

**CASE STUDY:
CONTINUUM HIV SERVICES**
San Francisco



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Background

Continuum HIV Services is a private, non-profit organization located in the Tenderloin district of San Francisco. The organization was incorporated as a non-profit in 1989 by a group consisting primarily of gay men. They came together to start a day program for their partners with AIDS who were not sick enough to be hospitalized, but were also not able to stay alone at home during the day. Space for the program was found in the Tenderloin district, but soon the leadership of the young organization realized that most gay men would not leave the Castro section of San Francisco to come to the Tenderloin for services, and the population changed. Thus, since its inception, Continuum's Adult Day Health Program has served a primarily low income, homeless or marginally housed, ethnically diverse population. Continuum currently serves 900 people per year. Eighty percent are substance users and 60% have serious mental health disorders. About half of their clients are Black, a third are white, and the remainder are Latino, Asian or American Indian. Seven percent of their clients are male-to-female transgender, 20% are female, and the remainder are male.

Much of Continuum's funding comes from federal, state, and local government contracts, and Medi-Cal, the California Medicaid program. However, almost 25% of their budget comes from private fund-raising. This allows them to subsidize the adult day health program and provide start-up financing for new programs before they have secured an ongoing funding source. Their approach to service delivery is to identify specific needs, develop an initial response, and then seek the funding to sustain the services. In this way they have been able to focus and deepen their efforts to serve some of the most disenfranchised and challenged individuals with HIV in San Francisco.

The shortage of low income and subsidized housing in San Francisco has a major impact on Continuum's approach to services. The only available housing for many of their clients is single room occupancy hotels. However, landlords are reluctant to allow people to rent a room for more than four weeks because at that point they begin to have some rights as tenants. Furthermore, general assistance and SSI benefits are not sufficient to cover four weeks of rent. Thus, individuals spend a few days or weeks in a single room occupancy hotel and then are out on the streets, in shelters, or doubled up until they can find another room and have the money to pay the rent.

Service Delivery Model

Continuum's programs have evolved over time from the adult day health program to a variety of services that address the needs of homeless or marginally housed individuals with HIV, most of whom have substance abuse issues. These services include several multidisciplinary programs for homeless individuals who do not use the adult day health center. These programs include mobile nursing, psychiatry, nutrition, peer and treatment advocacy, transitional case management and housing programs for people released from prison or the county jails, and a needle exchange program.

The adult day health program uses a multidisciplinary team consisting of nurses, a psychiatrist, an occupational therapist, a physical therapist, an art mentor, an activities coordinator, substance

abuse counselors, and acupuncturists. After the adult day health program was established, the staff noticed that although the model worked well for people while they attended the program, there were no services to assist people after hours and nothing available for those who were too sick to attend the program. In response, Continuum developed a nursing case management program for clients with HIV who needed services once they left the adult day health center. Each nurse and social worker case management team has a caseload of 30-40 individuals. The case management team go out to the residential hotels and shelters to see people there.

In the Tenderloin district, homeless individuals need to stand in line to get food, a bed in the shelter, benefits, and cash assistance. Many of these individuals have serious mental health and substance abuse problems, and are focused on where their next “hit” will come from. Since these factors make it difficult for them to become part of the community, these individuals were not attending the adult day program. Together with five other agencies, Continuum launched Tenderloin Care which employs social workers, nurses, and peer counselors. They visit people in the parks and single room occupancy hotels, teach people about wound care, and try to build the trust to bring people into clinic-based, primary care.

Within a short period of time, Continuum realized they were limited in what they could do through Tenderloin Care because they could not access housing for people and none of the staff could write prescriptions. In addition, none of their clients were receiving primary care, psychiatric services, or antibiotics. They added members to the Tenderloin care outreach team. Now the team includes two part-time psychiatrists, a neuropsychologist, a community health worker, two nurse practitioners, and a physician. All positions are funded through different agencies in the collaborative, but they function as a team within Tenderloin Care.

The next service Continuum developed was a prison program that provides case management and continuity of care services for HIV positive individuals being released from three state prisons. Case managers go into the prison six months pre-release to build relationships with HIV positive prisoners and help them address practical issues related to their release – where they will live, how they will get food, clothing, benefits, and medical care. They assess people’s interest in drug treatment and, if interested, what type of program will work best. Staff generally recommend residential substance abuse treatment because they have good relationships with several residential substance abuse treatment programs, and the prison has some limited funding for substance abuse treatment for people after release, but they do not have funds for housing.

The fifth service Continuum developed was a jail program for people with HIV. This program is part of a national CDC-HRSA-funded demonstration project. Continuum has a small clinic staffed by a nurse and nurse practitioner that can draw labs, re-order medications, and provide adherence teaching. This is a transitional service for individuals released from jail and referrals are made to other providers for ongoing HIV medical care. As part of the demonstration, Continuum provides three months of housing post-release and five months of case management.

Continuum’s sixth program is a needle exchange site that is open one night per week at their main office in the heart of the Tenderloin district. Nursing staff are available on-site to provide teaching on wound care and abscess-prevention; referrals to primary care, drug detoxification and residential substance abuse treatment; and to perform hands-on clinical care.

Continuum provides several other services. They offer individual and group mental health treatment. Staff report that the two most essential services they provide are housing advocacy and money management skills. Clients report that they hate participating in money management, but they also report that it is one of the most important services. Some of the harm reduction protagonists are very anti-money management, but Continuum staff believes it is an essential skill for maintaining and keeping housing and food, which are critical to a more stable lifestyle.

Service Integration

Every Continuum program has both nurses and mental health clinicians and each program convenes case conferences. In addition, all Continuum programs conduct a substance abuse assessment of new clients, which includes a history of drug use, a substance abuse treatment history, and an assessment of their level of interest in substance abuse treatment. Continuum providers work with clients on harm reduction, overdose prevention, abscess prevention, and mental health issues. They refer clients out for substance abuse treatment services, primarily residential programs and outpatient counseling. In San Francisco there is no discrimination against people with HIV in residential substance abuse treatment, and the Title I program funds slots for people with HIV. However, in Continuum's experience, residential substance abuse treatment without some housing aftercare is not very effective because people are discharged homeless to the streets where it is easy to return to former habits.

Treatment and Adherence

The new public health service recommendations which suggest initiating antiretroviral treatment later benefit Continuum's clients because they have more opportunity to provide other needed services such as housing, mental health, addiction and nursing services, before initiating antiretroviral therapy. This makes adherence more likely.

Clients involved in the prison programs may be among the best prepared for adherence. In some prisons, inmates have access to state-of-the-art HIV care and many begin antiretroviral therapy that is tailored to fit them. Side effects can be addressed, medications changed if needed, and people become accustomed to taking medications on a regular basis. This population is invested in their medications when released and Continuum's role is to support this situation by providing or finding housing and food, and helping people minimize their drug use.

The jail program is more complicated. Continuum works with people in jail to get their medication lists and arrange medications once the individual is released. They work with a local pharmacy to fill medi-sets weekly. The nurse monitors adherence closely and will often look at the medi-sets weekly to see what is missing. On occasion, she will do directly observed therapy but people often do not want this. Her approach is to ask clients what they want and need, and to offer any assistance. They find that, over time, people may ask for more help with adherence if they are given the space to make their own choices.

In Continuum's other programs, directly observed therapy is also offered, but individuals are given other options for adherence support. As with the jail program, people are supported to make their own choices.

Harm Reduction

Harm reduction is integrated into everything Continuum does, both in relationship to drug use and other issues such as domestic violence. The agency has functioned in this way since before the term "harm reduction" was introduced. Staff work with clients to create back-up plans and identify safe spaces if they are dealing with dangerous situations. Continuum also uses this approach with psychiatric issues and develops no-harm contracts with individuals who are feeling suicidal. However, there has been a lot of struggle within the staff, particularly the prison and jail program staff, since some are in recovery and find that harm reduction can be threatening, as abstinence and recovery saved their lives. There is a lot of discussion and training for staff around harm reduction – they talk about it constantly.

At Continuum, harm reduction is a constantly evolving process that has at its heart both a respect for clients as well as expectations of clients. The needle exchange program has a nurse who teaches people about wound care. The physicians and nurse practitioners use medication contracts with some clients. The harm reduction approach is individually tailored to each client. What is acceptable behavior for someone on parole is different than for someone who is not on parole; what is acceptable in a residential hotel is different from what is acceptable in a community environment such as the adult day health center. People are not excluded from services if they are using drugs, with the exception of the adult day health program, and even in that program some people are on methadone maintenance or medical marijuana. For the adult day health program, they focus the behavior – if people come in under the influence it can be disruptive to the group. If they do come in under the influence, they are asked to leave.

Continuum's director said he has looked out his window and seen people shoot up in the alley. He has gone down to them and asked them to move elsewhere because there are people in the building who are struggling to maintain sobriety and people have been very understanding of this.

Finally, harm reduction at Continuum addresses staff needs as well as clients' needs. It is painful for staff to work with clients who constantly relapse and/or slide back into homelessness or re-incarceration. Every step forward needs to be recognized and serves as encouragement for both staff and clients.

Outreach and Retention in Care

Continuum's referrals come from their collaborators, primary care providers, "word of mouth" or walk-ins. If clients are not coming in for services then staff goes out to find them. Most of the programs have the capacity to be mobile and staff will knock on doors, go to shelters, street corners, and parks. Many people who live in residential hotels may become depressed, and the psychotherapist and psychiatrist are available to make home visits.

The key to retention is building a relationship with the client. At the first visit, their goals are to:

- Provide information and outline options;
- Allow clients time to make up their minds, and ask for permission to follow up with them; and
- Try to assist with meeting one immediate need.

Later on, their policy is to let people bond with whichever staff member they can, even if the client bonds with the receptionist rather than the nurse. Another effective strategy for retaining people in care is to create a sense of community, as occurs in the adult day health center.

Cultural Issues

There are differences in class and life experiences both among staff and between staff and clients. At one time, the Continuum staff was primarily middle class and gay and their clients were mainly poor gay men. Now their clients are far more diverse ethnically and racially, and include more women and straight men. The original staff has either adjusted or left, and the staff is now more reflective of the current client population. At one time, the big agency event was Gay Pride Day but now it tends to be Martin Luther King Day and Cinco de Mayo. The agency leadership encourages staff to be aware of their own backgrounds and how their backgrounds impact client relationships.

Cultural competence in the Tenderloin District includes knowledge of and the ability to relate to the drug culture. In the drug culture, interactions take place through barter – “you have a drug, I have housing, let’s make a deal,” or “I can not give you this but I can give you that.” These are examples of culturally competent exchanges that staff need to be comfortable with.

Consumer Involvement

The adult day health center has a consumer advisory group that addresses everything from complaints, grievances, and conflicts among participants to new groups that clients want to start. In addition, every morning they have a community meeting in the adult day health center for all participants to discuss anything they want to talk about.

Although a client satisfaction survey is conducted in every program, it is difficult to get responses to a written survey in some of the programs due to low literacy rates. Continuum has conducted individual interviews that provide valuable information. In the prison programs, they conduct focus groups several times each year.

Continuum also hires consumers as staff and program assistants. The Tenderloin Care program and nursing case management program have peer advocates on staff. The prison and jail programs use peer educators. The adult day health program has a member aide program where clients receive a stipend for assisting with Continuum programs.

Quality Improvement

Continuum has a quality improvement committee with rotating membership from every program. The committee selects indicators to examine through chart reviews. They have selected basic documentation and chart consistency as one area to improve. Other areas identified for improvement include increasing integration of programs and making it easier for clients to move between programs. The quality improvement program conducts patient satisfaction surveys and focus groups. The adult day health program belongs to a larger group of adult day health programs that has its own clinical indicators.

Summary

Continuum HIV Services describes its main strength as helping clients who are disconnected from family and friends to build community. In the Tenderloin District where nearly all their clients are using drugs and many are in and out of jail, this community is essential. Other program strengths include:

- Staff cross-training to address issues related to substance abuse and HIV such as drug interactions, abscess prevention, incarceration and release;
- Providing on-site services in the community;
- The use of multidisciplinary teams and peers as staff;
- Incorporating the experience gained in involving and working with clients in redesigning and adapting programs;
- Bringing in the additional clinical expertise to address client needs that their own staff could not meet;
- The focus on finding housing and helping people build life-skills; and
- The individually tailored approach to harm reduction and adherence.

One of the reasons Continuum has been so successful in serving their community is that they have let their mission and clients' needs drive their service expansions. Rather than starting programs because funding is available, the agency has grown organically. They start by figuring out how to meet identified needs and then pursue the funding. And as they meet one set of needs, they uncover new needs that have yet to be addressed. Thus begins a new service, followed by a new search for funding to sustain the service. This is a very different approach than found among many organizations that appear to be more constrained by funding limitations, and it points to the importance of having a diversified funding base, including private unrestricted funds that can be harnessed to support innovation.

For further information, you may contact:

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