

Tenderloin Area Center of Excellence (TACE): Reaching and Retaining Co-Infected HIV/HCV Residents in Underserved Communities



Problem: Nationally, an estimated 30% of people living with HIV are also co-infected with Hepatitis C. However, co-infection rates in the Tenderloin Neighborhood are close to 100%. Untreated co-infection may increase HIV viral loads, predicting higher likelihood of transmission and disease progression. Communities of poverty, such as the Tenderloin Neighborhood, have both the highest concentration of HIV/HCV cases and the lowest rates of individuals seeking treatment.

Barriers: Major health issues; Co-infection (HIV and at least one other major disease); Substance use; Severe mental illness; Lack of supportive networks; Homelessness; Unemployment; Stigma

Outcomes: Based on HRSA HIV/AIDS

BUREAU Quality Measures, outcomes have steadily improved for the past three years that the new strategy has been implemented. Furthermore, the 2012 Tenderloin Area Center of Excellence outcomes meet or exceed San Francisco Centers of Excellence averages in key areas such as number of medical visits, HEP C screening, and adherence to prophylaxis and HAART.

Conclusion: Implementing an integrated, culturally sensitive, service-on-demand model of care to address the biopsychosocial needs of co-infected individuals effectively increases client engagement in medical treatment and reduces risk for new infections.

Strategies: In collaboration with the SFDPH Tom Waddell Health Center, Tenderloin Area Center of Excellence utilizes <u>a low-threshold approach in an integrated care model</u> centered around client engagement and retention in care services.

- To address competing individual priorities, TACE has recently united the community under one collective goal: <u>To reduce individual and community viral load.</u>
- To increase client engagement and foster community, TACE's social groups are developed and led by peer volunteers and advocates.
- To streamline access to care, TACE offers "service on demand", whereby clients may access service on a drop-in basis. Staff meet daily to stay up-to-date on all client cases.
- To respond to the many barriers to care present in clients' lives, TACE provides <u>a wraparound model</u>, combining onsite medical care with behavioral health and social services.
- To develop client ownership in viral load reduction strategies, TACE <u>incentivizes</u> clients to conduct viral load testing and return for results.

SHARED CHARACTERISTICS

- 100% HIV INFECTED AND DUAL DIAGNOSED
- 90% HCV INFECTED
- SURVIVORS OF TRAUMA
- CHRONIC HOMELESSNESS

SERVICES

CLINICAL, BEHAVIORAL & SOCIAL

ASSESSMENT/TREATMENT

OUTREACH AND NAVIGATION

SUBSTANCE ABUSE SUPPORT

HIV MEDICAL CARE

DISEASE SCREENING

CASE MANAGEMENT

ADDICTION MEDICINE

MENTAL HEALTH

- LIVING IN POVERTY
- SOCIAL ISOLATION

TACE

MODEL

REDUCE INDIVIDUAL AND COMMUNITY

VIRAL LOAD

A SHARED VISION...

- SERVICE ON DEMAND
- NON-JUDGMENT
- COMMUNITY BUILDING
- HARM REDUCTION
- WRAPAROUND SERVICES
- CULTURAL COMPETENCE
- CLIENT DEFINED GOALS

SOCIAL SUPPORT PROGRAMS

- ART THERAPY
- SELF EXPRESSION
- SEEKING SAFETY
- UNDETECTABLES
- RELAPSE PREVENTION
- SOCIALIZATION GROUP
- PAIN SUPPORT
- BREAKFAST/LUNCH GROUPS
- FIELD TRIPS
- COFFEE CHATS
 - CAB

MEASURE	TACE August 2010	TACE August 2011	TACE August 2012	2012 SF COE AVERAGE
MEDICAL VISITS (2+/year)	64.0%	66.8%	79.1%	67.8%
CD4 T-CELL COUNT	11.7%	14.9%	60.4%	36.0%
VL<50 (UNDETECTABLE)	33.8%	53.1%	57.4%	58.3%
PCP PROPHYLAXSIS USE	67.8%	66.6%	92.7%	82.2%
HAART ADHERENCE	85.3%	85.4%	91.4%	91.6%
HEP C SCREENING	93.4%	91.0%	86.0%* *Relative decrease due to decrease in risk behaviors	83.4%
SYPHILIS SCREENING	33.8%	21.9%	73.6%	59.3%
TB SCREENING	62.0%	64.9%	70.0%	73.0%

CONTACT INFORMATION

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