

San Francisco Eligible Metropolitan Area
(EMA) - Ryan White Funded
Local Service Category:
Residential Mental Health Services
HRSA Service Category: Housing

San Francisco EMA HIV Health Services Planning Council (HHSPC)

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Prepared By HIV Health Services Staff (HHS):

Celinda Cantú, HHS Data Administrator

Dean Goodwin, HHS Administrator

Agenda & Purpose of Presentation

- Review HIV Health Services (HHS) Service Category Definition for Residential Mental Health Services
- History of HHS Funding for Residential Mental Health Services
- Demographic of People Living With HIV (PLWH) served in category
- Review of Services Trends & Impact of ACA on service category
- Points to consider for upcoming HHSPC Prioritization & Allocation Summit
- Q & A

HHS Definitions of Services

- Residential Mental health including dementia care and other support services that are provided within a residential setting, residential treatment includes housing, food, psychiatric or other mental health evaluations and treatment services, and may include HIV and substance abuse counseling, medication adherence counseling, case specific nutritional planning, health and fitness training, transportation services, adult educational classes, case management, and/or other support services.
- Listed under Housing Services for HRSA reporting purposes.

History of Funding

- Residential Mental Health Services has been part of the Ryan White funded system of care in San Francisco for many years, with one program funded to focus on women including Transgender women in the Tenderloin and South of Market.
- In addition, the multi-use facility in which the residential mental health services are provided, combines HOWPA and other funds. These include a separate behavioral health program and shelter services.

HHS Program Descriptions & Target Populations

Residential Mental Health Program provides supportive shelter, stabilization, counseling, case management, and harm-reduction oriented mental health & substance abuse assessment services to improve the accessibility, timeliness, linkages to primary medical & behavioral health services and continuity of care for transgender women and biologically born women located in SOMA.

Who accesses these services? (1 of 2)

Demographics from 2014 HHS Summary Sheets

Gender	UDC	% OF UDC
Female	8	53.3%
Transgender	7	46.7%
UDC	15	100%

Race/Ethnicity	UDC	% OF UDC
White	5	33.3%
Black	8	53.3%
Latino/a	2	13.3%
Asian & Pacific Islander		
Native American		
Multi-Ethnic		
Unknown		
UDC	15	100%

Age	UDC	% OF UDC
0 – 24 years	1	6.7%
25 – 44 years	4	26.7%
45 – 54 years	6	40.0%
55 – 59 years	3	20.0%
60 – 64 years	1	6.7%
65 years or older		
TOTAL	15	100%

Who accesses these services? (2 of 2)

Demographics from 2014 HHS Summary Sheets

Household Poverty Level	UDC	% OF UDC
0 - 100	12	80.0%
101 - 200	3	20.0%
201 - 300		
301 - 400		
401 - 500		
501 and above		
Unknown		
UDC	15	100%

Insurance Status	UDC	% OF UDC
Private		
Medicare	3	20.0%
Medicaid	12	80.0%
Other public	2	13.3%
No insurance	5	33.3%
Other	2	13.3%
Unknown	2	13.3%
Total	15	173.3%

Services Trends & Impact of ACA

- Increased cost of providing care
- Providers and caregivers have identified the on-going need for education and training of staff regarding the needs of cognitively impaired clients.
- On-going need for additional residential services and care for long-term survivors who develop cognitive impairment.
- Need for further development of staff expertise in working with the multiply diagnosed.
- No direct ACA impact on Housing Service Category (Residential Mental Health Services) as category remains eligible for Ryan White funding.

Prioritization & Allocation Summit - Considerations

- Few HIV-specific services available for these populations with the combined provision of housing and behavioral health services.
- Diminishes reliance on institutional in-patient programs or on homeless services such as shelters, which are short term compared to this program's 12 to 18 month length of stay.
- Continued need for additional residential services and care for long-term survivors who develop cognitive impairment.

Questions???