

The logo features a large, stylized red graphic element on the left side, resembling a thick vertical bar with a horizontal bar extending to the right, forming a partial 'L' or '7' shape. The text is positioned to the right of this graphic. The year '2018' is written vertically in light blue. The word 'NATIONAL' is in light blue, positioned above the main title. The main title 'RYAN WHITE' is in large, bold, white capital letters. Below it, the subtitle 'CONFERENCE ON HIV CARE & TREATMENT' is in smaller, light blue capital letters. The background is a solid dark blue, with a thick red horizontal bar at the bottom and a red vertical bar on the left side.

2018 NATIONAL
RYAN WHITE
CONFERENCE ON HIV CARE & TREATMENT

Addressing Housing and Food Insecurity with Program Income

Kathy Gaddis, UAB 1917 Clinic

Leanne Portera, Aletheia House

Amanda Willig, UAB 1917 Clinic

Anastasia Ferrell, Birmingham AIDS Outreach

Learning Objectives

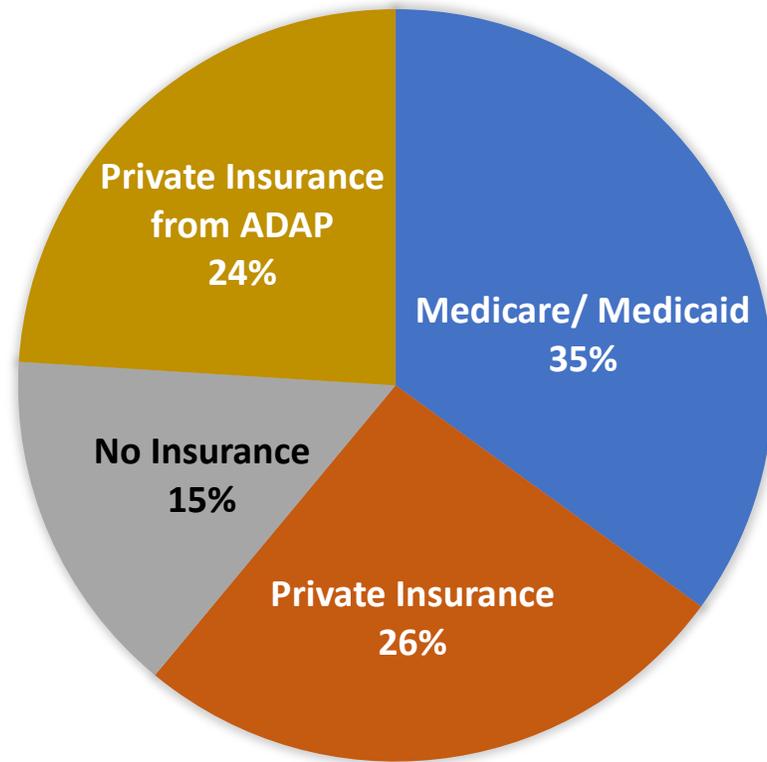
1. Identify ways to leverage 340 B resources to develop programs to address housing instability and food insecurity.
2. Describe ways to partner with community agencies on programs for housing instability and food insecurity.
3. Demonstrate the process for developing evaluations for housing and food insecurity programs.

1917 Clinic Overview

- 1988 – University Teaching Hospital Clinic was founded
- 1997 – First awarded Ryan White Part C grant
- 2010 – Registered as a 340B entity
- 2011 – Contracted with external 340B pharmacy
- 2013 – Contracted with internal 340B pharmacy

Insurance

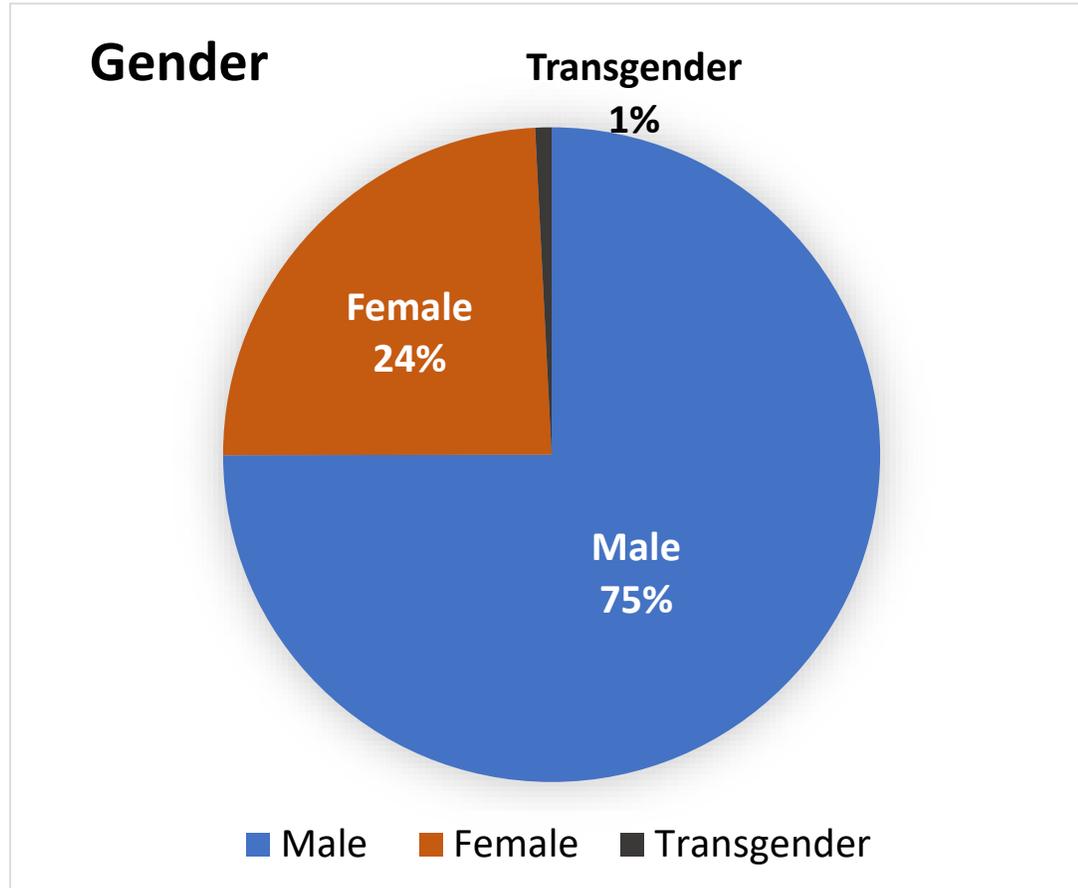
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- Medicare/ Medicaid
- Private Insurance
- No Insurance
- Private Insurance from ADAP

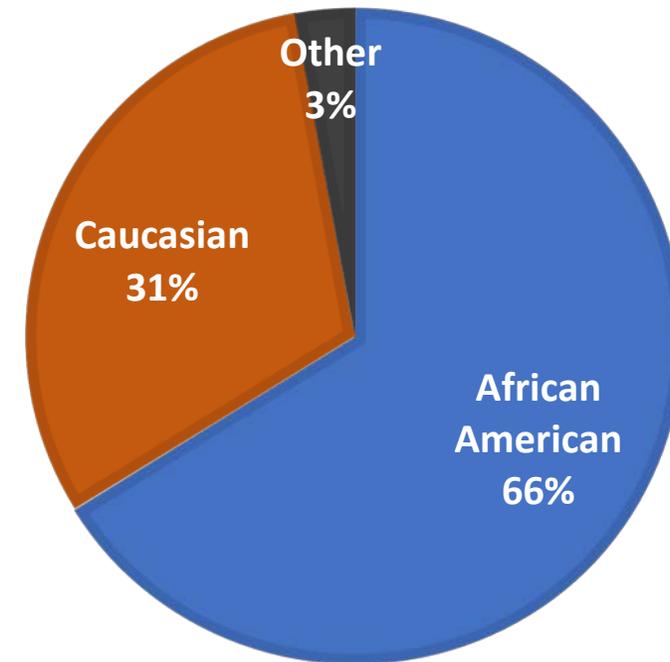
1917 Clinic Population

3526



RACE

■ African American ■ Caucasian ■ Other



Community - Birmingham, AL

2016: Gaps in our community

- Housing
- Adequate Nutrition Programs

Identify Community Partners

- Housing – Temporary Housing Partnership
 - AIDS Alabama - Initial meeting September 2016
 - Aletheia House – Initial meeting November of 2016
- Nutrition Programs – B-FED
 - Birmingham AIDS Outreach (BAO) Initial meeting June 2017

Process with Community Partners

Communication is KEY

Initial Start Up Meeting to Outline Proposal Requirements

Review Proposal and Make Modifications
Prepare contract

Weekly-biweekly collaborative communication

Evaluation and Planning Meetings



Temporary Housing Partnership

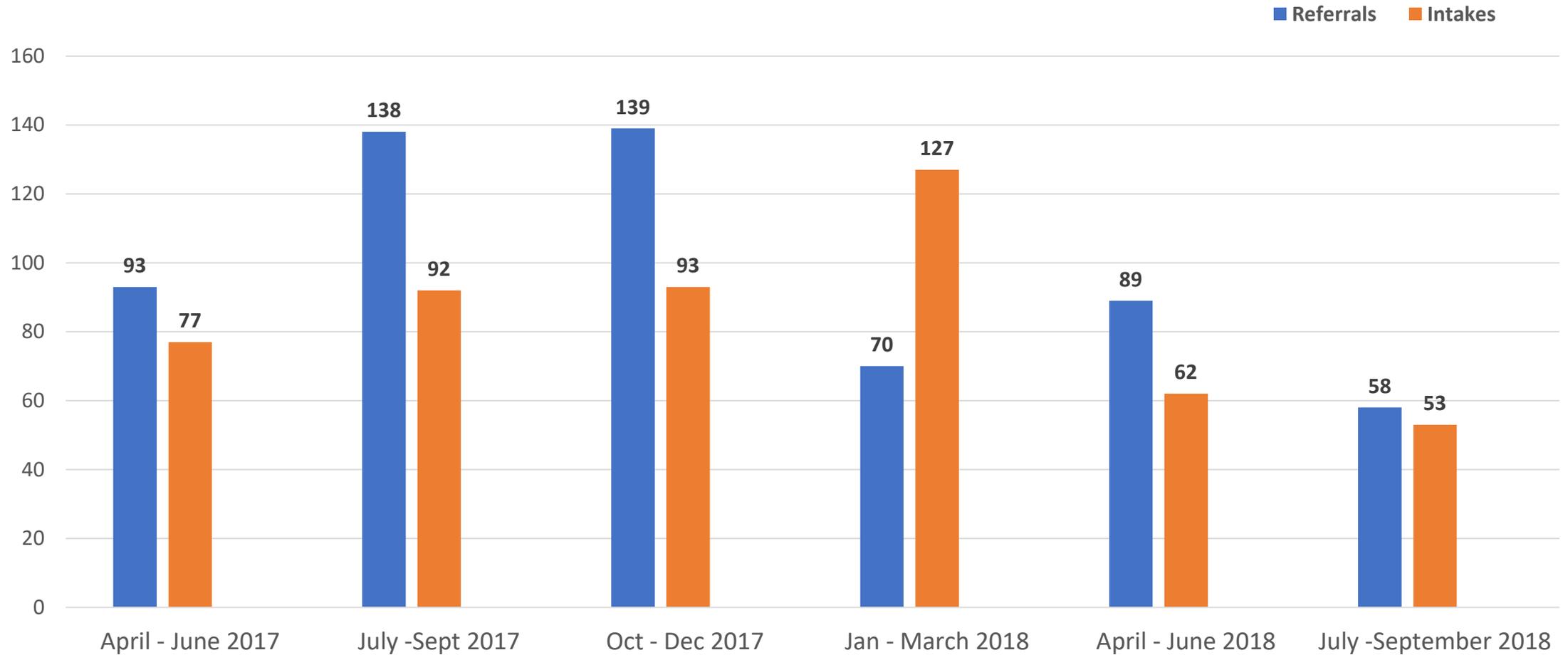
Housing

- Increase and Manage Resources
- Affordable Housing Search
- Assistance with moving
- Provide Furniture
- Apply for long term housing

Stabilization - For Clients who are currently housed

- Rental Assistance
- Utility Assistance
- Budgeting
- Furniture

Referrals by Quarter



Overcoming challenges with a new housing program

Challenge

- High number of referrals

Our Solution

- Established a housing committee (March 2018) to assist with policy development and select the referrals for submission
- Limit the number of referrals per week per agency based on agency capacity (April 2018)
- Worked with ASOs to increase contracts for hiring additional FTEs (March 2018)

1917 Clinic Housing Committee Review

March of 2018 Housing Committee was established

- Committee assisted in developing the program parameters and policies.
- Review referrals weekly and select the referrals that are submitted to the ASO's
 - Consider eligibility requirements - Must be Ryan White eligible and engaged in care for at least 3 months.
 - Select most vulnerable and highest need balanced with high likelihood of participation.
 - People struggling with active addiction and/or uncontrolled mental illness are not referred to this temporary program.

Overcoming challenges with a new housing program

Challenge

- Inconsistent program parameters and unclear expectations

Our Solution

- Community Partners were brought together for several full day and ½ day workgroups to develop program parameters and policies. (April 2018)
- Regular meetings to clarify roles and expectations and formalize in policy.
- Training for all staff to review policy updates and plan for implementation of policy updates (June 2018 and September 2018)

Overcoming challenges with a new housing program

Challenge

- Inconsistent expenditure tracking

Our Solution

- Standardized invoicing templates were developed to be used by all community partners

Client Centered Teamwork

- We had to move away from 1917 Clinic team and Housing team and recognize there is one team surrounding the client working together and supporting each other.
- Communication is KEY.



Cost of Housing and Stabilization Programs

- Total number of clients served through August 2018 = 408
- Average total cost per client served \$3,255

Evaluation for a Housing Program

Important data considered:

- Clinical data such as laboratory results
- Costs for staff support and costs for resources (housing and nutrition)
- Interviews and surveys with clients
- Interviews and surveys with staff

Important health outcomes:

- Clinical outcomes (CD4, VL)
- Adherence to clinic appointments
- Patient satisfaction and quality of life

Housing: ASO's Perspective

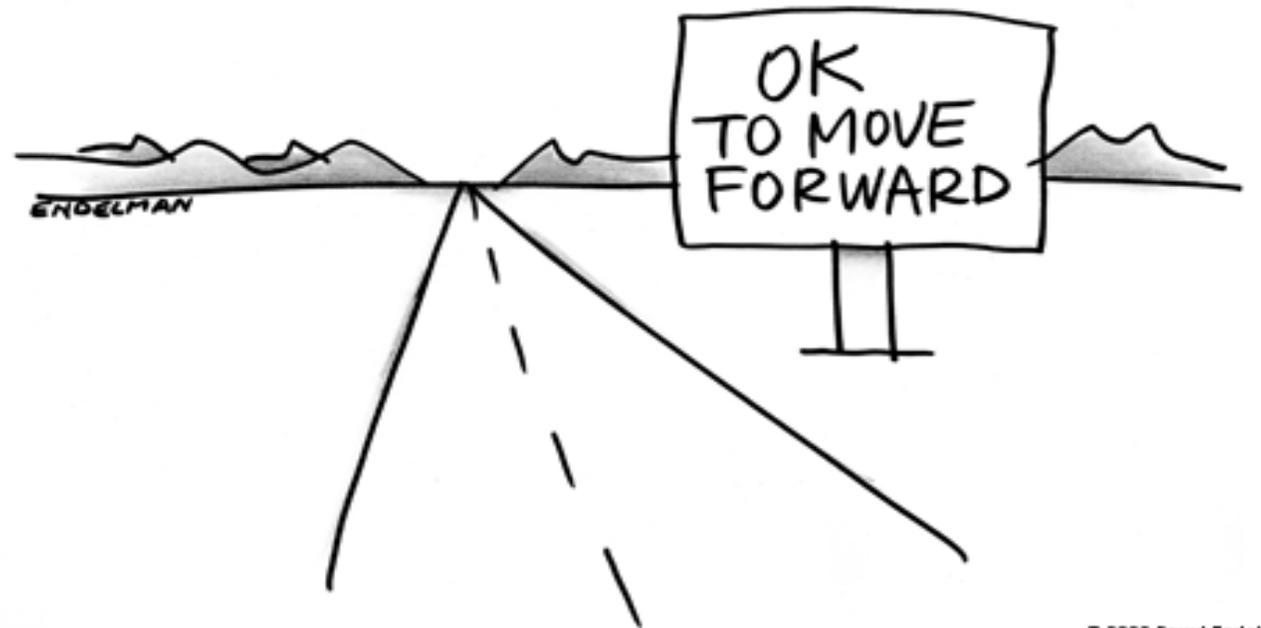
Leanne Portera, MSW

Aletheia House

Birmingham, AL

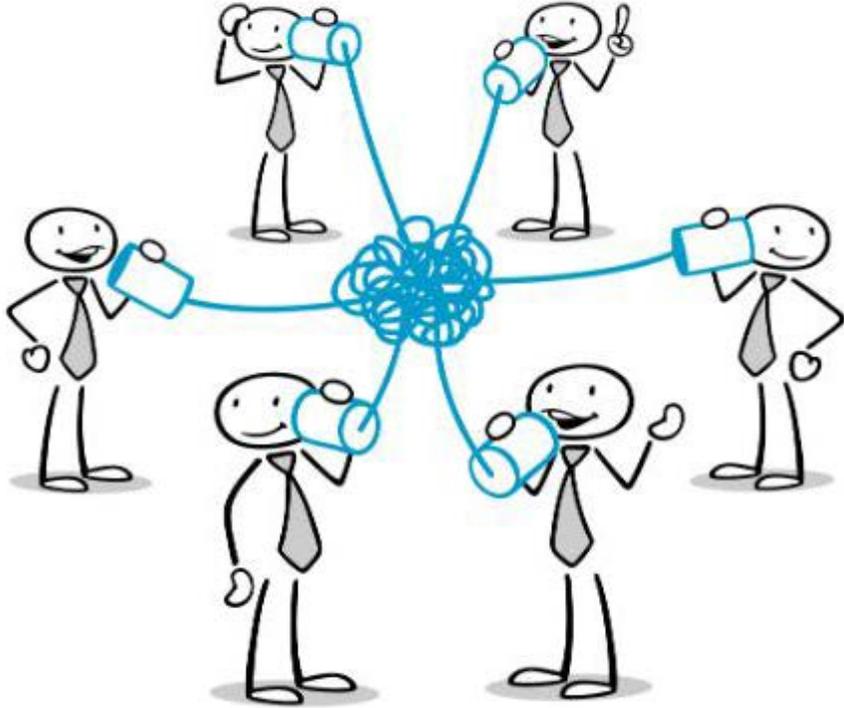
Finding Purpose

1. Our turning point as a multi-agency team
2. Determining our goals as a housing program and how to move forward to achieve them
 - More client empowerment
 - Better use of funds
 - Better relationships with community landlords



© 2008 David Endelman

Communication



- Our multi-agency program creates an “enhanced” team to work alongside clients.
- Communicating with Clinic
 - Help clients get back into care
 - Consistent meetings
 - Electronic Share File
- Communicating between ASO
 - Unified and equal service provision
 - Consistent meetings

“The Process”

- What does it look like for a client after a referral from the Clinic?
 - Intake/Human Needs Assessment
 - Case Planning
 - Addressing housing barriers
 - Housing applications
 - Move-in Activities
- How long does it take for a client to obtain housing?

More than Housing

Case Managers provide assistance beyond housing.

Centered around increasing client's resources to foster independence through:

- Rental Assistance
- Utility Assistance
- Budgeting
- Job/Resume
- Transportation
- Identification
- Food/Nutrition
- Community Resources

Emergency Temporary Housing

- S.O.A.R. – “Succeeding Over All Requirements”
 - 22 efficiency units
 - 1 Case Manager
 - 1 Substance Use Therapist
 - 11 Residential Support Specialists
- What referrals go to SOAR?
- What services are provided at SOAR?
- How long does a client stay at SOAR?



What makes THP unique?

- Room for clients' personal growth and achievement
 - Flexibility of program
 - Work clients up to full rent and utility payments
 - Discharge planning
 - Multi-agency team meetings with clients
- Client responsibility
 - Collaborative case plans



Birmingham AIDS Outreach [BAO] Food and Education Delivery Program (B-FED)

Amanda Willig, PHD, RD

Assistant Professor / University of Alabama at Birmingham

Why did we focus on food?

At our Clinic:

- More patients with overweight/obesity, high blood pressure, type 2 diabetes, frailty
- Special nutrition needs
 - Example: people living with HIV need more dietary protein

Over 40% of our clinic patients reported food insecurity

Food insecurity is associated with:

- Worse health outcomes
- Less retention in care
- Decreased quality of life

Clinical Care Concerns

Clinician says “change your diet”; Patient says “I can’t”.

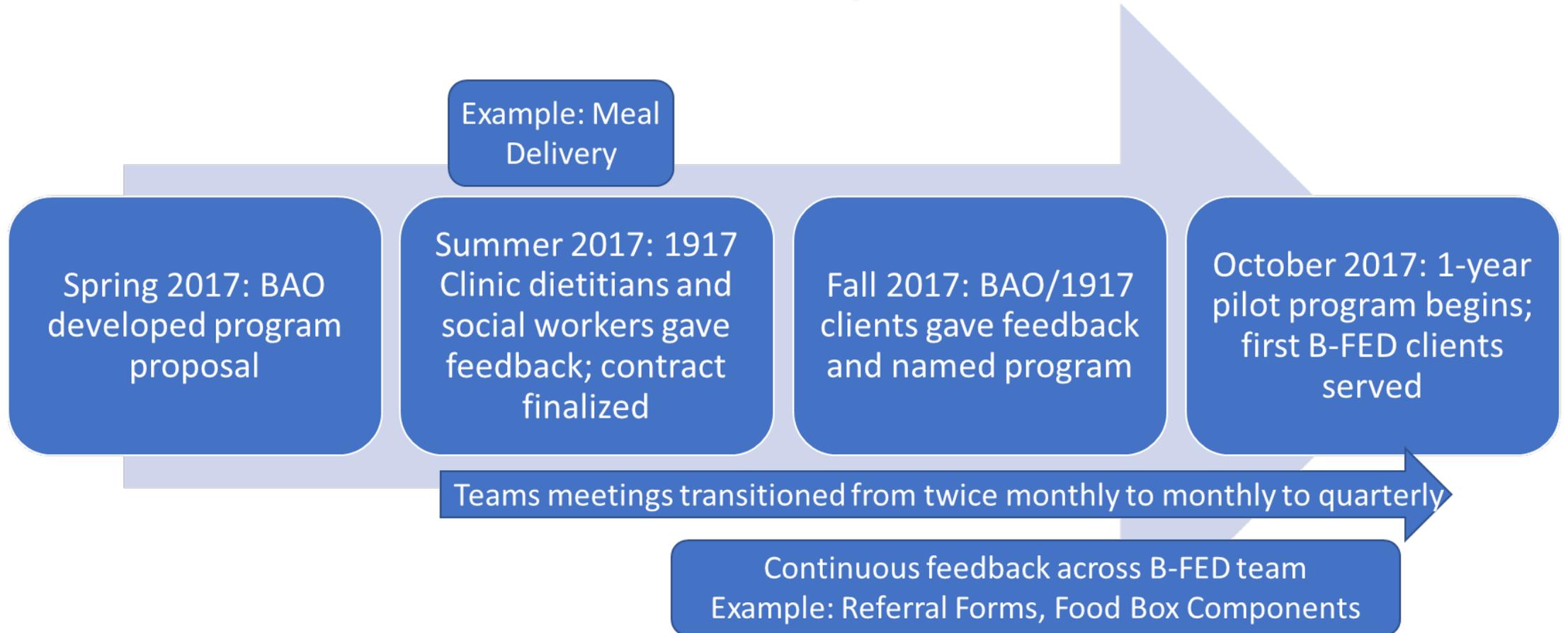
Food assistance participation in the U.S. = worse health outcomes

- Often high in processed foods, simple sugars
- Limited good quality vegetables and fruits
- Limited good quality protein food sources

What can be done?

- The 1917 Clinic and Birmingham AIDS Outreach (BAO) collaborated to expand BAO’s existing food assistance program

How was B-FED developed?



Dietitians heavily involved in client monitoring and team communication

- **BUT** all RDs agree that effort is substantially less than expected due to organized BAO system

What were Year 1 B-FED program components?

Former Approach

- 1. Nutrition Supplements:**
 - 2 types
 - 1 case per month
 - Open prescription
- 2. Food Box**
 - USDA purchases/Donation Based
- 3. Small Grocery Voucher**

Updated Pilot Approach – Year 1

- 1. Nutrition Supplements:**
 - Multiple types
 - Amount/type flexible
 - RD assessment of need
- 2. Food Box**
 - Includes new product vendors
- 3. Grocery Voucher: Increased**
- 4. Meal Delivery (40 clients)**
- 5. Home Assessment Visit**
- 6. Small Supply Provision**

Birmingham AIDS Outreach [BAO] Food & Education Delivery (B-FED)

Anastasia Ferrell

Project Coordinator



B-FED

Returning to Care at BAO

- 142 Clients – 2 years
- 95 Clients – 5 years
- 65 Clients – 10 years





Fresh Eggs



Fresh Bread



Fresh Butter



A Window into our Process!



B-FED Program Elements

For all Ryan White-eligible clients:

- Expanded Food Boxes – fresh produce, dairy, bread, and lean proteins
- \$50 Food Vouchers
- Nutrition, Food Safety, and Food Preparation Education

By Prescription from The 1917 Clinic dietitians:

- Expanded Nutritional Supplement Fulfillment
- Home-Meal Delivery
- Food Safety & Preparation Equipment

Nutritional Supplementation

Without B-FED:

- 2 kinds of nutritional supplements
- Limited to 1 case per client per month

With B-FED:

- 9 kinds (and counting) of nutritional supplements
- As many cases as prescribed by dietitians



Photo showing five \$10 grocery vouchers.

Education

Classes:

- Nutrition
- Food Safety
- Food Preparation

B-FED Bulletin:

- Recipes
- Reminders





Photo of boxed blenders.



B-FED

How has B-FED changed clinical care?

Patients can now adjust diet according to nutrition needs

- *“Y’all tell me to have some vegetables, I can do that now. And they good ones, too.”*

Nutritional supplements can be tailored to individual client needs

- High protein/lower calorie, clear liquid supplements

Meal delivery has improved health of homebound clients

Home Assessments providing insights into other care issues for clients

How has B-FED changed clinical care?

Few missed ART doses

- *“They said I had to take my medicine with 300 calories; if I don’t got 300 calories I can’t take it. I don’t miss my dose now.”*

Quality of Life and Health Outcomes (lab values, body weight, medication adherence)

- What do we expect with this type of program?

B-FED Costs for 730 clients served

Year 1 Costs (October 2017-August 2018):

| | Cost/Client/Day |
|---------------|-----------------|
| Fixed Costs | \$0.73 |
| Product Costs | \$1.73 |
| Total Cost | \$2.46 |

Fixed Costs

- Salaries, Rent, Communications, Supplies

Product Costs

- Food Boxes, Food Vouchers, Food Prep, Meal Delivery, Nutritional Supplements

B-FED in Year 2

CRITICAL: On-going communication between BAO and 1917 Clinic team members

- Shared file drive established for HIPAA-compliant communications
- Rapid problem-solving of program-wide or client-specific issues

Continued refinement of program components, communication methods, **Monitoring and Evaluation**

Cooking classes for B-FED Clients

- 1917 Clinic dietitians now available to assist with cooking classes (and even film a video or two)

Nutrition education

- The UAB Medical School is involved in the delivery of tailored nutrition education for B-FED clients with type 1 and type 2 diabetes



B-FED

QUESTIONS?