



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

Support Services Trifecta: Creative Utilization of Transportation, Housing and Food

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Disclosures



Jessica Heskin has no relevant financial or non-financial interests to disclose.

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Learning Outcomes



At the conclusion of this activity, participants will be able to:

1. Develop and implement a successful ride share transportation program to assist clients in obtaining care.
2. Leverage housing case management to obtain permanent housing for clients through collaboration with other governmental agencies.
3. Integrate food distribution, transportation, and housing to increase client engagement in care.

California Department of Public Health, Office of AIDS administers the Ryan White HIV/AIDS Program, Part B funds through the HIV Care Program for 58 counties throughout the state. Funding is distributed through 42 grants to subrecipients.

Between April 1, 2019 and March 31, 2020, the HIV Care Program served 33,334 low-income people living with HIV in California. Low income is defined as below 500% of the federal poverty level.

HCP client demographics:

- 64% people of color
- 53% ages 45-64
- 82% male
- 59% 0-100% FPL
- 76% virally suppressed

San Joaquin County



San Joaquin County

- 700,000+ residents
- 15th largest county in California
- 1,426 square miles of area
- 26 departments and agencies
- www.sjgov.org

- 73% of county residents living with HIV are engaged in care, but only 58.9% have achieved viral suppression.¹
- High percentages of households utilizing government sponsored food vouchers (12.5%), surpassing California's state average of 8.9%.²
- Higher rates of poverty for the county with 14.4% below the poverty line and 6.7% in "deep poverty", defined as income below 50% of the poverty level.²
- Transportation for clients seeking HIV treatment is often difficult. Public transportation in the San Joaquin County requires multiple bus/train transfers to get to appointments.
- High incidence of health disparities in the county

Why food, housing and transportation?



Research

- Food insecurity is a barrier to ART adherence.³
- Stable housing has a positive impact on retention in care and viral load suppression.⁴
- Lack of transportation can negatively impact adherence to HIV-related medical treatment and ART compliance.⁵

Housing Plus Project (HPP) (1 of 6)



In 2015, the California Legislature permanently reallocated a portion of Ryan White HIV/AIDS Program (Part B) base funding from the AIDS Drug Assistance Program (ADAP) to the HIV Care Program (HCP), with the intent of increasing the number of HIV-positive people of color who are engaged and retained in HIV care and treatment.

California faces a monumental housing crisis. Almost half (47%) of people experiencing homelessness in the United States reside in California, about four times as high as the state's share of the overall US population.⁶

Therefore, housing was chosen as a targeted intervention to engage and retain clients of color in HIV care and treatment, and achieve and maintain viral suppression.

Housing Plus Project (HPP) (2 of 6)



To ensure clients of color are reached without violating the Fair Housing Act, the project funds four counties that have high percentages of HCP clients of color who are in unstable or temporary housing situations

San Joaquin County Public Health Services (SJCPHS) was one of the four counties selected for several reasons:

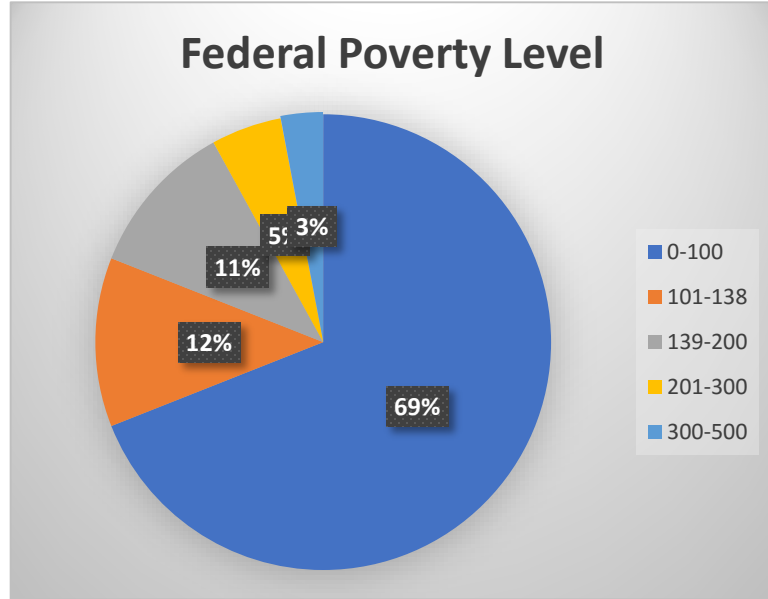
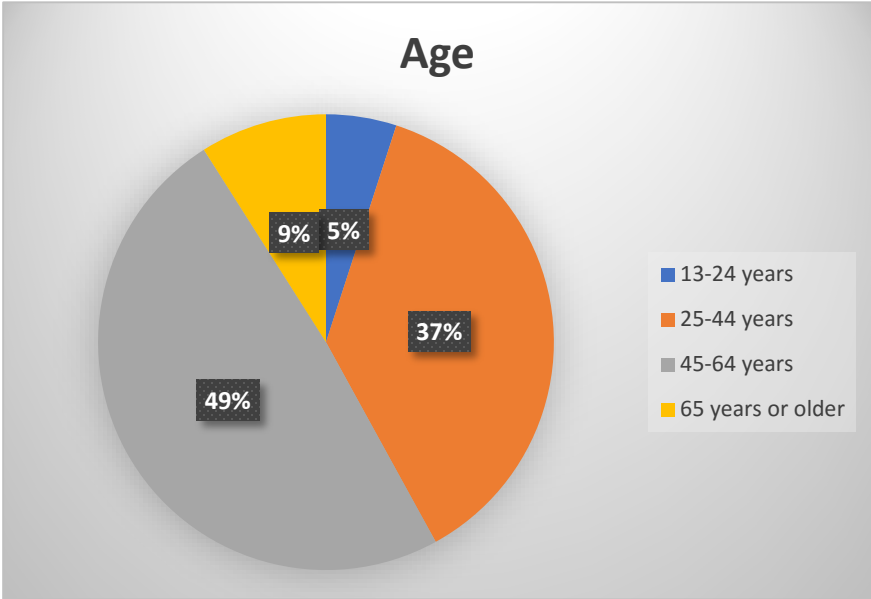
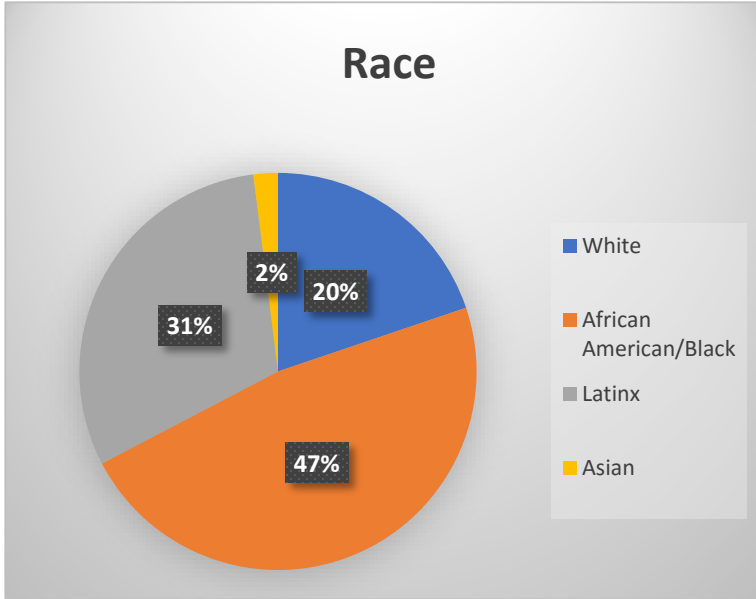
- High percentage of Ryan White Part B clients of color
- Demonstrated ability to implement housing programs
- Dedicated housing case manager
- Willingness to participate in the program

Key Components:

- Shallow rent subsidy of 30% for no more than two years
- Housing case manager who coordinates with the other personnel involved in the clients' care
- Intensive financial assessment, housing assessment, and housing plans are conducted periodically during the two years in an effort to obtain permanent housing vouchers from housing authorities or other means to permanently stabilize housing

Housing Plus Project (HPP) (4/1/17 – 3/31/19) (4 of 6)

Demographics:



n=65

Housing Plus Project (HPP) (5 of 6)



Unexpected Success: Set-Aside Housing Choice Vouchers (HCV)

- In San Joaquin County, average wait for a HCV in 2016 was 3.48 years⁷
- Collaborated with the Central Valley Low Income Housing and the San Joaquin County Program Administrator for the Homeless Initiatives
- Met with the Housing Authority to request 13 vouchers for client transitioning off HPP
- Although clients were not currently homeless, they would be within two weeks
- Leveraged two years housing case management (e.g., housing plans, budgeting, good tenancy) to advocate for clients
- Leveraged case manager continued involvement with the clients

Result: Housing Authority authorized 26 set aside vouchers

Lessons Learned:

- Importance of Housing Case Manager versus generic case manager
- Client must be ready to transition to permanent housing
- Necessity of a Housing Locator to find low income or voucher units
- Terms such as "unstably housed" need to be defined and used consistently across RWHAP and HOPWA in order to support evaluation efforts

Food Access Pilot Project (FAPP) (1 of 3)

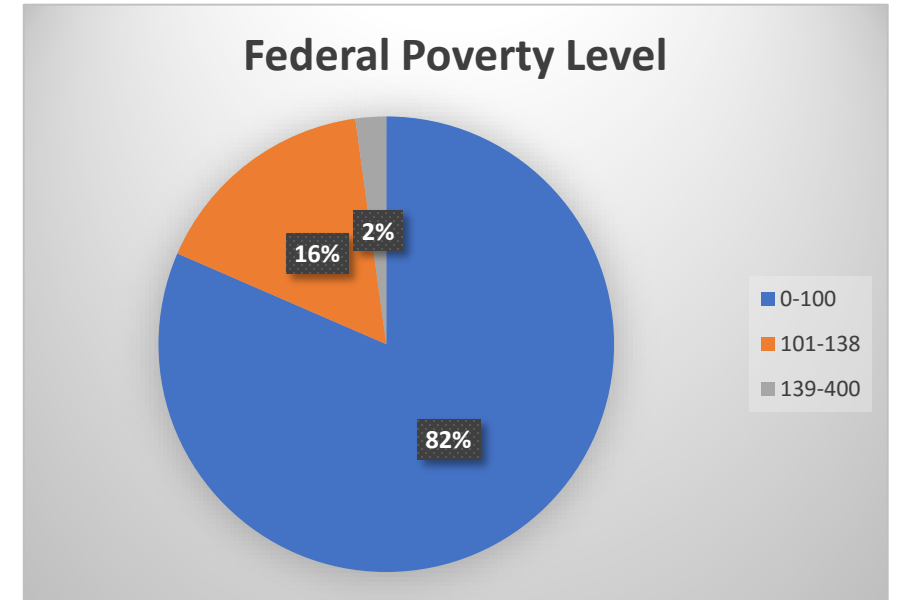
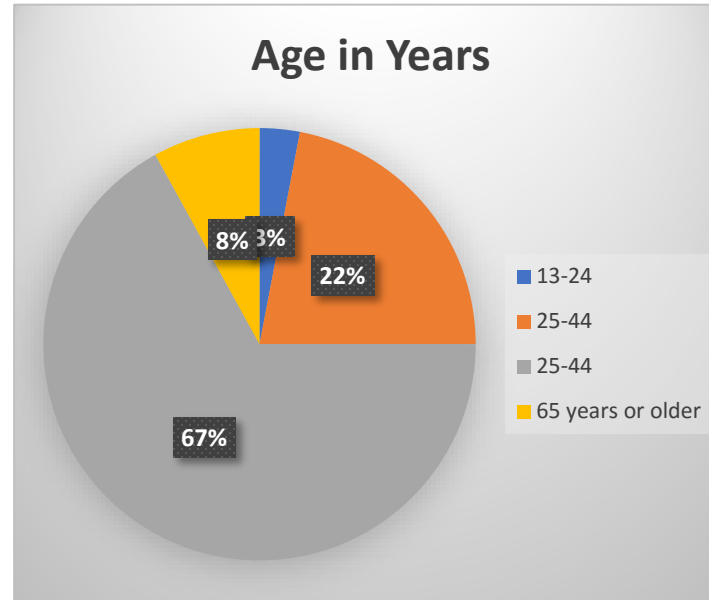
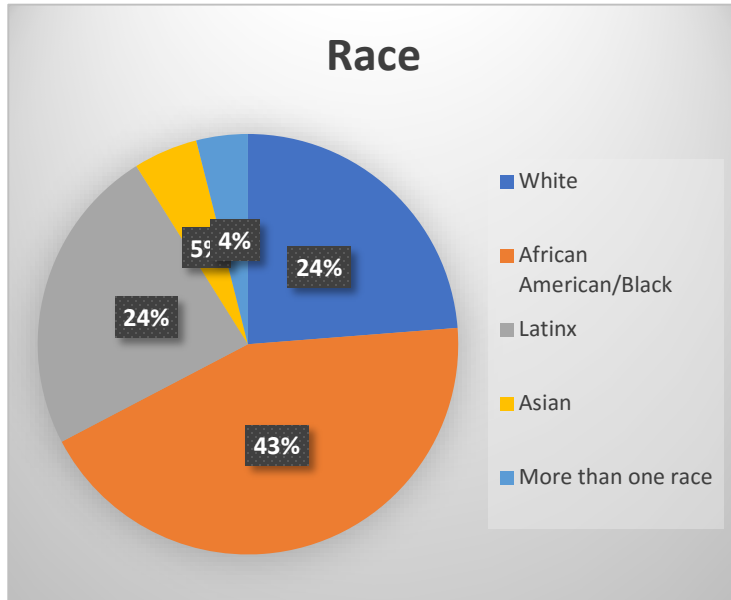


Utilizing X08 Supplemental Funds (2017), HCP contracted with The Health Trust, a community-based organization in San Jose, to provide food deliveries to people living with HIV

- Ryan White case managers refer HCP clients identified as experiencing food insecurity
- FAPP registered dietitians conduct a client nutrition assessment
- Based on those recommendations, client is provided food for approximately 30% of the daily caloric needs
- Food is delivered to the clients from a grocery store order or food kit delivery service
- If client cannot cook, they receive on-demand prepared food delivery

Food Access Pilot Project (9/30/17 – 9/29/19) (2 of 3)

Demographics:



n=99

The need for innovative food distribution will only be more needed in light of the pandemic.

California's food insecurity level more than doubled between March and April 2020, from approximately 11% of the state's population to approximately 25% --almost 10 million people. ⁸

Ongoing recession will most likely exacerbate the problem of food insecurity.

Ride Share Program (1 of 8)



Issues with transportation for clients accessing health care:

- Clients do not have cars
- Staff time driving clients in county vehicles
- Inefficient transit system causing barriers for clients
- Expense and unavailability of taxi services

Solution: Establishing ride-share services for clients

Barriers: This had never been done

Ride Share Program (2 of 8)



Steps to establish program—Administration Approval

- Staff cost savings
- Ensures client reaches intended healthcare visit/service
- More convenient for client
- Possibly increased treatment adherence
- Easier fiscal tracking

Second Step: Establishing Client Criteria

- Need medical attention and is unable to obtain transportation themselves
- Able to walk to and from vehicle unassisted
- Appointment destination in San Joaquin County
- No previous serious behavioral issues on file
- Not missed more than one previous ride-share transport appointment
- Is not client's initial enrollment appointment
- Over age 18 (minors must be accompanied by an adult)

Ride Share Program (4 of 8)



Second step: Policy and Forms

	Policy Number: ComSersv_1_2017	Page 1 of 1
	Approved By: Date: 03/15/2016	New/Previous Revision Date:
	Type Name of Approver: Hemal Parikh	NEW

SUBJECT: UBER Transport Policy

POLICY:

PHS will provide medical transportation via UBER for those HIV/STD Program clients who require transport to access healthcare related services. Program Case Managers/Communicable Disease Investigator (CDI) Trainer will determine clients' eligibility for UBER (see SCOPE below).

PURPOSE:

HIV Case Managers/STD CDI Trainer can arrange for UBER transport to assist their clients who have difficulty in accessing healthcare related services.

SCOPE:

- HIV/STD clients are eligible for UBER services if and when:
- Client needs to attend a medical appointment and is unable to obtain transportation himself or herself.
 - Client is able to walk to and from vehicle without assistance.
 - Appointment destination is within San Joaquin County.
 - Client has no previous serious behavioral issues on file and has not missed more than one UBER transport appointment.
 - This is not client's initial enrollment appointment (which is not applicable for Uber transport).
 - Client is age 18 and over. If a minor, the client must be unaccompanied by adult.

BACKGROUND: NA

PROCEDURES:

- I. Request should be made 24 hours in advance. Same day request will be accepted, after assessment.
 - A. Case Managers/CDI Trainer will assess need and appropriateness for UBER transport.
 - B. Case Manager/CDI Trainer will complete transportation request form.
 - C. Form will then be submitted to HIV/STD Program Coordinator for authorization.
 - D. Program Coordinator will forward Transportation request form to dispatch (Senior Office Assistants [SOA's]) who will arrange for the pick-up.
 - E. Dispatch will notify Case Manager/CDI Trainer of completed transaction.
 - F. Case Manager will notify client of details of transport.
 - G. After the Uber transport has occurred, two receipts will be printed by SOA's. Their appointed case manager will place receipt in the client's case management file; second receipt will be stored in a locked drawer by the SOA's, to compare credit card statement for audit purposes.

FORMS: UBER Transportation Request and Authorization

SAN JOAQUIN COUNTY
Public Health Services
Healthy Future

UBER Transportation Request and Authorization Form

Client Name	Request Date:	Transportation Date:
Pickup address	Destination address	
Pickup time	Return trip time	

Case Manager _____

Program Manager Authorization _____

Client was notified at: _____ by _____

Initial Trip

Dispatcher	Cost
Mileage	Cost Code

Return Trip

Dispatcher	Cost
Mileage	Cost Code

Emergency Contact Name: _____ Phone number: _____

Transport Confirmed: Y or N

3/1/2017

Ride Share Program (5 of 8)

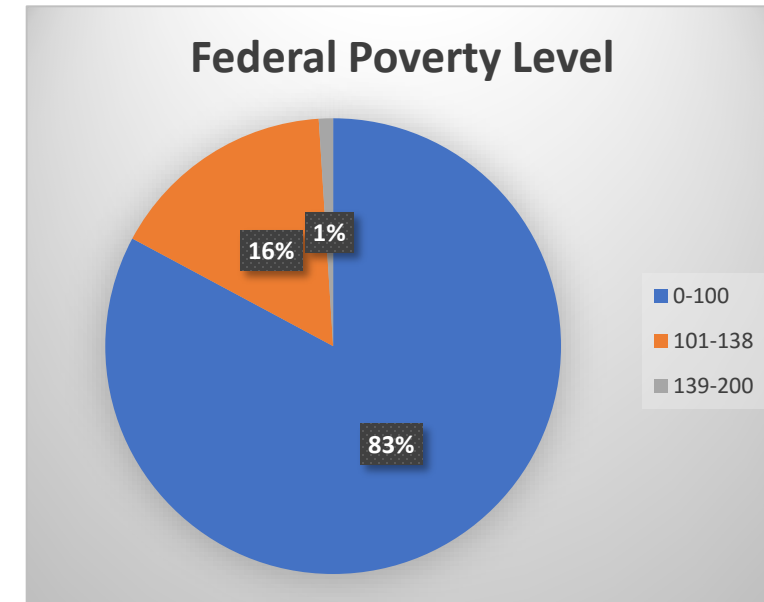
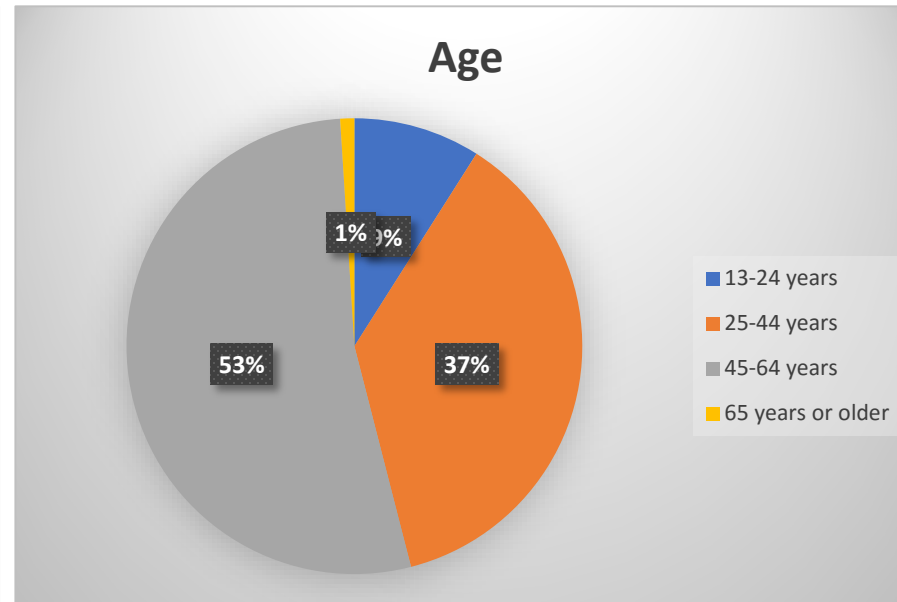
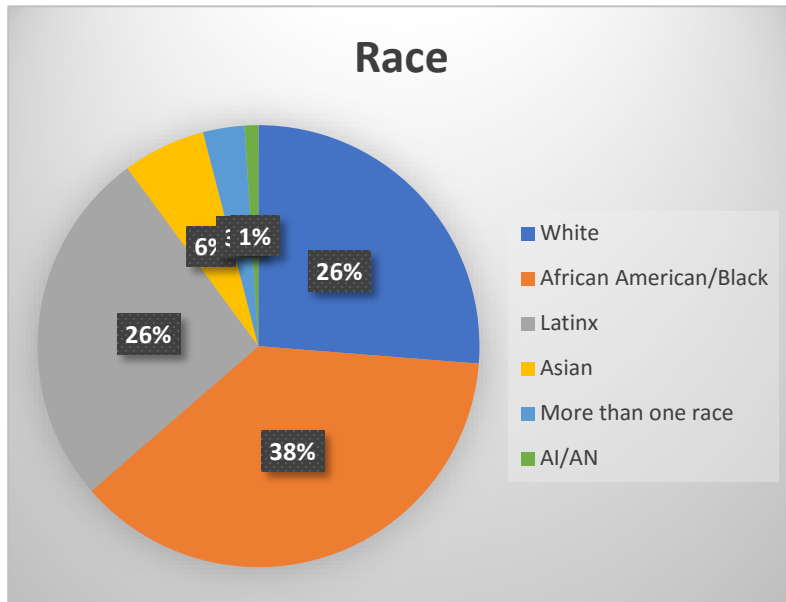


Third Step: Working with Ride Share Company

- First time company worked with a local health jurisdiction
- Algorithm had to be adjusted to accommodate peak times for clients
- Set up dashboard for reserving rides for clients
- Assure contract and invoicing adheres to county accounting principles

Ride Share Program (4/1/17 – 3/31/19) (6 of 8)

Demographics:



N=68

Ride Share Program (7 of 8)



Successes:

- Average savings per ride \$35 (based on initial 210 rides) totaling a monthly savings of over \$1216 per month in the first six months
- Case managers could spend more time on other clients because they didn't have to drive clients to appointments
- Assurance client arrived at their appointments

Ride Share Program (8 of 8)



Lessons Learned:

- Possibly first in the nation to establish such a program
- Clients may know drivers
- Strong, dedicated accounting team
- Case manager assessment of appropriateness of clients and client accountability

Most Important: Client Response



“Thanks to Uber, I am able to attend all my medical appointments without worry. My [food delivery service] every week gives me healthy meals to prepare so I don’t have to worry about cooking. Everyone in the office is always kind and helpful. This program is truly a blessing from God. I can’t say enough good things about the program.” – Client

“It feels amazing to be able to provide our clients with groceries and other essentials or offering assistance to pay bills to individuals who have fallen on hard times through our program. Seeing their faces and hearing how much it helps, is simply the highlight of my day.” – Case manager

Lessons Learned—Grantee Perspective



- Establish methods for transitioning clients should funding become unavailable
- Establish strict data points to monitor success of the program
- Actively support subrecipients with innovative strategies
- Document best practices for innovative programs and share with funders and subrecipients

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Questions:



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