeless/unstably housed, and have co-occurring mental disorder (COD), HIV and/or hepatitis C (HCV). We will also be drawing our patient base through our existing programs that serve transgender/gender nonconforming (TGNC) people, people experiencing homelessness (PEH) and reentry individuals. MAT services are a combination of medication and integrated behavioral healthcare.

Services Included:

- Screening utilizing SBIRT/ AUDIT C screening tool.
- Assessment/ treatment for SUD disorder utilizing motivational interviewing and stages of change.
- Referral for MAT assessment and medication/ referral to detox.
- Case management support services of internal and external referrals to program provided by SUD navigator and MAT care coordinator.
- Referral to IBH clinicians for assessment.

Location:

- Williams
- Traynham
- Compton

Eligibility: Anyone 18+ years

Contact:

- Angela Arocha, *MAT Coordinator*, araocha@wellchild.org - 213-663-2424

Unaccompanied Minors (*Nuestra Promesa*)

Description: The *Nuestra Promesa* project uses a case management-centered approach to integrating mental health, education, legal and a variety of support services such as housing and food, based on the complexity of multiple interrelated health problems that are seen and the need for a trusted individual to help navigate the system and respond to the multiplicity of access barriers experienced by the UAM population. Case managers assess needs and coordinate support services to address them by: 1) helping UAM and their families/caregivers get medical, dental and behavioral health attention; 2) ensuring that UAM are connected to their local public school, communicating with school staff as needed; 3) ensuring that UAM are receiving legal assistance; 4) providing crisis assistance and referrals to violence prevention and foster care services; 5) helping UAM and their families obtain safe, affordable, and permanent housing, and food, as needed, and; 6) assisting UAM and their families/caregivers with establishing eligibility for and receiving benefits from public entitlement programs including income support, Medicare, Medicaid, My Health L.A. Professional mental health counseling is targeted and specific to UAM, using methods that address depression, anxiety, and post-traumatic stress disorder (PTSD). UAM and their families/caregivers are referred to mental health counseling by case managers, legal services partners, and medical providers. St. John's Community Health has a cross referral relationship with legal services partners, who are able to identify UAM.

Location: Referrals made at all clinic sites

Eligibility: Minors under the age of 21 who have arrived to the USA in the last 4 years from Mexico, Guatemala, Honduras or El Salvador

Contact: Yuritza Sanchez, *Victim Advocate Unaccompanied Minors Program*, ysanchez@wellchild.org - (213) 359-0326

My Health LA Prevention Services

Description: My Health LA (MHLA) is a NO-COST (FREE) program that provides limited health care for people who live in Los Angeles County. Prevention Specialists will work with patient, providers, and clinicians to build protective factors. The team will reduce or manage risk factors associated with the onset of serious mental illness including such elements as poverty, chronic medical conditions, ongoing stress, isolation and traumatic loss. Prevention Specialists and team will build skills for self-care, teach positive coping skills, and expand support systems. MHLA Participants get ongoing, quality health care which includes mental health prevention services. Prevention Specialists will work with patient, providers, and clinicians to build protective factors. The team will reduce or manage risk factors associated with the onset of serious mental illness including such elements as poverty, chronic medical conditions, ongoing stress, isolation and traumatic loss. Prevention Specialists and team will build skills for self-care, teach positive coping skills, and expand support systems.

Location: Compton, Magnolia, Dominguez & Williams

Eligibility: It is free to individuals and families who do not have and cannot get health insurance and are 26 years and older.

Contact: Yuritza Sanchez, *Victim Advocate Unaccompanied Minors Program*, ysanchez@wellchild.org, (213) 359-0326

PRIME Specialty Clinic

Description: St. John's Community Health Community Health offers comprehensive services to patients along the HIV and Hepatitis C (HCV) continuum of prevention and care, including testing, linkage to care, and treatment (including Direct Observation Therapy [DOT] for homeless HCV patients).

Our medical providers, bilingual case managers, navigators and health educators are trained to discuss sexual health with all patients, regardless of age, gender identify, or sexual orientation. We meet patients where they are, when they are ready, and strive to create a supportive and non-judgmental environment where all patients are treated with respect and receive high quality medical care and supportive service referrals.

Services Include

- Routine HIV and HCV testing at all clinic sites
- Rapid HIV testing
- Specialty care for HIV and HCV positive patients
- Direct Observed Therapy (DOT)
- Education and treatment on HIV Biomedical Prevention (Pre- and Post-Exposure Prophylaxis -PrEP/PEP-)
- Medical Care Coordination (MCC) and ambulatory/outpatient medical services for HIV positive patients
- Medication adherence education
- AIDS Drug Assistance Program (ADAP) Certified Enrollers
- Other supportive services that will aid a patient to be retained in care

Time and Location:

- Williams Clinic: Tuesdays, 11:00am – 7pm with Justin Allen, FNP
Wednesdays, 9:00am – 4:00pm with HIV/HCV Specialist Dr. Brian Downs
- Compton Clinic: Thursday, 9:00am – 5pm with J with Dr. Saber
- Traynham Clinic: Monday-Saturday, 8:30am – 5pm with Sushant Bandarpalle, MD and Justin Allen, FNP. Primary care for HIV/HCV patients is available daily
- Crenshaw Clinic: Tuesdays, 8:30am-5pm

Eligibility: Must have a confirmatory HIV and/or HCV test result. If there are questions about this, please do not hesitate to call the PRIME Specialty clinic.

Contact: Xavier Laporte-Sanchez, *Director of HIV & STI*, xlaporte@wellchild.org - ext. 1079, 323-944-3499

MCC (*Medical Coordination*)

Services Include: Intensive Case Management, Psychosocial and Medical Support

Location: Referrals made at all clinic sites

Eligibility: Patients living with HIV/AIDS

Contact: Joshua Kim, *HIV Rapid & Outreach Specialist*- jkim@wellchild.org -323-213-9735

AIDS Drug Assistance Program (ADAP)

Description: St. John's Community Health is one of several ADAP enrollment sites in Los Angeles County. ADAP ensures that HIV-positive uninsured and under-insured individuals have access to medication.

Location: Referrals made at all clinic sites

Eligibility: HIV-positive uninsured and under-insured individuals

Contact: Xavier Laporte-Sanchez, *Director of HIV & STI*, xlaporte@wellchild.org - ext. 1079, 323-944-3499

HIV Biomedical Prevention PrEP (*Pre-Exposure Prophylaxis for HIV*)

PrEP Service: One-pill regimen taken once daily to prevent the transmission of HIV in HIV-negative individuals.

Eligibility: HIV negative individuals who are at risk of being exposed to HIV through sexual contact

Contact

- Maria Zarate, *PrEP Coordinator*, mzarate@wellchild.org - ext. 1050, 213-400-4433
- Ana Hernandez, *Specialty Care Coordinator*, ahernandez@wellchild.org - 323-217-7674

HIV Biomedical Prevention PEP (*Post Exposure Prophylaxis*)

Service: Two pills regimen for 28 days for those who have been, or believe they may have been, exposed to HIV

Eligibility: HIV negative individuals who in the last 72 hours may have been exposed to HIV through sexual contact or sexual assault

Contact

- Maria Zarate, *PrEP Coordinator*, mzarate@wellchild.org - ext. 1050, 213-400-4433
- Ana Hernandez, *Specialty Care Coordinator*, ahernandez@wellchild.org - 323-217-7674

HIV AOM (*Ambulatory Outpatient Medical*)

Services: A program made possible through the Ryan White Program, the payor of last resort for *uninsured HIV positive patients*. This reimburses medical centers for the medical visits of HIV positive patients who do not have any other form of insurance.

Contact: Xavier Laporte-Sanchez, *Director of HIV & STI*, xlaporte@wellchild.org - ext. 1079, 323-944-3499

Ryan White Transportation

Description: Our Ryan White program provides transportation for medical visits to uninsured HIV patients.

Contact: Ana Calles Miranda, *Care Coordinator and Retention Specialist*, amiranda@wellchild.org -213-453-7744

Hepatitis C Program

Services Include: Intensive Case Management, Direct Observation Therapy, Psychosocial and Medical Support

Location: Referrals made at all clinic sites

Eligibility: Must have a confirmatory HCV test result.

Contact: Ana Calles Miranda, *Care Coordinator and Retention Specialist*, amiranda@wellchild.org -213-453-7744

South Los Angeles Youth Prevention & Empowerment Program (SLAY)

Description: SLAY addresses the HIV-, substance misuse- and hepatitis-related risks, as well as health and social service needs, of South Los Angeles Latino and African American (AA) gay, bisexual, questioning male adolescents (ages 13-24), many of whom are homeless or housing-insecure. This program includes HIV risk reduction intervention, youth development, navigation services, and HIV, HCV and STI testing.

Eligibility: Latino and African American gay/bisexual/questioning males ages 13-24

Contact

- Esteban Cordova, *Peer Navigator*, ecordova@wellchild.org -323-328-7672

Prevention Recovery Integration for MSM Empowerment (PRIME)

Description: Rapid HIV testing for Latino and African Americans adult (age 18+) gay, bisexual, and other men who have sex with men (MSM) using their social and sexual networks and identifying popular leaders that can recruit program participants. This program is incentivized for clients recruited who received a test and for the recruiter, Subcontractor Black AIDS Institute (BAI)

Locations: Crenshaw, Compton and Williams.

Contact

- Herbert Hernandez, *Program Coordinator*, hhernandez@wellchild.org - 323-447-3054
- Vanessa Gonzalez, *Peer Recovery Specialist*, vagonzalez@wellchild.org -213-905-2290

Research Study: Entre Herman@s

Description: This research is conducted in collaboration with Charles Drew University and the goal is to develop and test an intervention in which the brothers and sisters of Latino gay/bi men encourage them to use HIV pre-exposure prophylaxis (PrEP) for HIV prevention.

Contacts

- Edwin Rojas, *Health Educator & Research Assistant*, erojas@wellchild.org -(323) 447-3054
- Xavier Laporte-Sanchez, *Director of HIV & STI*, xlaporte@wellchild.org - ext. 1079, 323-944-3499

Essential Access Title X (Family Planning & Reproductive Health Services)

Description: St. John's Community Health Title X Family Planning Program is dedicated to the provision of family planning and related preventive health services. It is designed to provide contraceptive supplies, services and information to patients of reproductive age who want and need them. Beyond clinical services, this program includes

community education and outreach to inform the public of our services as well as conducting presentations in high schools and other settings to educate youth on reproductive health.

St. John's Community Health Title X clinic sites have a designated Medical Assistant who provides reproductive health counseling and education to patients. Two Title X health educators/outreach workers support the program through community and patient education and outreach to promote access to clinic-based Title X services.

Services include

- Comprehensive reproductive health services, including confidential services for patients 12-17 years old
- Patient education and counseling
- Cervical and breast cancer screenings
- Sexually Transmitted Diseases (STD) and Human Immunodeficiency Virus (HIV) prevention education, testing, and referral
- Birth Control- including condoms, implants, NuvaRing, IUD, Patch, etc.
- Pregnancy diagnosis and counseling
- High school presentations on reproductive health needs and services
- Community outreach
- Teen clinic offered at school-based health centers

Eligibility: All patients of reproductive age (12+)

Contact

- Alan Jordan, *Family Planning Health Educator*, ajordan@wellchild.org - 323-328-7668
- Kenia Amaya, *Family Planning Health Educator*, kamaya@wellchild.org

The Check Up! Program

Description: The program uses the social and sexual network strategy to connect individuals at the highest risk for HIV infection to HIV testing services. We do this by enrolling recruiters we call “champions” Champions are people well connected to the community. The ideal champion can use their influence, experience and trust to refer and/or escort their social and sexual networks to our clinic to complete a **one-minute RAPID HIV test**.

Contact

- Paul Miller, *HIV Rapid Testing Coordinator*, pmiller@wellchild.org - 213-905-9496
- Alice Rona, *HIV Counselor*, aron@wellchild.org

Rapid Start Implementation Program (RSIP)

Description: Special Projects of National Significance (SPNS) Program to implement a rapid Anti-Retroviral Treatment (ART) the same day patient is diagnosed with HIV.

Contacts

- Bianca Zafra, RN, *Medical Care Manager*, bzafra@wellchild.org 323-369-0703
- Reyna Lopez, *Specialty Care Coordinator*, rlopez@wellchild.org 213-905-9930

Description: California Advancing and Innovating Medi-Cal (CalAIM) is a long-term commitment to transform and

strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. The goals of CAL AIM are to identify and manage comprehensive needs through whole person care approaches and social drivers of health, improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform and make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility.

Services Include

- Enhanced Care Management
- Community Supports

CalAIM

Enhanced Care Management

Description: ECM is person-centered care management provided to the highest-need Medi-Cal enrollees, primarily through in-person engagement. ECM will address clinical and non-clinical needs of patients through intensive coordination of health and health-related services. ECM providers will meet enrollees wherever they are – on the street, in a shelter, in their doctor’s office, or at home.

Location: Referrals made at all clinic sites

Eligibility

- Individuals and families experiencing homelessness.
- Adults, youth, and children who are high utilizers of avoidable emergency department, hospital, or short-term skilled nursing facility services.
- Adults with serious mental illness or substance use disorder.
- Children and youth with serious emotional disturbance, identified to be at clinical high risk for psychosis or experiencing a first episode of psychosis.
- Adults and youth who are incarcerated and transitioning to the community.
- Adults at risk of institutionalization and eligible for long-term care.
- Adult nursing facility residents transitioning to the community.
- Children and youth enrolled in California Children’s Services (CCS) with additional needs beyond CCS.
- Children and youth involved in child welfare (including those with a history of involvement in welfare, and foster care up to age 26).

Contact

- Monica Cotom, *Program Manager*, mcotom@wellchild.org - 323-327-1410
- Ann Milton, *Director of CAL AIM*, amilton@wellchild.org, 213-905-9877

Community Supports

Description: Community Supports are new statewide services provided by Medi-Cal managed care plans as cost effective alternatives to traditional medical services or settings. Community Supports are designed to address social drivers of health, such as factors in people’s lives that influence their health.

Services:

- **Housing Transition Navigation Services:** Assistance with finding and securing safe and stable housing.
- **Housing Tenancy and Sustaining Services:** Support in maintaining safe and stable tenancy once housing is secured.

- **Asthma Remediation:** Assistance providing information to members about actions to take around the home to mitigate environmental exposures that could trigger asthma symptoms and remediation's designed to avoid asthma-related hospitalizations.

Location: Referrals made at all clinic sites

Eligibility:

- **Housing Transition Navigation Services:** Member is homeless or at risk of homelessness.
- **Housing Tenancy and Sustaining Services:** Member is unable to sustain safe and/or stable housing.
- **Asthma Remediation:** Poorly controlled asthma, as determined by an emergency department visit or hospitalization; or two (2) sick urgent care visits in the past 12 months; or a score of 19 or lower on the Asthma Control Test

Contact:

- Jaime Lopez, *Program Manager*, jalopez@wellchild.org - 213-713-1042
- Ann Milton, *Director of CAL AIM*, amilton@wellchild.org - 213- 905-9877

Asthma/Lead Program

Description: St. John's Community Health Asthma/Lead program is a collaboration with Esperanza Community Housing Corporation (provides case management, in-home assessments and education/remediation services) and Strategic Actions for a Just Economy (provides tenant advocacy) to address slum housing related health issues.

- In-home assessments and home visits assessing and addressing environmental hazards in the home
- Education for families on minimizing triggers for asthma and green cleaning practices
- Education regarding low- or non-toxic methods of reducing or eliminating pest infestations (integrated pest management)
- Hazard assessment and remediation to help parents prevent lead poisoning and asthma triggers.
- Tenant education and advocacy (assistance filing complaints with City of LA Building and Safety department and LA County DPH)
- Linkage to legal services for tenant-related issues when appropriate (Neighborhood Legal Services)

Location: Referrals made at all clinic sites

Eligibility

- Any patient with health issues related to or exacerbated by sub-standard housing.

Contact:

- Cindy Miranda, Program Coordinator (cmiranda@wellchild.org)
- Lead Free Homes LA, Direct Program Email (enrollment@wellchild.org, 213-549-0810)

Homeless Service & Mobile Program

Description: SJCH received a HRSA designation to target and serve homeless individuals and families through our four locations: Compton, Traynham, Washington Prep and Williams. This program also provides mobile medical care services (*Mobile 2*) at service-area Homeless services agencies and provides linkage and referral back to St. John's Community Health independent health centers for follow-up care. The program also includes case management and

community outreach to our hard-to-reach populations to increase access to Medical, Dental, Behavioral Health Care and Support Services for homeless and housing insecure patients.

Services include

- Comprehensive medical care
- TB screening
- Substance abuse screening and counseling services
- Housing assistance for homeless individuals and families
- Targeted case management for homeless and housing insecure individuals and families
- Domestic violence advocacy
- Community outreach
- Referral specialist and linkages to local homeless service agencies for more intensive service needs

Eligibility

- Homeless and/or housing insecure

Contact:

- Sergio Gutierrez, *Mobile 2 Coordinator*, sgutierrez@wellchild.org – 213-905-9682
- Mulena Varnado, *Permanent Supportive Housing Program Manager*, mvarnado@wellchild.org 213- 359-0251

Housing for Health

Description: Department of Health Services (DHS) program that provides intensive case management services and permanent supportive housing opportunities for homeless patients in the DHS system of care (e.g. chronically homeless, high utilizers of the emergency department, multiple chronic conditions).

Eligibility

- Patients placed in program through **DHS referral only**
- ST. JOHN'S COMMUNITY HEALTH providers cannot refer ST. JOHN'S COMMUNITY HEALTH patients directly into this program.

Contact: Mulena Varnado, *Permanent Supportive Housing Program Manager*, mvarnado@wellchild.org 213- 359-0251

The Avalon Homeless Drop-In Center

Description: The Drop-In Center is a space for members of the St John's community to walk in and take a shower, do their laundry, grab something to eat, or meet with one of our case managers regarding domestic violence, re-entry services, transgender health care, etc. When members enter the drop-in center, they'll be asked what services they need and assisted accordingly.

Services include:

- Laundry
- Showers
- Food pantry
- Lockers
- Case management
- Behavioral health services

Location: 6818 S. Avalon Blvd, Los Angeles, CA 9

Eligibility:

- Homeless and/or housing/food insecure patients
- 18 years of age or older

Contact:

- Mulena Varnado, *Permanent Supportive Housing Program Manager*, mvarnado@wellchild.org- 213- 359-0251
- Abisai Ahumada, *Housing Project Coordinator/Recovery Rehousing Program*, aahumada@wellchild.org - 213-422-5281
- Edward Carter, *Referral Specialist/Care Coordinator*, ecarter@wellchild.org- 323-716-8483

Domestic Violence Housing Program

Description: SJCH's Cal OES-funded Domestic Violence Housing First program provides survivor-driven, trauma-informed mobile advocacy, housing assistance, supportive services, flexible financial assistance, and community engagement to domestic violence survivors and their children.

Services include

- Case Management
- Safety Planning
- DV counseling, and Support groups
- Family Support Services
- Linkage to housing or shelters
- Emergency Financial Assistance
- Eviction Prevention Support
- Housing Navigation
- Linkage to Legal Services
- Education on Tenant Rights

Eligibility

- Must be homeless or at risk of homelessness due to domestic violence
- Referral must be input through the EHR

Contact: Yuritza Sanchez, *Domestic Violence Program Manager*, ysanchez@wellchild.org - (213) 359- 0326

Transgender Health Care Program

Description: St. John's Community Health Community Health Transgender Health Program provides trans-specific and affirming services and is committed to protecting and improving the health of all transgender people in our communities.

Services include

- Comprehensive primary medical, dental and mental health services
- Hormone replacement therapy
- HIV and STD testing, counseling, and treatment
- Assistance with legal name and gender change
- Referrals for gender affirming surgery
- Health insurance enrollment
- Case management/referral services

Offered

- Traynham clinic, 326 W. 23rd Street. Los Angeles, CA. 90007
 - Monday/Wednesday/Friday: 8:30 AM – 4:30 PM
 - Tuesday/Thursday: 8:30 AM – 7:00 PM
 - Saturday: 7:00 AM – 3:30 PM
- Williams Clinic, 808 W. 58th St. Los Angeles, CA. 90037
 - Tuesday 11:00 AM – 7:00 PM

Eligibility

- Identify as transgender, non-binary, and/or gender non-conforming
- 18 years of age or older

Contact: Call Center for Appointments: 323-541-1411

Trans*Empowerment Program

Description: St. John's Community Health Community Health Trans*Empower Program aims to assist transgender and gender non-conforming clients in achieving their education and/or employment goals and reducing the risk of HIV. Case management services will assist clients with job preparedness, workforce reintegration, establishing pathways to education, and referrals to a robust network of resources.

Eligibility

- Identify as transgender and/or gender non-conforming
- At risk for HIV (to be defined by the Trans*Empower Program)
- 18 years of age or older

Contacts:

- Roberto Rodarte, *Trans*Empower Case Manager*, rrodarte@wellchild.org - ext. 2326
- Sasha Morales, *Victim of Crime Advocate*, snavarro@wellchild.org - ext. 2328

Surgery Referral Assistance

Description: St. John's Community Health Patient Advocates are available by appointment to assist patients with accessing and processing referrals for gender affirming surgeries. The Patient Advocates will go over requirements insurance eligibility, and provide linkage to care as required. Please be aware that not all insurances cover surgery, and these will be assessed and addressed in an orientation with the Patient Advocates.

Eligibility

- Orientation done with Patient Advocate after referral from medial provider
- 18 years of age or older
- Current patient of St. John's

Contact:

- Andy Gonzalez, *Patient Advocate*, andygonzalez@wellchild.org - ext. 223.3
- Sarahi Magallon, *Patient Advocate*, smagallon@wellchild.org - ext. 1068

Victim of Crime Advocacy (VOCA)

Description: St. John's Community Health Community Health VOCA Program assists transgender individuals who have been victims of crime in the state of California to pursue legal avenues, receive referrals and linkages to services, and to apply for Victim Compensation Benefits. Compassionate guidance and support are provided and includes the following:

- Crisis Intervention and Counseling
- Help with the Criminal Justice Process
- Safety Planning and Risk Assessments

- Additional Referrals for Support Services
- Case Management Advising

Eligibility

- Identify as transgender and/or gender non-conforming
- Survivor/victim of crime committed in the state of California
- 18 years of age or older

Contact: Sasha Morales, *Victim of Crime Advocate*, snavarro@wellchild.org - ext. 2328

Name and Gender Marker Change Clinic

Description: St. John's Community Health Well Child & Family Center's Transgender Health Program holds free monthly name and gender marker change clinics. During the class/clinic, patients receive guidance and information on how to fill out and file their paperwork for the purpose of changing their name and gender legally in the state of California. The class is held every 3rd Tuesday of the month from 10am-12pm.

Locations

- Traynham Clinic, 326 W. 23rd Street, Los Angeles, CA. 90008, by appointment only

Eligibilit: Transgender patients of all ages (*those under age 18 will need guardian signature to complete the name and gender change*)

Contacts

- Roberto Rodarte, *Trans*Empower Case Manager*, rrodarte@wellchild.org – ext. 2326
- Sasha Navarro, *Victim of Crime Advocate*, snavarro@wellchild.org- ext. 2328

Seeking Safety Program

Description: ST. JOHN'S COMMUNITY HEALTH 's Seeking Safety is a program for transgender, non-binary, or gender non-conforming youth 18 – 25 who face issues of trauma, substance use disorder, and mental health concerns. The Seeking Safety Program/Project WERK is a 6-week group (per cycle) offered exclusively for patients enrolled in the program and have completed an intake with the SAMHSA staff The group follows a SAMHSA grant-approved curriculum and is facilitated by the Trans Interventionist, Trans Peer Recovery Specialist, and a licensed

behavioral health therapist. The group culminates in a graduation ceremony with food, beverages and a celebratory cake provided by St. John's. Session topics are as follows:

1. Introduction to Seeking Safety
2. The Link Between PTSH and Substance Abuse
3. Detaching from Emotional Pain
4. PTSD- Taking Back Your Power
5. Taking Care of Yourself
6. Healthy Relationships

Location: Traynham Clinic, 326 W. 23rd Street, Los Angeles, CA. 90007

Eligibility

- Identify as a transgender, non-binary, or gender non-conforming
- Age 18 – 25 (at time of intake)
- Completed assessment and intake with SAMHSA staff

Contact

- Teanna Herrera, *Interventionist*, therrera@wellchild.org – ext. 2334

T-Time Support Group (On Zoom)

Description: T-Time Support Group is a weekly support group open to all transgender, non-binary, or gender non-conforming identified people or allies within the community. The group is open to all, and participants do not need to be a patient of St. John's. The group is facilitated by Trans Health Program staff and a licensed clinician. Topics of discussion vary, and the group decides on the topics they feel are most pertinent to their experiences and that they would like to have a discussion about. A light meal and refreshments are provided.

Location: via Zoom until further notice.

Contact: Teanna Herrera, *Interventionist*, therrera@wellchild.org – ext. 2334

Trans Addressing Recovery and Addiction Support Group (On Zoom)

Description: The Trans Addressing Recovery and Addiction Support Group is a weekly support group open to all transgender, non-binary, or gender non-conforming identified people or allies within the community. The group is open to all, and participants do not need to be a patient of St. John's. The group is facilitated by Trans Health Program staff and a licensed clinician. Topics of discussion are entered on recovery and addiction, and are facilitated by THP staff that have experience in recovery and

Location: via Zoom until further notice.

Contact: Teanna Herrera, *Interventionist*, therrera@wellchild.org – ext. 2334

Men Evolving Towards Acceptance Support Group (On Zoom)

Description: T-Time Support Group is a weekly support group open to all trans male identified individuals. The group is open to all, and participants do not need to be a patient of St. John's. The group is facilitated by Trans

Health Program staff and a licensed clinician. Topics of discussion vary, and the group decides on the topics they feel are most pertinent to their experiences and that they would like to have a discussion about. A light meal and refreshments are provided.

Location: via Zoom until further notice

Contact: Roberto Rodarte, *Trans*Empower Case Manager*, rrodarte@wellchild.org – ext. 1026

Re-Entry Integrated Services, Engagement & Empowerment (RISE)

Description: St. John's Community Health Community Health RISE (Re-Entry, Integrated, Services, Empowerment, and Engagement) program provides intensive case management services to individuals exiting incarceration and/or criminal justice system.

Case managers' work to link clients to:

- Medical care
- MAT/SUD
- Mental Health Services
- Employment Opportunities
- Community Engagement
- Educational Resources
- Parole/Probation Referrals
- Housing Resources
- Federal, State, County and City Social Services
- Food Resources
- Legal Services

Location:

- Williams (Monday to Friday)
 - 8am-5pm
- Rolland Curtis (Monday, Wednesday, Friday)
 - 8am-4:30pm
- Avalon (Thursday to Thursday)
 - 8am-4:30pm

Whole Person Care (WPC) / Office of Diversion & Re-Entry (ODR)

Description: The Whole Person Care Reentry program targets LA County jail inmates with anticipated release in 90 days who are eligible for Medi-Cal. They are also high utilizers of health or behavioral health services and are at high risk due to chronic medical conditions, mental illness, substance use disorders, homelessness, or pregnancy. Individuals released from state prison or county jail within the last 180 days can be enrolled from the community, via referrals from Probation, California Department of Corrections and Rehabilitation, and community-based reentry services agencies.

Eligibility

- Requirements are a history of justice involvement. *(The two programs, individually implemented, merged and are now addressing the functions of both programs as well as the original purpose.)*

Contact

- Jack Morris, jmorris@wellchild.org – 323-683-0474

- Irma Torres, *Community Health Worker*, irtorres@wellchild.org - 323-356-5477
- Darnell Green, *Community Health Worker*, dagreen@wellchild.org- 213-549-1516
- Sergio Diaz, *Community Health Worker*, sdiaz@wellchild.org- 323-557-0298
- Maritza Lopez, *Community Health Worker*, maritlopez@wellchild.org- 323-328-7680

RISE Rental Assistance Program (RRAP)

Description: The RISE program provides financial assistance with rent, security deposits, motel vouchers, move-in costs, and supportive services to secure transitional and permanent housing for clients enrolled in our RISE Re-entry program to decrease homelessness and reduce recidivism for individuals.

Eligibility: Priority is given to those that are formerly incarcerated and recently released from **State Prison**. However, those that have undergone incarceration in a county or local facility will also be considered. Participants must be enrolled in the RISE program at St. John's Community Health Community Health where they are assigned a community health worker.

Currently, this program is addressing the needs of participants that are already enrolled in the program, but it is not open for enrollment due to funding availability.

Contact

- Jack Morris, *Housing Navigator/Care Coordinator*, jmorris@wellchild.org- 323-683-0474

Outreach Program

Description: St. John's Community Health Community Health (St. John's) Outreach Program aims to reduce the disproportionate impact of COVID-19 by leveraging direct outreach to promote COVID-19 vaccines in areas/regions where health disparities from COVID-19 and other social determinants of health persist. The Outreach Program is part of St. John's Community Health goal to build a community-centered system of care and strengthen the foundational infrastructure needed to deliver seamless, coordinated, community-based services and resources to individuals and communities disproportionately impacted by COVID-19. St. John's Community Health Outreach Program supports a county-wide Community Health Worker Outreach Initiative (CHWOI) to coordinate and mobilize CHWs to conduct healing-informed, grassroots community outreach to ensure that accurate and up-to-date information regarding COVID-19, access to vaccines and basic Personal Protective Equipment (PPE), such as reusable face masks and hand sanitizer, reaches all communities, especially those that are most highly impacted by the virus.

Ultimately, the Outreach Program grows out of the Vaccine Equity Project, a collaboration between St. John's Community Health and Service Employees International Union (SEIU) Local 2015, a 180,000+ membership of home health care workers, who together recognized the critical need for a grassroots approach to ensuring the vaccine gets to the underserved communities of Los Angeles County, and thus have set-up several mega PODs to further accelerate vaccination efforts. Moreover, St. John's Community Health three mobiles are utilized to dock at strategic locations throughout Los Angeles County to support this initiative. Working in tandem with SEIU Local 2015, the Outreach Program deploys CHWs in targeted areas hard hit by the virus. These teams, supported by the union call center, go door-to-door to promote upcoming neighborhood vaccine PODs anchored by St. John's Community Health and its partners. Furthermore, this initiative in partnership with five other federally qualified health centers strategically located in under-resourced communities of color throughout Los Angeles County: Venice Family Clinic, El Proyecto del Barrio, East Valley Community Health Center, The Children's Clinic, JWCH and South Central Family Health Center. The Outreach Program is working with SEIU Local 2015 to overcome vaccination hesitancy by leveraging CHWs to promote the vaccine, and supporting people in registering for the vaccine, which is a challenging task even for those who are computer literate.

Eligibility:

- St. John's Community Health vaccinates all eligible persons, regardless of medical insurance and immigration status.

Point of Contact (POC):

- Isabella De La Torre, *Community Health Worker Supervisor*, 213-9052879, email: itorre@wellchild.org

Harm Reduction Program

Harm reduction is an approach that emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social wellbeing of those served, and offer low-threshold options for accessing substance use disorder treatment, Naloxone education and training, as well as other health care services. Harm reduction program incorporates a spectrum of strategies that meet people “where they are” on their own terms, and may serve as a pathway to additional prevention, treatment, and recovery services.

Harm reduction approaches have proven to prevent death, injury, disease, overdose, and substance misuse. Harm reduction is effective in addressing the public health epidemic involving substance use as well as infectious disease and other harms associated with drug use.

Services:

- Overdose Prevention Education
 - Risk And Prevention
 - Fentanyl Education
 - Safer Practices
- Naloxone Training
 - The Basics
 - What Are Opioids
 - What Opioids Are Not
 - What is Fentanyl
 - Recognize & Respond to An Overdose
 - What To Do in the Event of An Overdose
- Naloxone Distribution Program
- Sterile Syringe Exchange Program- coming soon

Linkage to the following services:

- Medical, Dental, Vision
- Behavioral Health Services
- HIV/Hepatitis Testing, & Prevention
- Prep/PEP Navigation
- MAT Program
- Vaccination Services
- Reduce Stigma Associated with Substance Use and Co-Occurring Disorders

Eligibility:

Ages 16 and above.

Point of Contact:

- Jonathan Leiva, *Program Coordinator*, 213-709-5114, email: jleiva@wellchild.org
- Marilyn Rosales, *HRP Community Health Worker*, 213-646-2665 email: mrosales@wellchild.org
- Ludwig Estacio, *HRP Community Health Worker*, 213-646-2664, email: lestacio@wellchild.org