

Lessons Learned: Providing Housing and Primary Care to Multiply Diagnosed Men and Women with AIDS

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This article chronicles some of the lessons learned from the Bridge Project, a SPNS and HOPWA funded program developed by Lutheran Social Services of Northern California. The information is based on interim findings from the first three-and-a-half years of a five year demonstration project. Final results of the evaluation will be available upon completion of the grant cycle in Fall 2001.

Introduction

Homeless, chemically dependent, HIV-positive individuals who also have mental health problems are considered among the most difficult populations to serve. The Bridge Project has developed an innovative service delivery model for providing transitional housing, primary medical and mental health care, and supportive services to just such a population. The model relies on an interdisciplinary team of providers, close collaborations with service providers and access to housing.

By using an integrative services approach and a harm reduction model the Bridge Project strives to minimize the barriers to services that individuals with histories of substance use and mental illness often confront. In adherence to the harm reduction philosophy, the program encourages open, non-judgmental communication concerning substance use, and allows clients the opportunity to develop goals and strategies for reducing harm that may be associated with their use of substances. Consistent with this philosophy, service delivery is client driven as much as possible and treatment plans are developed with a respect for each client's readiness and self-identified needs.

Over the past three-and-a-half years, the project has learned a number of instructive lessons on how to work with multiply diagnosed clients, other providers and the owners and managers of hotels. A brief overview of the project as well as some of these lessons are highlighted here.

This publication was supported in part by the HIV/AIDS Bureau's Special Projects of National Significance Project (Grant #BRH-970171-01-0) from the Health Resources and Services Administration, Department of Health and Human Services and by the Office of HIV/AIDS Housing (Grant #CA 39H96-0104) from the Department of Housing and Urban Development. The publication's contents are solely the responsibility of the authors and do not necessarily represent the views of the funding agencies or the U.S. government.

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The Bridge Project Model of Care and Services

Location

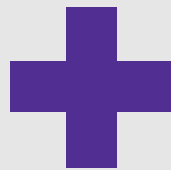
The project is located in the Tenderloin district of San Francisco, home to a large population of indigent men and women. The Tenderloin is also the location of most of the city's single-resident occupancy (SRO) hotels. For a few of the homeless in the neighborhood, these hotels are often the only possible option they have for getting off the streets temporarily. Bridge Project clients are housed in these hotels.

Services

The Bridge Project provides transitional housing and comprehensive integrated services for up to 18 months to individuals who are homeless, HIV-positive, chemically dependent and/or mentally ill. The project involves the collaboration of six service providers and agreements with five Single Resident Occupancy (SRO) hotels in the Tenderloin. The services are designed to offer chronically homeless individuals an opportunity to improve their health, well-being, and quality of life while addressing and resolving issues that have contributed to their housing instability. By combining stable shelter with comprehensive services provided on site, the program attempts to mitigate the stresses associated with chronic illness, addiction, isolation, and poverty.

Lutheran Social Services — The Bridge Project — Inter Agency Linkages

The Bridge Project works as an interface between a multitude of medical services and housing services for homeless, multiply diagnose clients with HIV/AIDS. Clients, while housed in one of the Single Resident Occupancy hotels, have access to health services from a number of outside agencies.



Subcontracted Health Service Agencies

Designated persons from each agency make up the Bridge Project staff. Staff visit clients at their hotel residence.

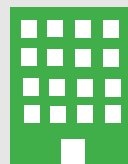
AIDS Benefit Counseling Center
SSI/SDI Applications

Family Services Agency
Mental Health Services (Therapy, Medication, SSI Evaluations)

Tenderloin AIDS Resource Center
Substance Use Management Counseling

Tom Waddell Health Center
Medical Care

Visiting Nurses Hospice
Nursing & Home Health Services



Single Resident Occupancy (SRO) Hotels

SROs are not service partners, but rather for-profit hotels in need of income. The relationship is mutually beneficial: hotel owners are assured of residents, clients are assured of a place to stay.

Hotel #1

Hotel #2

Hotel #3

Hotel #4

Provider Team

Lutheran Social Services functions as the lead agency for the six-member collaboration group. Staff from the service agencies function as a multi-disciplinary team. The team members provide a range of services including: primary medical care, home nursing services, mental health services, substance use counseling, support groups, case management, benefits advocacy, acupuncture, massage, and health education. All services are voluntary and client-focused. This approach fosters trust and stronger connections between staff and client. Clients pay 30 percent of their income for rent, and are required to enroll in money management services at Lutheran Social Services to ensure the timely payment of their rent.

Lessons Learned

Lesson #1: Providing housing

Maintaining adequate housing for project clients is a fundamental challenge. The extremely low vacancy rate in San Francisco has significantly increased the cost of housing. Even poor quality housing is in high demand. Consequently, cultivating and sustaining good relationships with hotel owners is critical to the long-term stability of the housing resources available to clients.

Stability as a common objective:
Single Resident Occupancy (SRO)

Hotels are private businesses and increased income is the only real incentive the owners have for working with a project. There is little opportunity to build collaborations between them and project staff or clients based on shared goals or philosophies. One potential shared objective is the stability of the clients. While hotel owners appreciate having stable tenants as it ensures a steady income, providers appreciate stability as it is an important marker of progress with a client. The Bridge Project staff exploit the benefits of stability when negotiating access to SRO housing.

Intervening in difficult situations:

The project’s staff includes a full-time program manager for housing who is responsible for identifying and securing additional housing. In addition, the program manager for housing ensures that the project maintains good relations with hotels owners and staff which often means intervening in conflicts between project clients and hotel staff. A number of hotel owners terminated their relationship with the Bridge Project because of difficulties they experienced with project clients. In order for the project coordinator to intervene and resolve potentially damaging situations as quickly as possible, she has provided hotel owners with contact information so that she can be reached twenty-fours a day. The program manager for housing also makes an effort to interact with the owners on a daily basis thereby

Lutheran Social Services – The Bridge Project Staffing Patterns

Bridge Project staff is comprised of persons from a number of preexisting agencies. Although connected to different agencies the staff comes and works together as a group. Staff management is challenging due to the number of staff and differing personnel policies at each agency.

Agency – Hours – Staff Title

Lutheran Social Services – 3 Staff Persons

0.6 FTE – Program Manager - Clinical
1.0 FTE – Program Manager - Housing
1.0 FTE – Ad. Asst./Database Coordinator



AIDS Benefit Counseling – 1 Staff Person

0.5 FTE – Benefits Counselor



Family Services Agency – 6 Staff Persons

0.8 FTE – Social Worker #1
0.6 FTE – Social Worker #2
5 Hours/Week – Psychiatrist #1
5 Hours/Week – Psychiatrist #2
3 Hours/Week – Psychologist #1
3 Hours/Week – Psychologist #2



Tenderloin AIDS Resource Center – 1 Staff Person

1.0 FTE – Harm Reduction Counselor



Tom Waddell Health Center – 3 Staff Persons

0.5 FTE – Physician
0.5 FTE – Health Worker
2 Hours/Week – Nutritionist



Visiting Nurses Hospice – 1 Staff Person

1.0 FTE – Nurse



Total Bridge Project Staff: 15 Full and Part-Time

The Bridge Project has been very successful in stabilizing clients... 57% (42) retained their housing for more than six months.

building good will for the project and remaining apprised of any developments at the hotel that may affect the project.

Security deposit:

Having learned how a client's behavior can cost future access to a hotel, the project staff created a number of ways of buffering the impact of troublesome clients. The first was to set up a mechanism whereby new Bridge Project clients pay a \$100.00 security deposit when they first move into a hotel. This money can be used to reimburse the hotel for any damages caused by the client. Since clients seldom have the money needed to pay the security deposit, the \$100.00 is frequently loaned to them through the agency's money management program. They repay the money over several months once their entitlements have been secured.

Housing agreement:

The second mechanism for minimizing the likelihood of clashes between project clients and hotel staff, was the creation of a housing agreement. Since none of the hotels use lease agreements with their tenants there is no explicit contract stating the terms of their residence in the hotel. The housing agreement performs a similar function to a lease in that it

explicitly states what is expected of clients if they wish to remain housed. Project staff reinforce the rules of the hotel during their multiple visits with clients. Signing and abiding by the agreement is a lesson that clients are able to take with them when they transition into permanent housing.

Lesson #2: Building an interdisciplinary provider team

Building the team:

Many of the Bridge Project staff are not employed by Lutheran Social Services, the lead agency for the project, but by one of the collaborating agencies. Thus, in addition to ensuring access to a range of client services, the linkages between the collaborating agencies has also ensured access to highly talented, trained and seasoned providers familiar with both the Tenderloin and the population served. As a result, the project was able to assemble a strong interdisciplinary team. Building a team in this way enhanced the strength of the collaboration beyond the conventional sharing of services.

Linkage between agencies has ensured access to talented, trained and seasoned providers familiar with the population served.

Identification with the project:

It is not apparent in day-to-day project activities that staff are employed by different agencies. There are a number of reasons for this. Firstly, all staff are located at Lutheran Social Services and, with few exceptions, work full-time on the project. Secondly, staff work closely with each other and have developed strong professional relationships built on common experiences and mutual respect. Thirdly, they share a strong commitment to the population and the principles by which the project operates. And finally, they have all contributed to the creation of the Bridge Project model. This has provided a strong sense of purpose. The result is that staff identify primarily as members of the project team and secondarily as employees of a particular agency.

Personnel protocols:

One of the problems with building a team from employees of six different agencies is the confusion that can occur with regards to supervisory authority, accountability and personnel procedures since each agency has different personnel policies and most of the program staff report to two supervisors from separate agencies. In order to minimize these confusions, it was necessary for the program directors from the collaborating agencies to develop protocols addressing issues such as hiring procedures, accountability and performance evaluations. These and other issues are dealt with through monthly meetings and an annual retreat involving program directors and project staff. At these retreats the

organizational structure is reassessed, communication is strengthened both among agencies and between administrators and program staff, and the goals and priorities of the project are reviewed.

Lesson #3: Linking to services

Finding a provider:

The needs of multiply diagnosed clients are extensive and accessing services is inevitably difficult. The Bridge Project does not have all the necessary services in-house and must, therefore, link clients with other service providers. Many of the clients have had negative experiences in conventional health care environments and are wary of engaging with new providers. A critical part of the work the project staff does is assist clients to build trusting relationships with other providers. The Bridge Project staff are

aware of the importance of ensuring that clients are linked with a primary health care provider with whom they can form a stable and trusting relationship that will last beyond the time the individual is a project client. Working with providers in partner agencies helps as they are familiar with the population. When working with non-partner providers, the staff play a critical role in coordinating client appointments, following-up with clients to assist them in getting to their appointments, and helping to resolve any difficulties that may arise.

Mental health care:

Mental health services have proven the most difficult for Bridge Project clients to access. The availability of in-house treatment has been crucial. Repeated efforts to access services through the mental health system have demonstrated the numerous barriers confronting this population. Few mental health services complement the harm reduction approach that characterizes the Bridge Project. In addition, most mental health providers are not experienced in working with a population in which traumatic experiences are as pervasive as they are among these clients. With the assistance of a psychiatrist and psychologist and through a network of peer contacts, the Bridge Project staff have developed unconventional methods of providing mental health care. This has involved integrating mental health interventions into many of the other elements of the

project, such as consultations with the nursing staff, participation in activities groups (such as the cooking group) and in the day-to-day interactions with the staff as they make their rounds of the hotels.

Project Bridge Chronology and Timeline

This chronology of implementation and development demonstrates the steps and length of time involved in developing program components. The chronology also presents the barriers project staff encountered and the process involved in overcoming them.

November 1996

- Lutheran Social Services receives notification of HOPWA award to fund the Bridge Project, an intervention for multiply diagnosed and HIV-positive homeless men and women.

January 1997

- Bridge Project Manager is hired.

Mental health services are the most difficult services for Bridge Project clients to access both while they are in and after they have transitioned out of the program.

- Scarce and expensive housing resources are identified as an immediate barrier. Since writing the proposal, vacancy rates in San Francisco dropped to less than 1 percent, rents escalated, and the number of SRO units in the Tenderloin diminished due to gentrification.

March 1997

- The Bridge Project interagency collaboration is established by the signing of subcontracts with six collaborating agencies. A partnership committee consisting of representatives from all partner agencies is formed. The collaborators hire the following staff: service coordinator, benefits counselor, registered nurse, substance abuse counselor/outreach worker, social worker, health worker and nurse practitioner. First staff meeting is held on March 31.
- One potential SRO is identified.

April 1997

- To build the Bridge Project team, staff concentrate on operating procedures, communication processes, roles and responsibilities, coordinating services, creating client forms and charts, and program philosophy. An administrative assistant is hired.
- Agreements are signed with the three SRO hotels. Improvements have to be made to the rooms at one hotel before clients can be housed.
- Staff offices for client meetings are set up at two of the hotels.
- **The first clients are enrolled in the program.**

May 1997

- A focus group is held with case managers from various social service agencies in the Tenderloin to elicit suggestions for how to develop the interagency referral process.

June 1997

- **34 active clients**

July 1997

- A conflict develops between SRO managers and clients. Managers insist that problem clients be moved out; clients complain hotel staff are disrespectful. Despite poor conditions at one facility, clients evicted from other hotels are sent there in order to keep them housed.

August 1997

- **43 active clients**

September 1997

- A one-day retreat is held with program staff to focus on team-building and communication.
- One of the original group of hotels refuses to accept more clients because of disturbances caused by some residents. The project now relies on two hotels to accommodate clients.
- One of the partner agencies arranges for a psychiatrist to be on-site at the hotels.

October 1997

- An additional psychologist is added by partner agencies to provide on-site therapy and SSI evaluations.
- **41 active clients**

November 1997

- An agreement is signed with an additional hotel while two others verbally agree to house clients.

January 1998

- **A total of 73 clients served to date; 44 active clients.**

February 1998

- An additional team social worker is provided by a partner agency.

March 1998

- A home health worker joins the team.

April 1998

- A partner agency provides clients with access to a nutritionist. A second staff retreat is held.

May 1998

- Two of the original hotels refuse to accept new clients.
- **46 active clients.**

June 1998

- One of the hotels with which there is a verbal agreement is no longer a viable site for the project.
- **50 active clients.**

July 1998

- A program manager for housing is hired to work solely on developing and managing relationships with the SRO hotels.
- Rents at the primary facility increase from \$365 to \$400 per month.

August 1998

- An agreement is signed with a new hotel. Two hotels now accept clients.

September 1998

- A third retreat is held with staff and administrators.

October 1998

- An agreement is signed with a new hotel. Three hotels now accept clients.

December 1998

- In response to tension between the staff and partnership agencies, personnel guidelines addressing issues associated with dual reporting of Staff are drafted and reviewed by the partnership committee.

January 1999

- The relationship with one of the hotels is terminated due to inflated rents and safety concerns. Clients are transferred to the remaining two hotels.

February 1999

- To reduce incidents that threaten project relations with the SRO hotels, the program manager for housing develops a rental agreement to be signed by all clients when they start receiving rental assistance. The agreement outlines a minimal code of conduct.
- A fire at one hotel causes extensive water and smoke damage requiring evacuation of residents. More rooms are available at the other hotel, but concerns about safety and poor conditions make it the site of last resort.

April 1999

- **132 clients served to date; 59 active clients.**

Further Information and Technical Assistance

Should you wish to obtain additional information about the service delivery model developed by the Bridge Project, you are welcome to contact the project directly and request technical assistance. You may contact either of the following:

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