Outreach to Homeless and Street Youths

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Overview

- Background
- Definition of Outreach Services
- Review of the literature
- Best Practices
- Outreach services in other Eligible Metropolitan Areas
- Considerations for a service model

Background

- In November 2008, the Planning Council voted on funding the service category of Outreach; which was transferred from the Housing Opportunities for Persons with AIDS (HOPWA) program to the Ryan White Part A portfolio.
- Ryan White Part A funds will cover the current HOPWA Outreach contracts from July 2009 until they are rebid and subject to a new RFP.
- In preparation for the re-bidding process the New York City Department of Health and Mental Hygiene, (CTHP) is conducting a review of:
  - Evidence based practice regarding outreach services to homeless and street youths;
  - Existing data of the contracts; and
  - Propose choices of service models.
- This will facilitate the creation of a service model that successfully addresses gaps in service for this population.

Background cont'd

Harm Reduction Outreach in commercial Single Room Occupancy (SRO) Hotels

- A thorough analysis by the CTHP revealed significant overlap in the service types funded through the Ryan White Part A Harm Reduction, Recovery Readiness, and Relapse Prevention Services (HRR) contracts and those service types currently funded through the HOPWA Harm Reduction Outreach in commercial Single Room Occupancy (SRO) Hotels contracts.
- These findings suggested that the current HOPWA Outreach in SRO contracts can be easily absorbed into the Ryan White Part A HRR service category from July 2009 until they are rebid.

Outreach to Street Youths (ages 16-24)

- The analysis also suggested that the HOPWA Outreach contracts for street youths (ages 16-24) should be part of a stand alone service category in the Ryan White Part A portfolio from July 2009 until they are rebid.

From July 2009 until they are rebid the HOPWA Outreach in SRO service model and the Outreach to Street Youth service model will remain intact as well as the funding amount. In addition they will remain cost based.

Outreach to Homeless and Street Youths

HOPWA Service model*

- Provides outreach and drop-in services focusing on HIV/AIDS care, prevention, and harm reduction education to homeless and street youths (ages 16-24)
- Provides or link HIV positive and at risk youths to:
  - Emergency housing
  - Medical care
  - HIV testing and counseling
  - Non-medical Case management
  - Supportive services (mental health and or substance abuse counseling)
- Staff:
  - Case manager (B.A.)
  - Field workers (H.S., GED and 2-5 years work experience)

*HOPWA Outreach Contracts-Service Summary Report, January 2008-September 2008

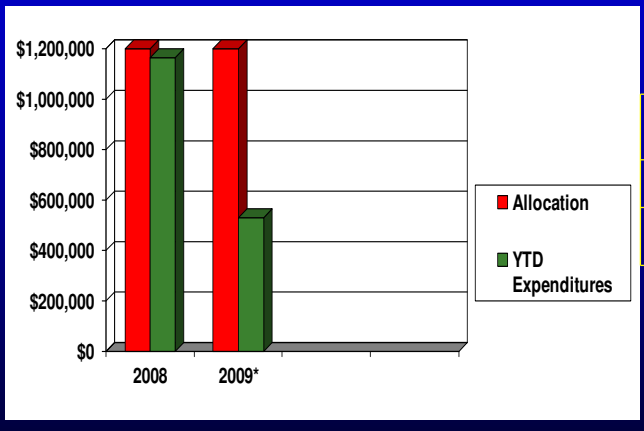
HOPWA Service Provisions

Advocacy: **-Entitlements** **-Health Care** **-Housing**	Assistance to a client to obtain and/or maintain: •Entitlements (public assistance) •Health care (medical, psychiatric, nutrition) •Housing (housing placement assistance)
Counseling:	•Mental health (individual/group) •Substance abuse (individual/group) •Treatment adherence (individual/group)
Escorts-Entitlements & Housing	The accompanying of a client to an off-site appointment related entitlements or housing to ensure compliance with the appointment and/or provide advocacy.
Escorts-Health Care	The accompanying of a client to an off-site appointment related to health care services to ensure compliance with the appointment and/or provide advocacy.
Outreach	Face-to-face encounters to identify, inform, and enroll persons with HIV/AIDS, unaware of their HIV status, or at high risk for HIV infection in medical care and support services.

HOPWA Outreach to Street Youths Contract

Funding Amount	12 month total amount: $1,200,000 (2 contracts each at $600,000)
Service Area (Boroughs)	Bronx Brooklyn Manhattan Queens
Outreach Modality	Street-Based
Target Population	Street youths between the ages of 16-24 who are one or more of the following: •LGBTQ •Homeless/precariously housed •Active/recovering substance users •Living with or at risk for HIV/AIDS •Persons who have engaged in the exchange of sex for money, housing, or drugs •Not connected to care
Number of Clients	1,420 enrolled (does not include non-enrolled individuals engaged during outreach sessions)

HOPWA Outreach to Street Youths Contract
Funding and Expenditures for FY 2008 and 2009



Fiscal Year	Allocation	YTD Expenditures	YTD %
FY 2008	$1,200,000	$1,163,140	97%
FY 2009	$1,200,000	$529,621*	88%

* FY 2009 expenditure data is based on invoices through December 31, 2008.
YTD percentage for FY 2009 was calculated based on a 6-month prorated amount.

HOPWA Demographics

Gender	Male: 65.1% Female: 34.9%
Age	<18 Years: 6.5% 18-24 Years: 88.9% 25-44 Years: 4.6%
Race	American Indian/Alaskan Native: 1.4% Asian: 0.9% Black/African American: 56.1% Native Hawaiian/other pacific Islander: 0.3% White: 29.2% Other/More than one race:12.2%
Ethnicity	Non-Hispanic: 68.5% Hispanic: 31.3% Unknown: 0.1%

U.S. Health Resources and Service Administration
Outreach Service Category*

Definition:
The identification of individuals with unknown HIV disease and the linking of these individuals into care; which would ultimately result in ongoing primary care and increased adherence to medication regimens.

Activities:

- Directing individuals to early intervention services (EIS) for testing and counseling
- Individuals who are HIV-positive are enrolled in care and treatment services
- Services must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of services
- Such services must be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection
- Be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached
- And be designed with quantified program reporting that will permit evaluation

*Extracted from :
•HRSA, HIV/AIDS Bureau (HAB) Appendix A: Service Category Definitions
•HRSA Policy Notice Use of Ryan White HIV/AIDS Program Funds for Outreach Services, October 2007
•http://bphc.hrsa.gov/uds/manual/AppendixB.htm

Proposed FY 09 Funding for Outreach Contract Under Ryan White Part A

- Priority Ranking: 12/13
- Total Ranking Percentage: 50%
- HRSA Service Category: Non-Core
- FY 09 Funding: $2,474,000
- Percent of FY 09 Program Funds: 1.87%
- Number of Awards: 5
  - 3 Outreach in SRO
  - 2 Outreach to Street Youth

Analysis of the Literature
Public Health Significance

- According to the Youth Risk Behavior Survey which is based on a representative national sample, 7.5% (1.5 million) of youths aged 12-17 yrs have been homeless at some point in time in the previous year [1]
- A report from the National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless showed that between 20% - 40% of homeless and street youths identified as lesbian, gay, bisexual, or transgender (LGBT) [2]
- This is a largely hidden population that is transient and scattered and is known to be at a significantly increased risk for a wide range of adverse health outcomes [3]
- Of considerable public health concern is the high prevalence of HIV infection, sexually transmitted infections (STIs) and mental health disorders that greatly exceed that of the general youth population [4]

1. Solorio, R. M., Rosenthal, D., Milburn, G., Weiss, E. R., Batterham, J. P., Gandra, M., Rotheram-Borus, J. M. Predictors of sexual risk behaviors among newly homeless youth: a longitudinal study. Journal of Adolescent Health. 2008; 42; 401-409

2. Ray, N. (2006). *Lesbian, gay, bisexual and transgender youth: An epidemic of homelessness.* New York: National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless.

3. Halcon, L.. L., Lifson, R.A. Prevalence and predictors of sexual risks among homeless youth. Journal of Youth and Adolescence. 2004; 33(1):71-80.

4. Marshall, D. L. B., Kerr, T., Shoveller, A. J., Montaner, S. G. J., Wood, E. Structural factors associated with an increased risk of HIV and sexually transmitted infection transmission among street-involved youth. *BioMedical Central Public Health*. 2009; 9(7).

Understanding Homeless and Street Youth

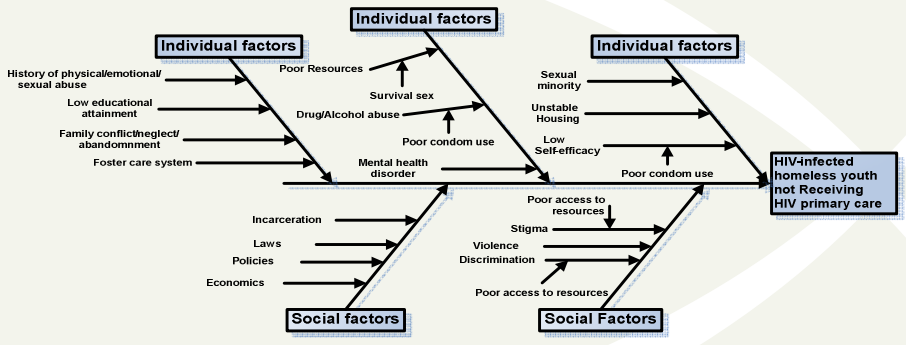
- Homeless youths' risks, service utilization, and outcomes are not uniform, but rather vary by: [1]
  - Geographic area
  - Demographic characteristics and
  - Homelessness history

- The prevalence (24%) of behavioral health problems in homeless and street youths ages 12-17 yrs. exceeds rates generally considered typical for adolescents aged 12-17 yrs., including the higher rates (14%) for youth living in poverty [2]

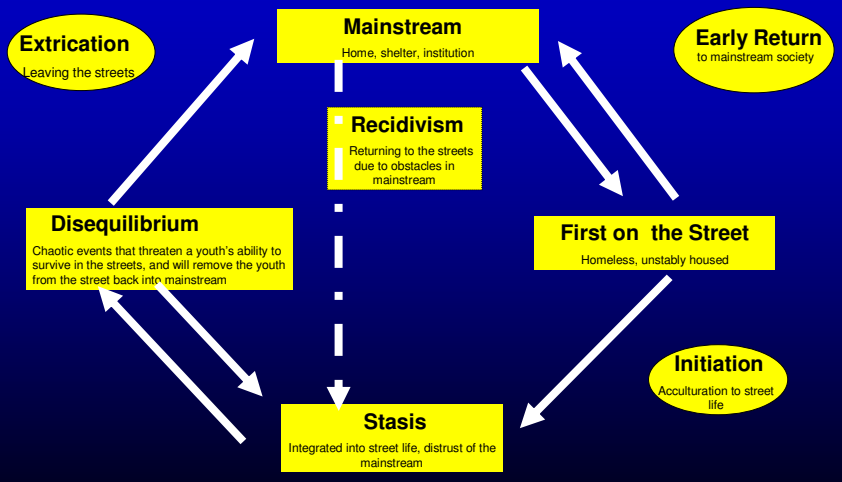
1. Hickler, B., Auerswald, L. C. The worlds of homeless white and African American youth in San Francisco, California: a cultural epidemiological comparison. *Social Science & Medicine*. 2009; 1-8.

2. Grant, R., Shapiro, A., Joseph, S., Goldsmith, S., Rigual-Lynch, L., Redlener, I. The health of homeless children revisited. *Advances in pediatrics*. 2007; 54; 173-187.

Cause and Effect Diagram of HIV-infected Homeless and Street Youths Not Receiving HIV Primary Care



Life Cycle Model of Homeless and Street Youth



Auerswald, L.C., Eyre, L. S. Youth homelessness in San Francisco: a life cycle approach. *Social Science & Medicine*. 2002; 54:497-1512

Limitations of the Literature

To plan programs and interventions for homeless and street youths, service providers need accurate information on the size of this population. However there is limited empirical evidence about the number of youths who experience homelessness, largely because of the challenges inherent in studying this population. These challenges include:

- Contradictory definitions of what constitutes homelessness
- An absence of standardized methodology for sampling homeless youths (e.g. venue vs. convenience base samples)
- Estimates of homeless populations generally are based on point prevalence methods, which estimate the number and characteristics of individuals who are homeless at a given point in time, such as a typical day*
- An over reliance on data from shelters and agencies, which likely leads to inaccurate conclusions about the size and characteristics of the population
- Homeless and street youths are a largely hidden and transient population that often avoids contact with shelters, and medical services

*An alternative strategy to point prevalence is to generate a period prevalence estimate of the number of youth who experience any homelessness during a given period, this would provide insight into the process by which individuals enter into or exit from homelessness. Such estimates include individuals who experience short-term episodes of homelessness which can potentially provide policymakers a measure of the cumulative impact of homelessness on the larger population.

Best Practice of Outreach Services for Homeless and Street Youth

- Special Projects of National Significance funded through HRSA analyzed various youth focused initiatives in four metropolitan areas (Chicago, New York City, Miami, and New Jersey)
- From this analysis three outreach strategies were found to provide HIV service delivery for hard to reach youth[1]
  1) Access to the targeted population
  2) Utilize a tailored intervention
  3) Provide linkage to a continuum of medical and support services in a timely manner

1. Bell, N. D., Martinez, J., Botwinick, G., Shaw, K., Lynne, E. W., Dodds, S., et al. Case finding for HIV-positive youth: a special type of hidden population. *Journal of Adolescent Health.* 2003; (33s):10-22.

Chicago- HIV Risk Reduction Partnership for Youths (CHRRPY)

- CHRRPY used the outreach strategy to find youths that are homeless, gay, and detainees
- CHRRPY utilized the pre- and posttest counseling sessions as opportunities to provide education (e.g. personalized HIV risk reduction education)
  - HIV counseling and testing was offered as a freestanding service or as a follow-up to a group HIV education session
  - Group educational sessions focused on HIV and STD transmission and preventive skills (e.g. condom use, refusal and negotiation skills)
  - Once an HIV-infected youth was identified, the outreach worker utilized their established street social network to promptly find the youth and provide linkage to medical care

1. Bell, N. D., Martinez, J., Botwinick, G., Shaw, K., Lynne, E. W., Dodds, S., et al. Case finding for HIV-positive youth: a special type of hidden population. *Journal of Adolescent Health.* 2003; (33s):10-22.

Demographic Characteristics of CHRRPY Program Youths Who Underwent HIV Testing * (1997-2000)

Demographic Characteristic	Numbers and (%) (N = 2654)	
Age (Yrs)		
13–19	2434	(92)
20–24	220	(8)
Gender		
Male	1780	(67)
Female	874	(33)
Race/ethnicity		
African-American	1966	(74)
Latino/a	256	(10)
White	184	(7)
Other	248	(9)

Mode of Infection of HIV+ Youths Identified by CHRRPY and Linked to Health Care Services

Mode of Infection	N	(%)
MSM	8*	(53)
Heterosexual female	2	(13)
Heterosexual male	2	(13)
Undetermined	3	(20)
IDU	0	0
Total	15**	(100)

*Two of these youths did not originally identify as MSM, only through extended contact with the program did they confide this behavior.

**Out of the 21 HIV positive youths only 15 were able to be interviewed and linked to healthcare services

CHRRPY Total Program Participation

Year	Contacts	HIV Education	Pretest Counseling	HIV Testing	Posttest Counseling	HIV +
1997	1120	674 (60%)	279 (25%)	268 (24.%)	146* (13%)	7 (0.62%)
1998	2435	1274 (52%)	696 (29%)	679 (28%)	405 (17%)	8 (0.32%)
1999	2388	979 (41%)	798 (33%)	771 (32%)	342 (14%)	4 (0.16%)
2000	2922	1394 (48%)	1032 (35%)	936 (32%)	285 (10%)	2 (0.06%)
Total	8865	4322 (49%)	2805 (32%)	2654 (30%)	1178 (13%)	21** (0.23%)

*The number of the original 23 youth tested by the program who returned for posttest counseling was missing (all of whom were HIV negative)

** Out of the 21 HIV positive youth only 15 (71%) were linked to healthcare services

New York City-Safe Space

- Safe Space used the outreach strategy to address the basic and pressing needs of homeless and street youths (food, clothing, housing, personal hygiene, and community) before attempting to link street youth to any type of services, particularly medical, HIV, mental health, or substance abuse services.
- Service engagement consisted of four stages:
  - Initial contact (venue based location)
  - Repetitive contacts (social services)
  - Engaged in service system (integrated in the Safe Space program)
  - Engaged for personal change (self-efficacy)
- For street youths who tested HIV positive and were already engaged in other aspects of the Safe Space program, getting them into care simply required incorporating them into the internal "Living with HIV" program or referring and coordinating their care with an external agency

1. Bell, N. D., Martinez, J., Botwinick, G., Shaw, K., Lynne, E. W., Dodds, S., et al. Case finding for HIV-positive youth: a special type of hidden population. *Journal of Adolescent Health.* 2003; (33s):10-22.

Demographic Characteristics of Safe Space HIV + Youths Who Underwent HIV Testing (1998-2000)

Demographic Characteristics	Numbers and (%) (N = 28)	
Age (Yrs)		
13-19	5	(18)
20-24	23	(82)
Gender		
Male	16	(57)
Female	10	(36)
Transgender	2	(7)
Race/Ethnicity		
African American	14	(50)
Latino/a	5	(18)
White	5	(18)
Other	4	(14)

Mode of Infection of HIV+ Youths Identified by Safe Space and Linked to Health Care Services

Mode of Infection	N	(%)
MSM	17	(60)
Heterosexual	10	(35)
Undetermined	1	(5)
IDU	0	(0)
Total	28	(100)

Safe Space Program Total Participation*

Year	New Contacts	Repeat Contacts	Counseling & Testing	Posttest & Counseling	New HIV +
1998	3986*	1958* (49%)	10(0.25%)	9 (.22%)	0
1999	4103	2096 (51%)	20 (0.49)	20 (0.49)	0
2000	6368	3235 (51%)	22 (0.35%)	18 (28%)	3 (0.47)
Total	14457	7289 (50%)	52 (0.36%)	47(0.33%)	3 (0.02)

* Figures are estimated, prior to official tracking system-based upon travel logs, outreach worker notes, and other program records. Safe Space street outreach workers contact approximately 500 street youth per month. By June 2000, repeat outreach contacts per month averaged 115 and new contacts averaged 205, producing eight emergency housing, overnight shelter placements per months and seven intakes per month into the Safe Space service system.

Miami - The Teen Outreach Project of the University of Miami (TOP UM)

- TOP UM utilized the outreach strategy to embed its HIV testing services within an array of other medical, psychological, and family planning services to help youth overcome their reluctance to approach a clinic or services identified with HIV/AIDS or STDs
- TOP UM utilized a mobile van to frequent geographic locations where poor, racial and ethnic minority youths congregated
- Incentives such as car fare, movie tickets, food coupons, and free condoms were given to those who participated in the program

Demographic Characteristics of TOP-UM Program Youths Who Underwent HIV Testing (1998-200)

Demographics Characteristics	Numbers and (%) (N = 267)	
Age (Yrs)		
13-19	267	(100)
20-24	0	0
Gender		
Male	104	(39)
Female	163	(61)
Race/ethnicity		
African-American	86	(32)
Latino/a	107	(40)
White	48	(18)
Other	26	(10)

One African-American female seroconverted during this time period with heterosexual sexual contact as the mode of transmission

New Jersey-The University of Medicine and Dentistry of New Jersey/Division of Adolescent and Young Adult Medicine (DAYAM)

- DAYAM utilized the outreach strategy to expand its preexisting continuum of adolescent HIV services by including a mobile van that traveled to areas highly frequented by at risk youths and offered them HIV testing and pre-/posttest counseling
- The mobile van was utilized as a social marketing tool for providing HIV prevention information and as an entry point for services offered by the program
- To make its program visible to homeless and street youths DAYAM also enhanced its peer outreach component and used social networks, and social events, for dissemination of educational materials in locations where at risk youths congregated

Demographic Characteristics of DAYAM Program Youths Who Underwent HIV Testing (1997-200)

Demographic Characteristics	Numbers and (%) (N = 1570)*	
Age (Yrs)		
12-19	1006	(64)
20-24	564	(36)
Gender		
Male	863	(55)
Female	707	(45)
Race/ethnicity		
African-American	1233	(74)
Latino/a	232	(15)
White	58	(4)
Other	47	(3)

*Out of the 1570 that underwent testing 40 (2.5%) tested HIV positive.

Mode of Infection of HIV+ Youths Identified by DAYAM and Linked to Health Care Services

Mode of Infection	N	(%)
MSM	18	(45)
Heterosexual	15*	(38)
Undetermined	4	(10)
Paternal	2	(5)
IDU	1	(2.5)
Total	40	(100)

*DAYAM staff perceived that due to stigma associated with young MSM, and ID users a sizable number of young men reported their risk as "heterosexual."

DAYAM Total Program Participation

Year	Contacts	HIV Education	Counseling & Testing	Posttest Counseling	HIV + (1)	HIV + (2)
1997	1627	1627 (100%)	528 (32%)	135* (8.2%)	1 (0.06%)	9 (0.55%)
1998	688	688 (100%)	477 (69%)	320 (47%)	2 (0.3%)	9 (1.3%)
1999	2889	2889 (100%)	341 (12%)	99 (3.4%)	2 (0.06%)	7 (0.24%)
2000	2773	2773 (100%)	224 (8%)	81 (3%)	0	10 (0.36%)
Total	7957	7957 (100%)	1570 (20%)	635 (8%)	5 (0.06%)	35 (0.44%)

Represents only one-half of year, the remaining data was not available.
HIV+ (1)= Youths who were identified directly from the mobile van's counseling process.
HIV+ (2)= Youths who were identified and engaged into Treatment because of the program's visibility via agency and self-referrals. These were youth who knew their HIV status but were not yet engaged in care or who had dropped out of care at other service sites.

Outreach Services for Homeless and Street Youths in New York City

Safe Horizon (Manhattan)	Has drop in centers and residential facilities, and provides medical and support services (counseling, advocacy, non-medical case management) as well as HIV prevention counseling.
Hetrick-Martin Institute (Manhattan)	Drop in center that focuses on LGBT youths. Provides mental health services, HIV testing and counseling and linkage to HIV primary care through Mt. Sinai hospital. Support services include: counseling, advocacy, non-medical case management.
Callen Lorde (Manhattan)	Community Health Clinic that provides medical and mental health services, HIV testing and counseling, and health education.
Ali Forney	Has a drop in center and residential facilities. Provides HIV testing and counseling, medical and mental health services, nutrition, and non-medical case management.
Safe Space (Queens)	Has a drop in center and residential facilities. Provides Support services such as non medical case management, counseling, advocacy, HIV prevention education, referrals for medical care and HIV/STD testing and counseling.

Outreach Services for Homeless and Street Youths in New York City

	Non-medical Case management	HIV testing and Counseling	Linkage to Medical/HIV primary care	Support services (benefits assistance, mental health counseling)	Drop in Center	Residential Center
Safe Horizon (Manhattan)	X	X	X	X	X	X
Hetrick-Martin Institute (Manhattan)	X	X	X	X	X	
Callen Lorde (Manhattan)	X	X	X	X		
Ali Forney	X	X	X	X	X	X
Safe Space (Queens)	X	External Referral	External Referral	X	X	X

X= services offered

Outreach Services in Other EMAs

	HIV testing and Counseling	Linkage to Medical/HIV primary care	Escort	Referrals for Support services (benefits assistance, mental health counseling, housing)	Drop in Centers	Residential Centers
New York City Ranked 12/13	X	X	X	X	X	X
Miami Ranked 8/18	X	X	X	X	X	
San Francisco Ranked 17/26	X	X	X	X	X	X
Washington D.C. Ranked 23/30	X	X	X	X	X	X

X= services offered

Consideration#1

HRSA Regulations for the Use of Ryan White HIV/AIDS Program Funds for Outreach

- Ryan White HIV/AIDS Program part A, B and C grantees are required to limit their expenditure for all support services to 25% of their grant award
- Grantees are expected to prioritize funding for the support services most appropriate for their geographical area and client population
- Grantees may target and identify individuals who may or may not know their HIV status and:
  - Are not in care;
  - Have not returned for treatment services; or
  - Do not adhere with treatment requirements.

HRSA Regulations for the Use of Ryan White HIV/AIDS Program Funds for Outreach (cont'd)

- Ryan White HIV/AIDS Program Parts A and B grantees are allowed to fund outreach services to link persons with HIV disease into care
- Grantees are expected to coordinate outreach services to include key points of entry where individuals with HIV disease can be identified, referred and maintained in health care related supportive services:
  - Emergency rooms
  - Substance abuse treatment programs
  - Detoxification centers
  - Adult and juvenile detention facilities
  - Sexually transmitted disease clinics
  - HIV counseling and testing sites
  - Mental health programs
  - Homeless shelters
  - EIS

HRSA Regulations for the Use of Ryan White HIV/AIDS Program Funds for Outreach (cont'd)

- Grantees may use funds to pay for HIV:
  - Counseling and testing
  - Outreach
  - Referral services

- Grantees may not use funds to pay for:
  - Outreach activities that exclusively promote HIV prevention education

The grantee must ensure that Ryan White HIV/AIDS Program funds remain the payer of last resort.

Consideration #2

Impact of the Care Coordination Model on Outreach Services to Homeless Youth

The NYC DOHMH HIV Care Coordination model combines elements of navigation and the chronic care and medical home models to train patients in becoming self-sufficient and to assist them in accessing needed care and services. Key strategies include:

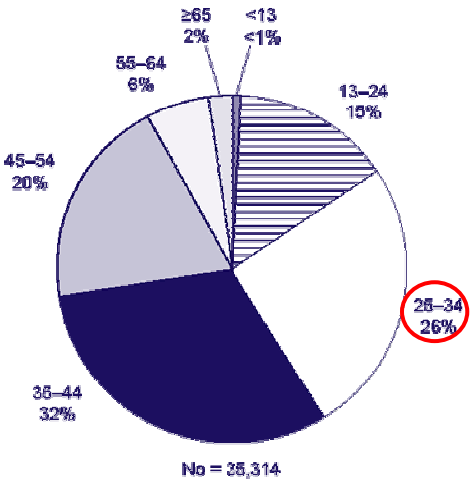
- Designation of a medical home (links patients to a personal physician)
- Interdisciplinary team (Primary care Provider, Care Coordinator, Navigator)
- Health Education & Promotion
- ARV Adherence & DOT
- Social Services and Benefits Assistance

How can outreach services be coordinated with Care Coordination for clients in need of HIV primary care?

Consideration #3
The Rising Rates of HIV/AIDS in the Targeted Age Group

HIV/AIDS Diagnosis By Age in the U.S. 2006*

- According 2006 CDC surveillance individuals aged 25–34 and those aged 35–44 accounted for the largest proportions of newly diagnosed HIV/AIDS cases.



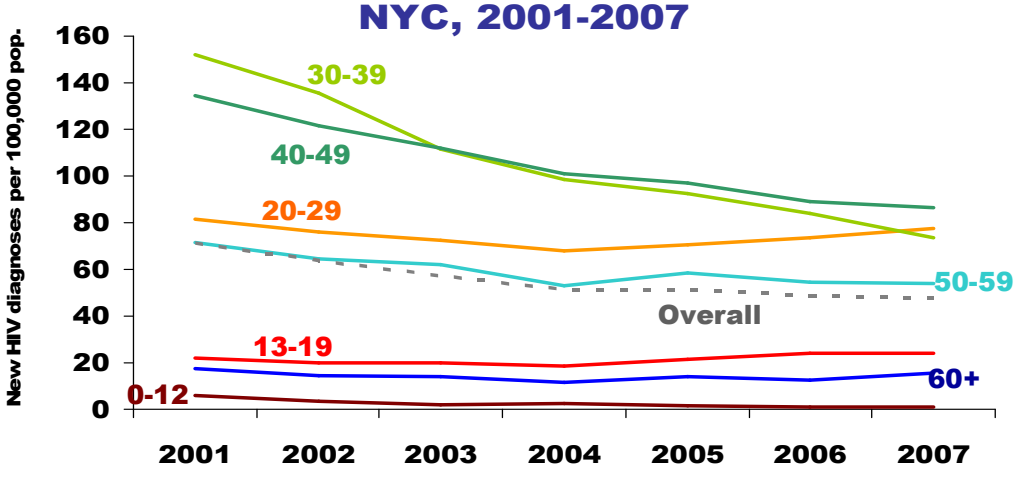
*HIV/AIDS in the United States, CDC Surveillance Figures. http://www.cdc.gov/hiv/resources/factsheets/us.htm

NYC HIV Incidence, 2006: Age Group[1]

	Number of Incident HIV Infections (N)				Incidence Rate (per 100,000)
		95% CIs			
	N	Low	High	Col %	
Total	**4762**	**4208**	**5315**	**100.0%**	**72.4**
Age					
<20	270	148	392	5.7%	37.2
20-29	1020	856	1183	21.4%	80.2
30- 39	1164	960	1368	24.4%	86.3
40- 49	959	758	1159	20.1%	84.6
50+	818	550	1086	17.2%	38.9

[1] *Numbers in breakdowns will not add up to total of 4,762 in some cases due to size of strata generated by the multi-stage imputation process and/or elimination of cells not meeting minimum cell size criteria. Percentages are similarly affected.*

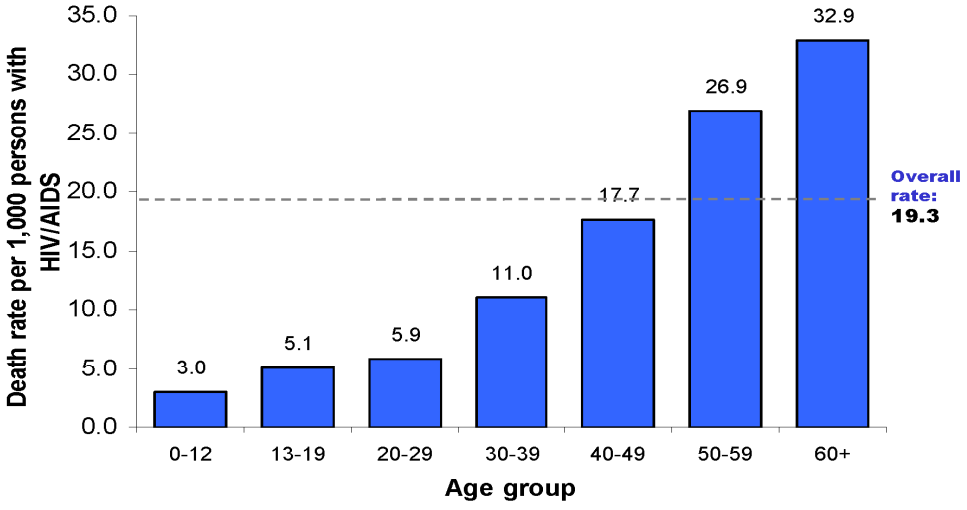
HIV Diagnosis Rates by Age in NYC, 2001-2007



While overall HIV diagnosis rates are declining, persons aged 20-29 have seen increases in HIV diagnosis rates since 2005.

Rate based on 2000 census population.
As reported to the New York City Department of Health and Mental Hygiene by September 30, 2008.

Death rate among persons with HIV/AIDS in New York City, by age group, 2007



The death rate among persons with HIV/AIDS, although much lower since the introduction of HAART, increases with age.

As reported to the New York City Department of Health and Mental Hygiene by September 30, 2007.

Consideration#4

Housing Status and Entry Into HIV Primary Care

Housing Situation at Time of HIV Diagnosis*

N=157 (Most Recent CHAIN Cohort)	Stable Own Place	Temp Doubled Up	Shelter Temp Housing	Jail or Prison	On the Street
Delayed Entry to HIV Medical Care 4+ months after diagnosis (average delay 12-18 moths)	27%	26%	23%	40%	44%

*Extracted from the Housing Stability/Instability and Entry and Maintenance in Medical Care, CHAIN data day presentation, June 5, 2008, by Angela Aidala

Consideration #5

2008 Summary Report of the Consumer Focus Groups

- According to the consumer focus groups Outreach services as part of the HRSA support category was highlighted as one of the services having the most lasting effects on health outcomes
  - Outreach services were identified as a need in the underserved communities of New York City, where marginalized PLWHA live (e.g. homeless and street youths, transgender, and undocumented immigrants)
  - Only 42% of the consumers in the focus groups identified Outreach services as essential
  - In the top 3 service ranking (#1 being most important) Outreach services were ranked 3rd