Harlem United's Maintenance in Care Program "Breaking Down Barriers to Care"

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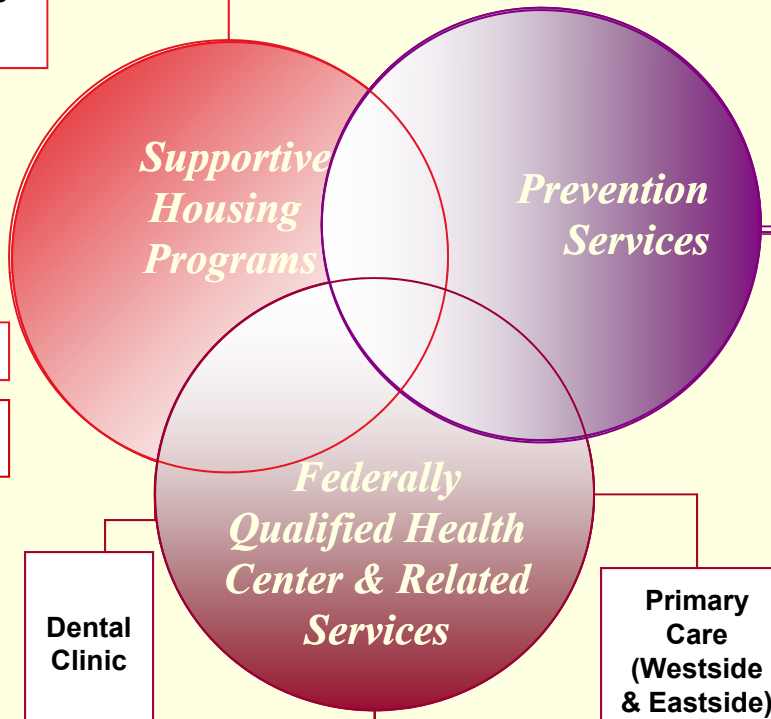
Integrated Care Model



Supportive Housing Programs

Case Management, Primary Care Support, Treatment Education, Mental Health Services, Substance Use Counseling, Advocacy, Structured Socialization

- HRA Housing (Scatter-Site)
- Women's Housing (Scatter-Site)
- HUD Housing (Scatter-Site)
- Transitional Housing (Scatter-Site)
- Emergency Congregate Housing (Foundation House North & South)
- Permanent Congregate Housing
- Building Bridges Mental Health Program
- Vocational Education Program

Black Men's Initiative

Individual, Group and Community Level Interventions targeting Men of Color Who Have Sex With Men

Youth Development for Health, for Young Men of Color Who Have Sex with Men

FROST'D @ Harlem United

Harm Reduction ♦Syringe Exchange ♦HIV/HCV Testing and Linkage to Care and Treatment ♦ Overdose Prevention

Testing Services

Rapid HIV testing: Risk and Zone Based approaches ♦ STD and Hepatitis C Screening ♦ Innovative Recruitment Strategies ♦Connection to Healthcare ♦ADAP & Medicaid Enrollment ♦ Uptown Health Link: HIV Awareness and Prevention Services for Upper Manhattan ♦

Peer Training Services

Dental Clinic

Primary Care (Westside & Eastside)

Adult Day Health Center West

Medical Care, Adherence Support, Nutrition Counseling, Substance Use Counseling, Structured Socialization, Pastoral Care,

Adult Day Health Center East

Fully Bilingual (Spanish/English) Case Management, Treatment Education, Support Groups, Harm Reduction Counseling, Auricular Acupuncture, Primary Care Support

Healthcare for the Homeless

Healthcare & related services for the homeless in Central & East Harlem

COBRA Case Management

Assessment, Intensive Case Management, Advocacy, Crisis Intervention

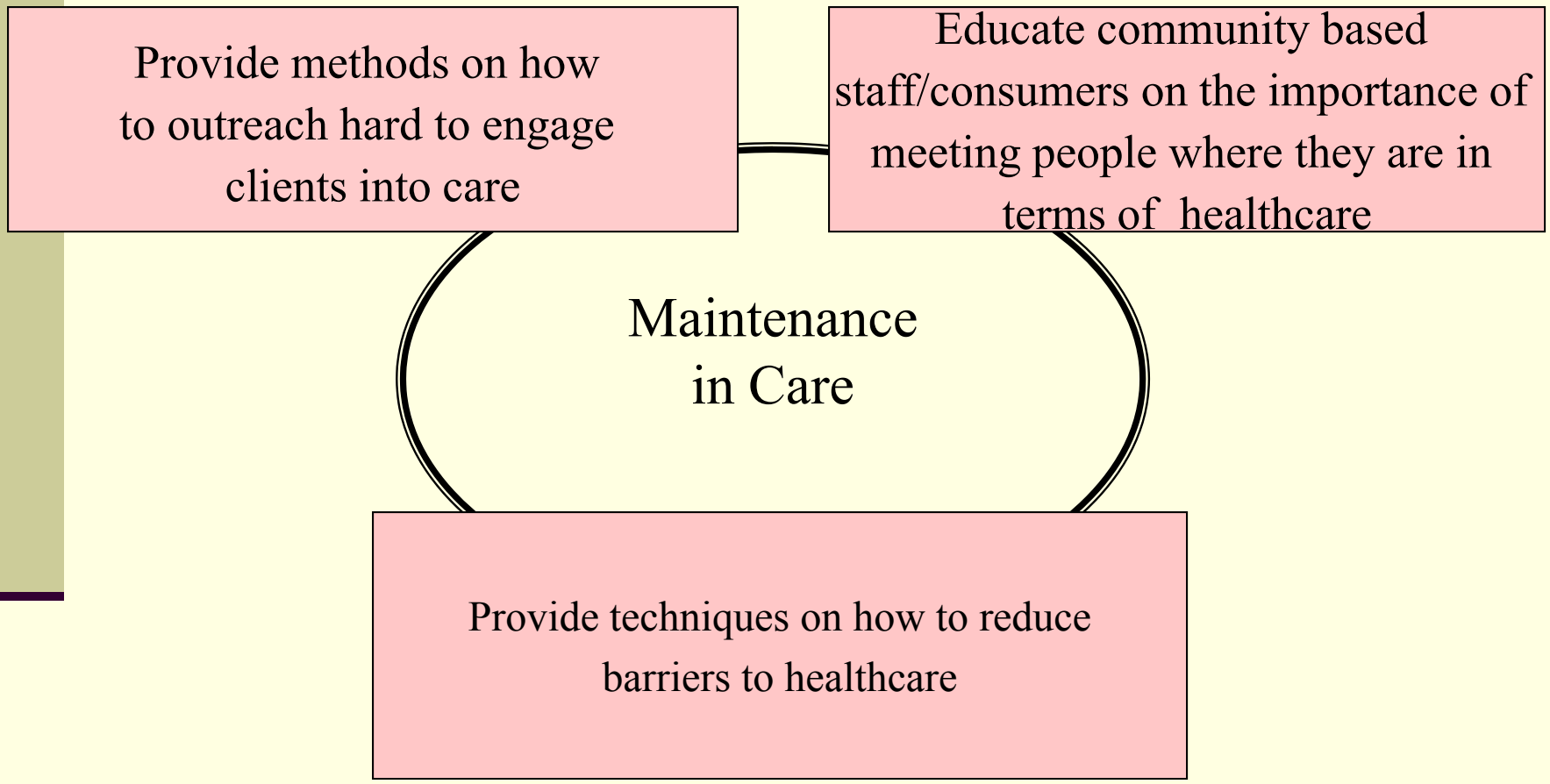
Evening Food & Nutrition

Nutritional Assessment and Support, Treatment Education, Psycho-Social Support

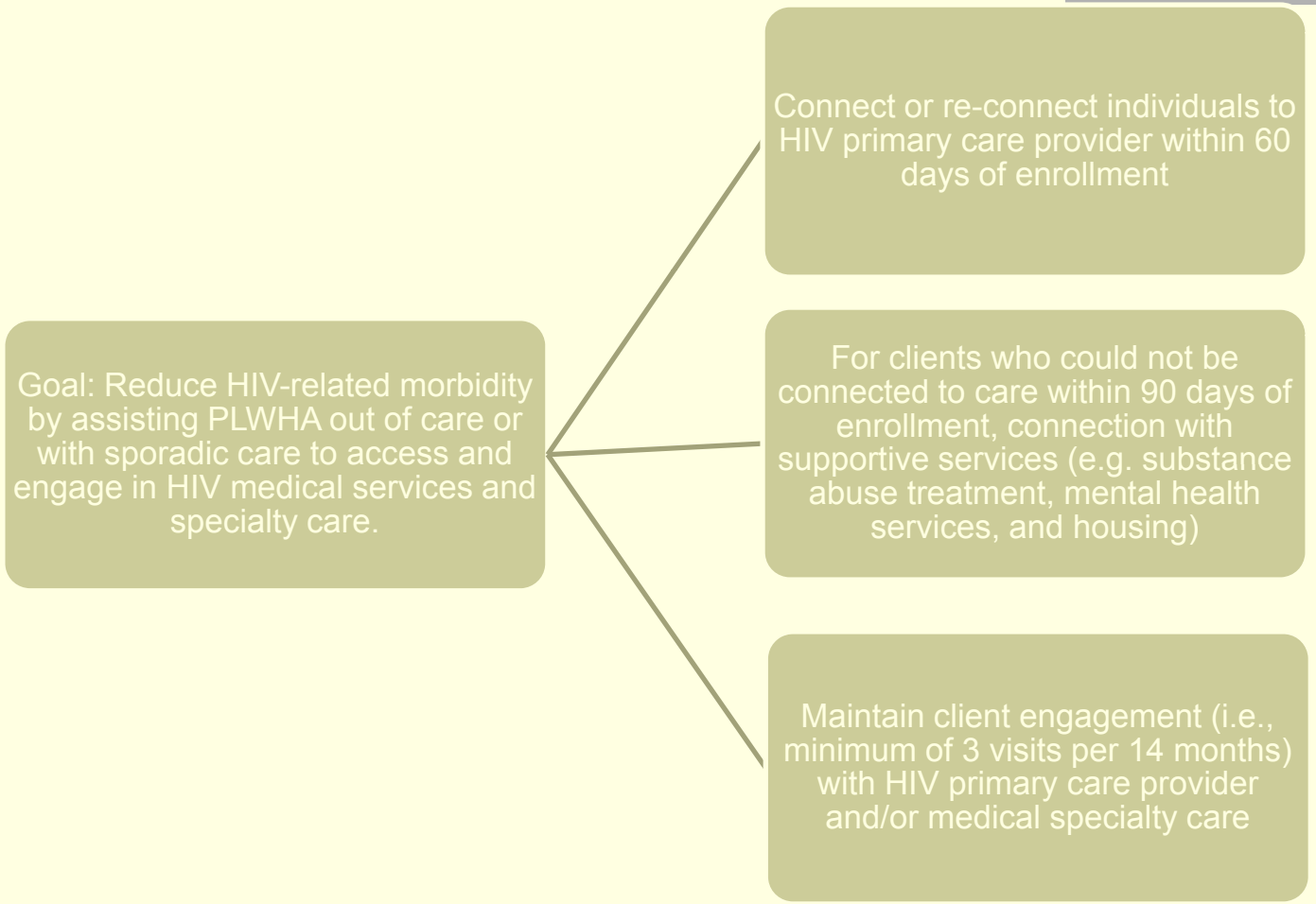
Mental Health Services

Crisis Intervention, Individual and Group Psychotherapy, Medication Management, Expressive Therapies

Learning Objectives



Program Goal & Objectives



Who is Eligible

Return to Care:

- Persons lost to follow-up (out of care) for 9 months or longer or with a pattern of sporadic primary care attendance (fewer than 3 primary care visits in a 14 month period).

Maintenance in Care:

- Persons at risk of dropping out of primary medical care due to adverse circumstances such as loss of benefits, homelessness or imminent homelessness; or co-morbidities such as an acute mental health episode or severe mental illness, or active drug use.

Program Services

- Medical driven case finding
- Outreach
- Brief assessment of need
- Goal driven service plan, demonstrating need for enrollment
- Quarterly re-assessment and service plan update
- Accompaniment and other strategies for getting patients to their scheduled appointments
- Information and education
- Referral for services which are necessary for engagement in primary care, and follow-up on referrals

Selling Point to Other Agencies

- An MOU between Harlem United and the referring agency will be developed, clearly stating that all clients will be retuned to the referring agency's primary care program. This will enable us to form partnership, so that we can work together to reduce health disparities and connect & re-connect hard to engage clients into care.

How to Outreach Hard to Engage Clients into Care

Develop a Relationship

- Take time to listen to what they are saying
- Allow them to be themselves

Be Trustworthy

- Do not make promises you can not keep
- Do not miss your appointments-keep your word Integrity-Integrity-Integrity-Integrity-Integrity

Acknowledge their fears

- Most times they receive bad news when going to their primary care provider
- There anxieties are real to them

Techniques on Reducing Barriers to Healthcare

Substance Users

- Learn what is their drug of choice and educate on harm
- Schedule appointments when you know they are sober

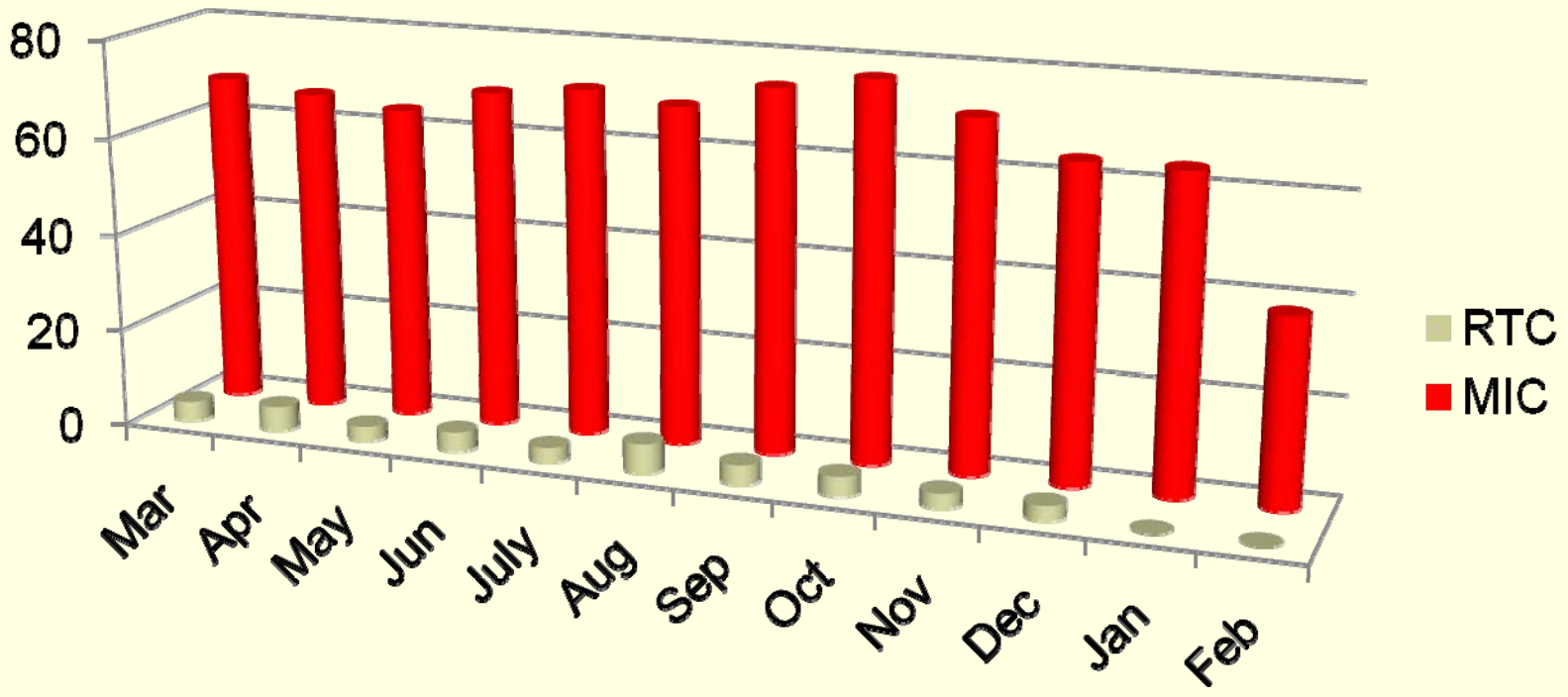
Children in the Family

- Learn children school schedules
- Schedule appointment while children are in school

HIV/AIDS Disclosure Issues

- Ensure that confidentiality is kept
- Honor identified ways of contact
- Do not force your values on your clients

Contacts Made



Group Activity

Kevin is a 32 year old male diagnosed with HIV five years ago. He contracted the virus via heterosexual contact. He has not returned to his primary care provider for two years because every time he attended his appointment his CD4 levels were reducing. He knows he should receive primary care but is afraid of what his doctor will tell him.

What techniques will you employ to address this issue?	How will you deal with Kevin if he tells you he drinks all night long but wants to go to the doctor?	How would establish a relationship with Kevin?

Questions

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