

Coordinated Services Intervention

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LEAD AGENCY: Family Health Centers of San Diego



PARTNER AGENCY: Townspeople, Inc.; National Alliance on Mental Illness San Diego; Mental Health Systems (San Diego Employment Solutions); San Diego Workforce Partnership; Institute for Public Health

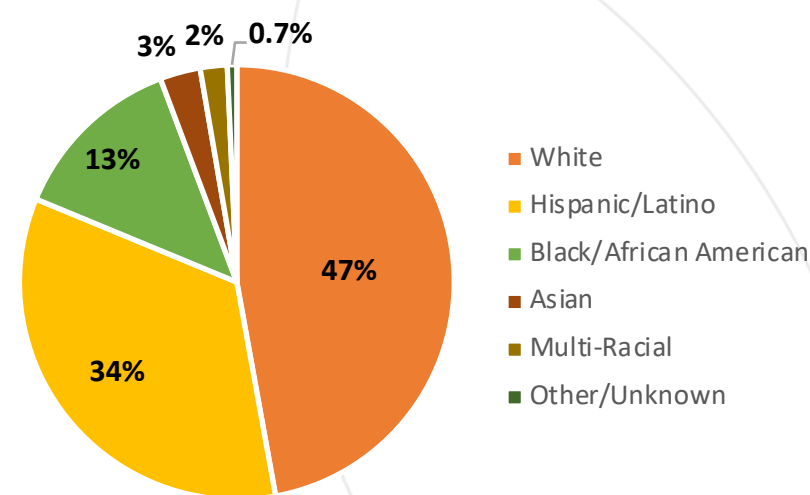
Introduction

Geographic Landscape

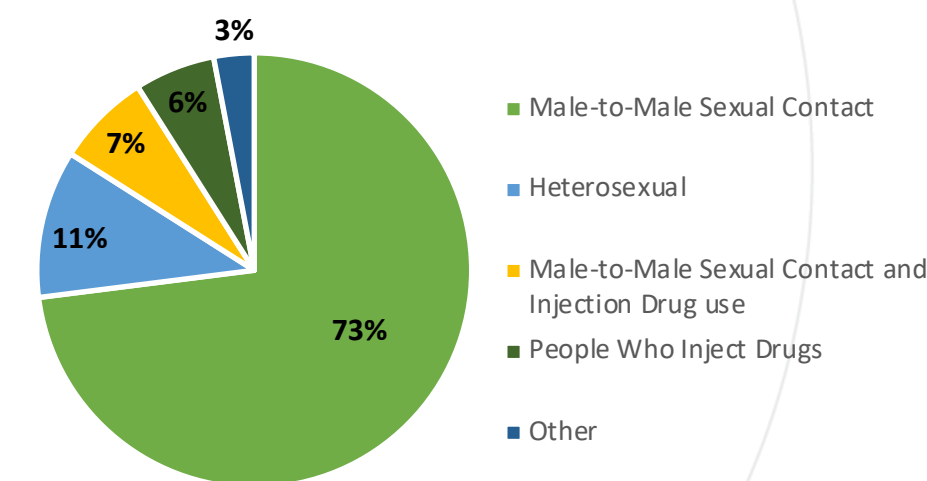
Brief description of local HIV epidemic

San Diego is a large urban area with rural outlying communities. The densely populated Central Region is the nexus of the Coordinated Services Intervention (CSI) service area. Racial/ethnic minorities make up more than 70% of the population of this area. Between 2011-2015, 63% of new HIV diagnoses were among racial/ethnic minority groups.¹

HIV Prevalence by Race/Ethnicity²



HIV Prevalence by Risk²



60%
Viral Suppression³

19%
Currently or Recently Homeless (HIV/AIDS)⁴

3.9%
Unemployment Rate (County of SD)⁵

The Challenge

Housing is the most prevalent need among racial/ethnic minority persons living with HIV/AIDS (PLWHA) in San Diego County.⁶ Lack of available housing, poverty and the related lack of employment have interfered with the ability of our patients to follow their HIV treatment plan and maintain HIV medical care.

Goals

- Improve retention in HIV medical care and viral suppression rates among PLWHA
- Improve housing outcomes for PLWHA
- Improve employment outcomes for PLWHA
- Sustain and integrate CSI into standard agency practice
- Disseminate findings from CSI

Key Partnerships



Focus population

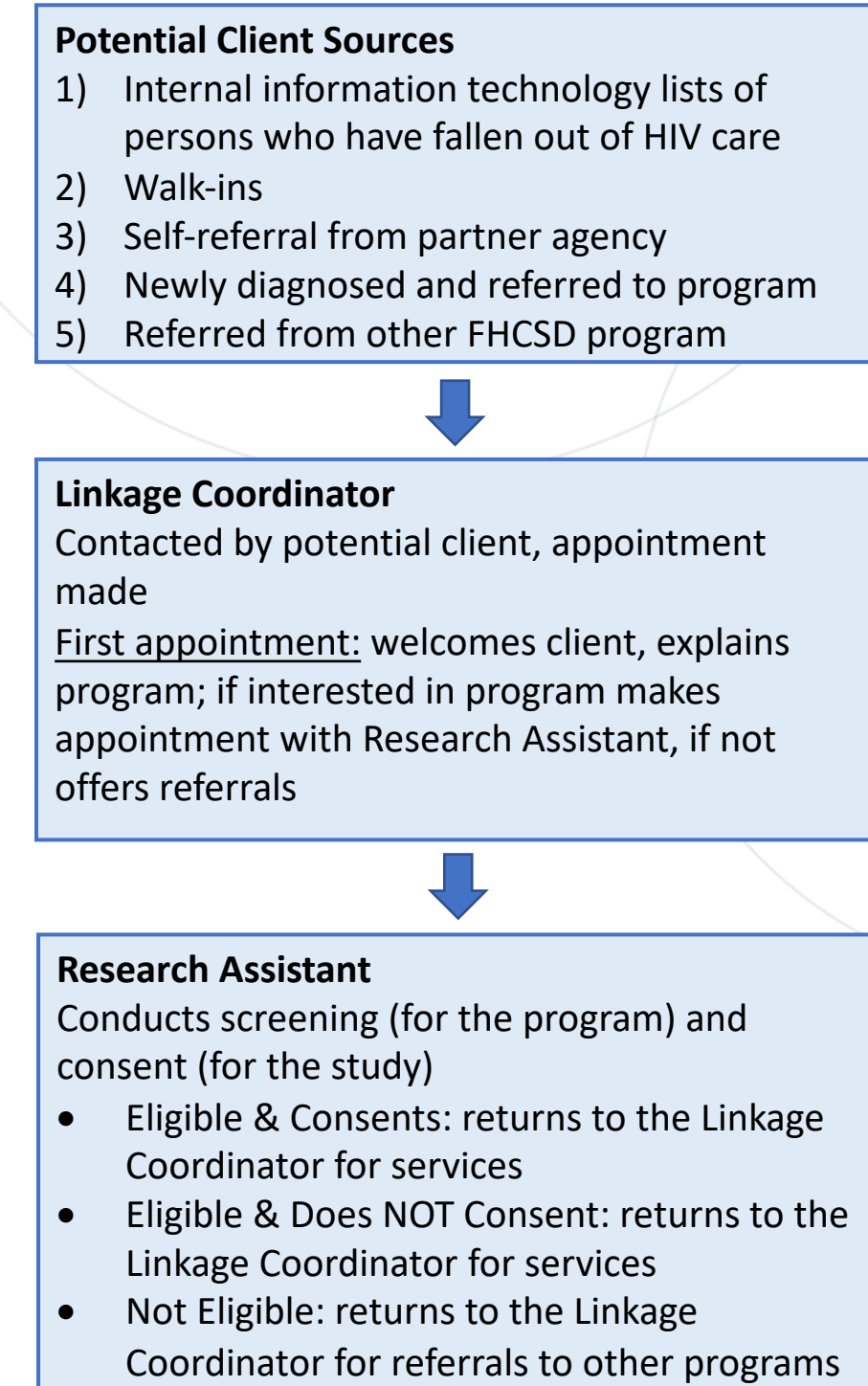
The intervention targets San Diego County residents of color (racial/ethnic minority) who are:

- Living with HIV/AIDS
- Not fully engaged in HIV care*
- Unemployed or underemployed
- Dealing with housing instability

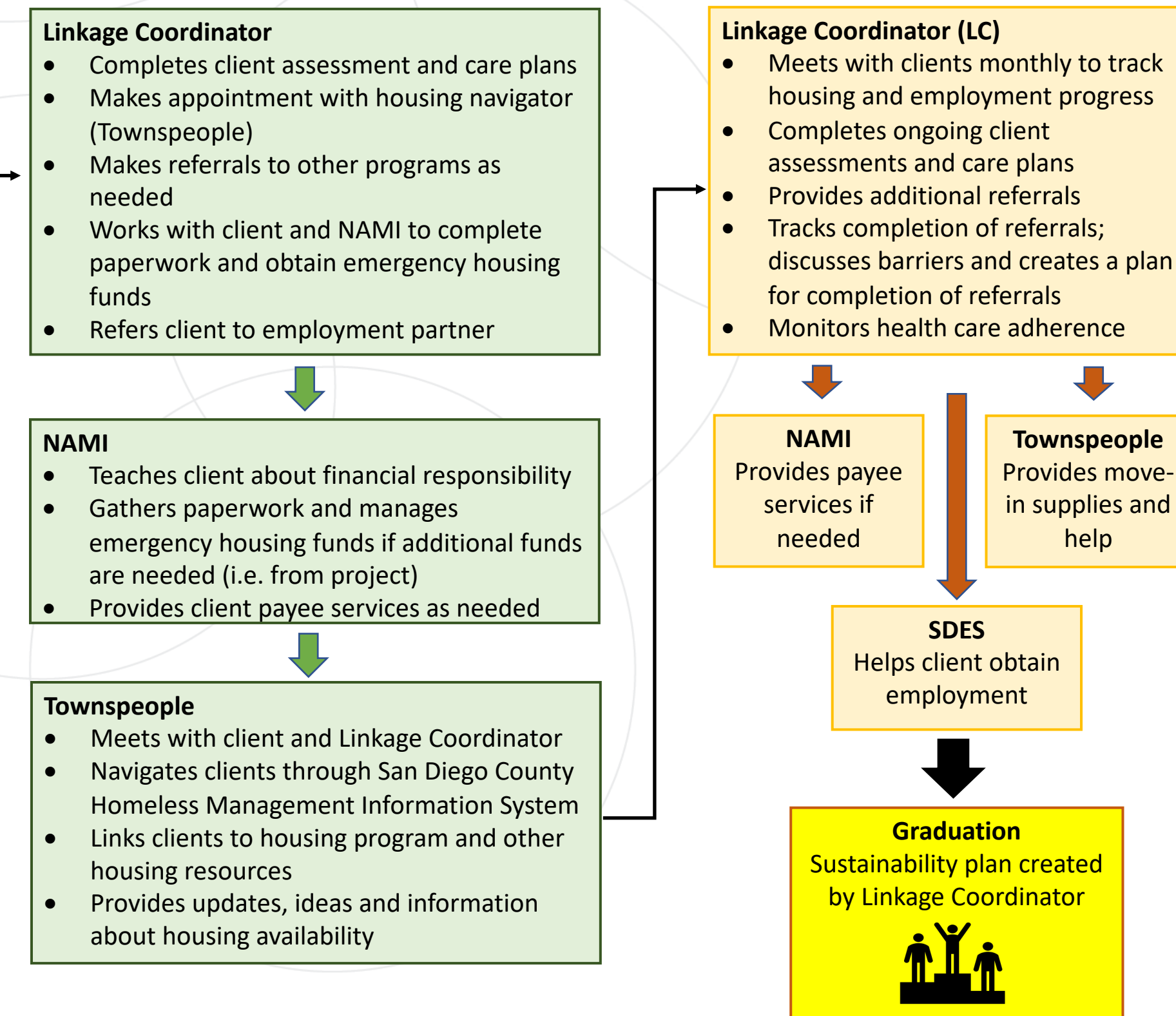
* Newly diagnosed, gaps in HIV primary care visits, missed HIV care appointments, and/or not immunosuppressed

The Program Model

Recruitment



Intervention



Lessons Learned

Client Readiness

Client readiness to receive services and aid in their own wellbeing varied considerably, often related to substance use or other pressing health, mental health and social needs. Applying for housing and employment can be stressful and requires persistence.

Client Needs

Clients experienced barriers to the housing and employment application processes related to lack of transportation, inadequate telephone service and insufficient time. Clients often needed to interact with multiple governmental agencies while managing their families' health and complying with support system or treatment program requirements.

Housing Navigation Time

To address these barriers it became evident that the project would benefit from two linkage coordinators given the high level of client need. Some alleviation with client needs was possible through medical case management (Ryan White) and other programs.

Key Innovation

New/Strengthened Partnerships

While Family Health Centers of San Diego referred patients to housing and employment services previously, the relationship has been strengthened and formalized as a result of this funding. For the first program year, all partners met together monthly to determine the best ways to collaborate so that clients could receive the help they needed.

Preliminary Outcomes

Individual level

- By the end of Project Year 1, 51 participants were enrolled:
- 100% received referrals to emergency housing services and 37% (19) were linked to short-term housing through staff effort
 - 51% (26) were referred to permanent housing (2 moved in and 12 were in the process), 14% (17) accessed bridge housing and 6% (3) were placed into transitional housing
 - 100% were screened for occupation and education placement
 - 43% (22) received employment services and 35% (18) either became employed (9) or maintained their employment (9)

System level

- By the end of Project Year 1, the program realized or was in the process of enacting the following system changes:
- Improved interaction and collaboration between employment, housing and health partners (4 new MOUs in place)
 - An increase in institutional capacity to measure employment and housing needs among PLWHA
 - A change in services where all staff who serve PLWHA have a hand in asking, referring or educating patients about employment and housing

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¹ Sources: 1) County of San Diego, Health and Human Services Agency. (January 2018). 2018 Demographic Profiles. 2) County of San Diego, Health and Human Services Agency. (September 2016). Getting to Zero: San Diego's Integrated Plan for HIV Care, Prevention, Testing and Surveillance. 3) Prevalence data for persons living with HIV/AIDS as of 12/31/16 (13,643 estimated); County of San Diego, Health and Human Services Agency. (2016). HIV/AIDS Epidemiology Report. 4) Of the 1,457 respondents to the 2014 Survey of People Living with HIV/AIDS. County of San Diego, San Diego HIV Planning Group. (June 2014). 2014 HIV/AIDS Needs Assessment. 5) County of San Diego, Employment Development Department. (May 2019). https://www.labormarketinfo.edd.ca.gov/file/monthly/sandspds.pdf. 6) County of San Diego, Department of Housing and Community Development. (July 2009). San Diego County HIV/AIDS Housing Plan Update 2009.