

FROST'D AOD Client Service Delivery Model

May 25, 2010

Integration of Care Committee Meeting

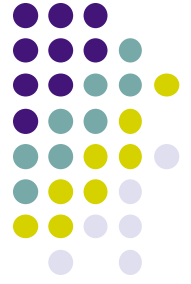
Ryan White Part A Harm Reduction Services

Stephen Crowe, Harm Reduction Coordinator

FROST'D Integrated Harm Reduction Program (IHRP)



- **MODEL:** Comprehensive and Integrated Harm Reduction Program for Injecting/Non-Injecting Drug Users
 - Integration model implemented in April 2009
 - Currently developing client satisfaction survey
- **GOAL:** To increase the overall health and quality of life for New York City's most vulnerable populations who are living with or at greatest risk for **HIV** and viral hepatitis, and who may have difficulty accessing services elsewhere, especially due to **substance use**, mental illness, HIV status, sexual orientation, race and ethnicity, economic status, and living situation, by providing a continuum of focused services that are easily accessible, fluid, and site specific



AOD Services

- Component of the IHRP model which also includes Low-threshold services and HIV testing services
- AOD individual encounters
- AOD harm reduction groups (4 per week)
- Screening and Referral for STI
- Assessment and Referral for Substance Use
- Overdose Prevention individual encounters

Supplemental services necessary to conduct AOD services



- Intakes and assessments
 - extremely time consuming
- Service plan development (during intakes)
- Reassessments (same length of time as intakes)
- Service plan updates (during reassessments)
- Referrals commonly to *healthcare, drug tx, other*
 - often most important → connections to care
- Escorts to appointments (client advocate)
 - time consuming and instrumental to client follow through (can take a 1/2 day)
- Care coordination (conferencing with healthcare providers and case workers essential to support)
 - obtaining proof of HIV status can be very time consuming given our model
- Crisis intervention
 - can be very time consuming and lead to further linkages

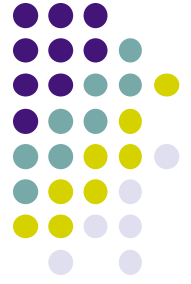
Successes of the IHRP model



- Able to engage hard to reach population in their own neighborhoods
 - often first access to public health—first line responders
- Harm Reduction model is crucial to accessibility
 - staff are trained team of experts, many can identify w/ client experiences, stay in touch with trends and able to adapt program to make services more accessible
- Connections with the community
 - secured linkages with healthcare (and other) providers at each mobile location

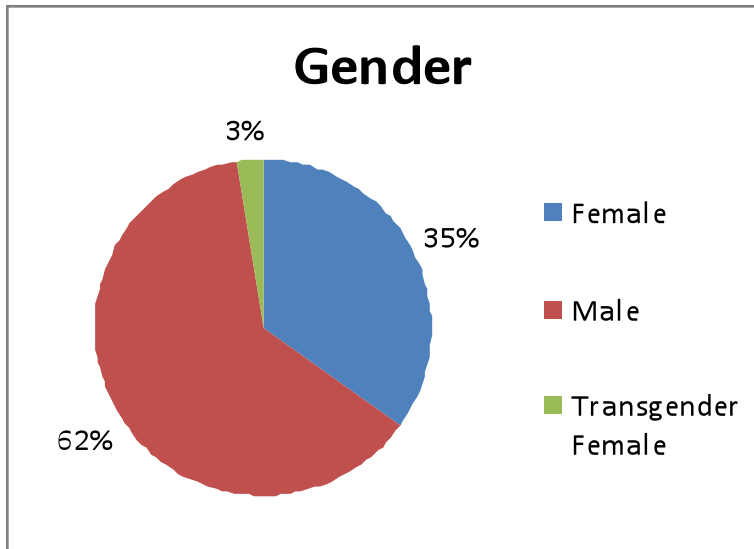
This is general and meaningless without clients being able to put a face to it – our client/peer will share her experience with our program

Who are our AOD clients?

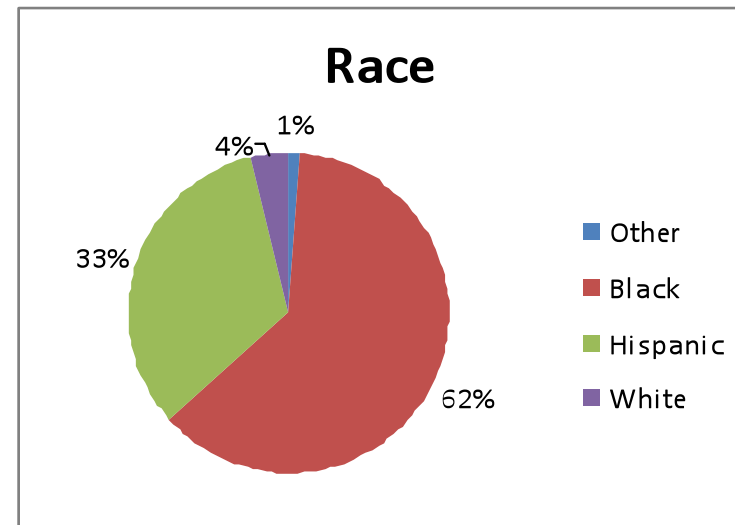
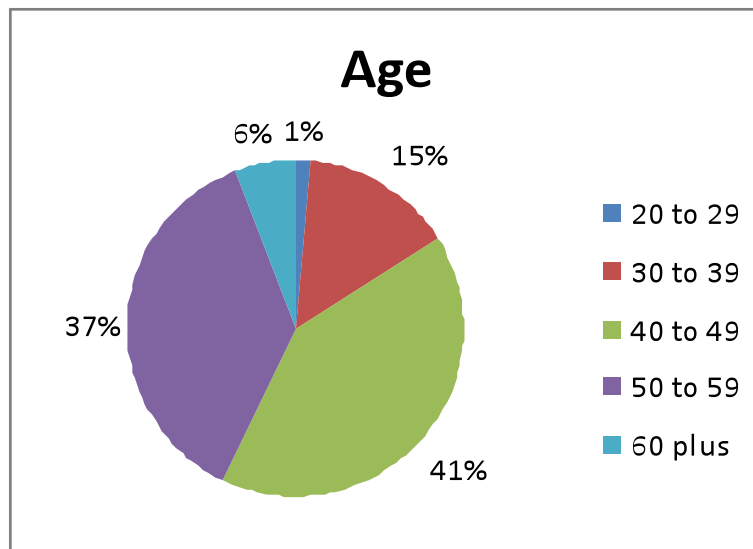


- 308 AOD (HIV+) active clients
 - seen within the past 6 months
- Trends and profiles of our client-base:
 - Homeless, street-based, vulnerable, transient
 - Current/former substance users (IDU & non-IDU), people in recovery (heroin/opiates, alcohol, crack, cocaine, marijuana, methadone)
 - Dually-diagnosed, trauma survivors
 - Men who have sex with men (MSM), sex workers (street work/survival sex), formerly incarcerated
- Targeted mobile outreach in Harlem, South Bronx, Brooklyn (Bedstuy, Bushwick, Coney Island, Williamsburg)

Demographics



- Overlap for female clients who may not self-identify as transgender (>3%)

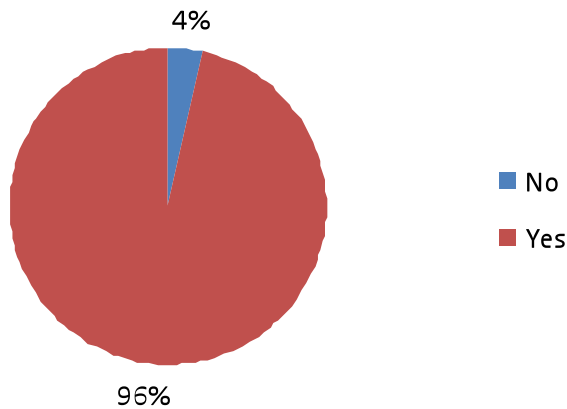


- Most of our clients are in their 40s & 50s, no teens enrolled in our program at this time

Highlights of our AOD Clients

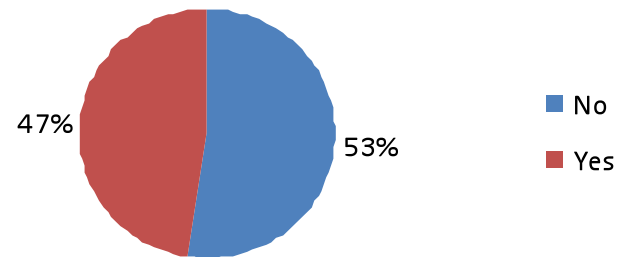


Has Medical Insurance

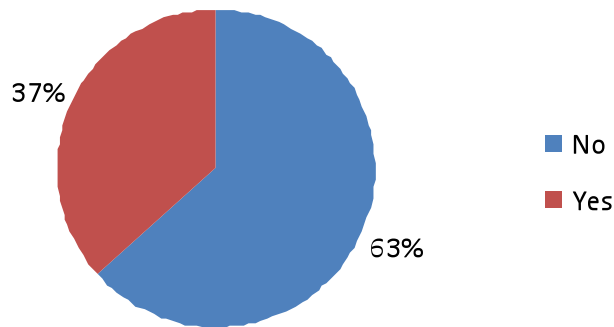


- Most clients have access to healthcare, all offered access, some refuse

Homeless/Transitional Housing

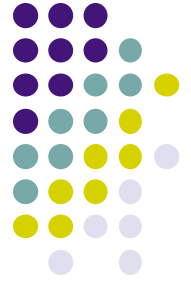


IDU History



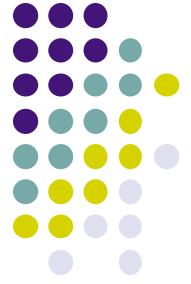
- All clients are current/former substance users, over 1/3 are IDUs

Challenges to the IHRP model



- Loss of follow-up due to transient population
 - Hard to track down clients, they come to us, we do not operate under a case management model (such as COBRA)
- Satisfaction of immediate needs
 - Limited access to resources and information in a mobile setting
- Can be hard to track referrals and connection to care

Thank You



Stephen Crowe, Harm Reduction Coordinator

scrowe@frostd.org

Karen Lerman, Managing Director

klerman@frostd.org

Visit our new website at www.frostd.org