

SPOTLIGHT



Helping Clients During COVID-19: Strategies from the Field

Learn strategies to help Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program clients during COVID-19, also known as coronavirus. These approaches are applicable today and many have broader application for hard-to-reach populations in need of social support services during times of uncertainty.

THE HIV, HOUSING & EMPLOYMENT PROJECT

WHY THIS SPOTLIGHT?



Client needs have been complicated and compounded by the recent COVID-19 pandemic. Agencies have had to reassess how they operate in a different health care environment that they had not previously encountered, requiring additional creativity. This necessitates creative ways of reaching—and meeting—client demands to keep them healthy, engaged, and supported.

Challenges & Strategies

Ryan White HIV/AIDS Program grant recipients acted fast to tap their networks, leverage relationships, and reach out to clients in order to flexibly and proactively develop strategies to meet client needs even in the most stressful of situations. This section outlines some of their activities to meet the emerging needs of their clients in the face of a surging pandemic.

1 Challenge: Food Insecurity

With the onset of COVID-19 came not only health challenges but food access challenges. Some clients saw food banks close their doors or limit their hours and restrict their service models. Clients struggled to prioritize between equally important basic needs. Some clients felt fraught with the stress and trauma of going to a grocery store with a compromised immune system. Others tested positive for COVID-19 and were required to quarantine while still in need of food services.

Strategies

- ▶ **Home food delivery.** Some sites began offering—or expanding—home food delivery. For example, AIDS Foundation of Chicago (AFC) had a relationship with Top Box, an affordable home food delivery service. When COVID-19 struck, they more broadly engaged the organization and had Top Box send grocery boxes in different denominations to individuals and families, adjusting for those with larger families in need. AFC coordinated with their housing staff to ensure quarantined clients had access to food boxes too.
- ▶ **Food vouchers & gift cards.** One grant recipient negotiated food vouchers with a local Aldi's grocery store and distributed the vouchers to clients during follow up visits. Another recipient, GMHC located in Manhattan, distributed food bags and food store gift cards to food insecure clients throughout all five NYC boroughs. Other sites included care and hygiene kits when they dropped off food as another way to help address additional basic needs.

This case study summarizes approaches being used across the HIV, Housing & Employment Project sites that can be replicated by other agencies in the field.



2 Challenge: Healthcare Delivery

COVID-19 has moved much of the world online and healthcare services are no different. For many clinics, this meant moving to virtual platforms. For clients who required in-person care, how that care was delivered and by whom required a much more preventive care lens than ever before to ensure safety to both clients and staff.

Strategies

- ▶ **Telehealth.** Sites quickly launched telehealth platforms to eliminate barriers and increase access to care. This also meant ensuring clients had access to smartphones and knew how they could call or video chat with their provider. Sites reported using telehealth for primary care visits and check-ins as well as tele-mental health screens to see whether clients needed more formal referrals to mental health services, especially in light of the increased triggers and stress related to COVID-19 (See also “Communications” section). For clients without access to video chat, case managers and navigators across all recipients made consistent weekly calls to clients to check in about symptoms, service needs and ensure they had appropriate medications.
- ▶ **Alternating shifts.** At sites like Positive Impact Health Centers, they broke into a “blue team” and “green team”—taking shifts on different days and ensuring the same providers work together on the same days and times. This is a safety measure to ensure staff do not infect one another in the event a provider tests positive for COVID-19.
- ▶ **Mobile services.** City of Paterson Public Health Department partner, Buddies of New Jersey, Inc. have been using an RV parked in their back entrance and are doing “curbside” case management services.

CONTRIBUTORS



- ▶ AIDS Foundation of Chicago
- ▶ Avenue 360 Health + Wellness/AIDS Foundation Houston
- ▶ Bexar County Hospital District
- ▶ City of Kansas City Missouri Health Department
- ▶ City of Pasadena Public Health Department
- ▶ City of Paterson New Jersey Health Department
- ▶ Family Health Centers of San Diego
- ▶ Fenway Health
- ▶ GMHC
- ▶ Positive Impact Health Centers
- ▶ PRC
- ▶ Yale University/Liberty Community Services
- ▶ Boston University School of Social Work Center for Innovation in Social Work & Health
- ▶ Impact Marketing + Communications

Proactive: Prepared to intervene in, or control an occurrence or situation, especially a negative or difficult one.



3 Challenge: Housing

Housing was a challenge before COVID-19 hit and continues to be now. Shelters that used to be available may be closed or operating below capacity in order to keep individuals at a safe distance from one another.

Strategies

- ▶ **Leveraging hotels.** Some sites leveraged established relationships with hotels to help expand housing options in order to meet the increased client need.
- ▶ **Confirming housing status.** Staff have increased their outreach efforts in order to confirm and monitor the housing stability of clients in transitional housing arrangements or with family.
- ▶ **Advocating with landlords to avoid eviction.** Grant recipients have been successful in advocating on behalf of their clients with private, market-rate landlords, for flexibility when subsidy or other entitlement payments were delayed, or when clients experienced COVID-19 related job loss.



4 Challenge: Employment

A key factor of the HIV, Housing & Employment project is assisting clients with their employment efforts. For some, this was left in question when COVID-19 hit: how could they be trained for the workforce and what work could they go back to?

- ▶ **Virtual employment training.** Sites are turning to virtual employment training to help clients learn job skills and to find employment opportunities. One site is working with the American Jobs Center and when COVID-19 hit, they moved all of their training activities and sessions online. Meanwhile, AIDS Foundation Chicago is working with an online program called *RiseKit* to build resumes remotely and their site reports seeing increased client demand for work during COVID-19.

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Silvia Moscariello, Program Director, distributes bags filled with basic essentials like PPE, socks and food to clients at Liberty Community Services during the pandemic.

5 Challenge: Ensuring Access to Safety Equipment & Addressing Associated Trauma

Sites work hard to ensure staff and clients have access to personal protective equipment (PPE) to reduce the spread of COVID-19 and that clients understood how to use masks or face coverings. An unexpected challenge, however, was the reported trauma by clients with past histories of incarceration with certain types of face coverings.

Strategies

- ▶ **Distributing trauma-informed PPE.** Sites, like AIDS Foundation Chicago, worked with a local organization to secure face masks and involved clients in the discussion to ensure the mask style selected were culturally responsive to the concerns raised by formerly incarcerated clients.

6 Challenge: Medication Access

It remains critical that people with HIV have continuous access to their HIV medications. To reduce any barriers associated with this, grant recipients extended refill periods and added on-home deliveries.



Strategies

- ▶ **Extended prescription refills.** At sites, such as the Part A-funded City of Paterson, case managers reached out to pharmacists to fill client antiretroviral medications for 90 days. This helped ensure clients had enough medication during turbulent times and they could safely remain indoors while still maintaining their medication regimen.
- ▶ **Medication delivery.** Some recipient sites were able to leverage their local pharmacy delivery services or local courier delivery services to deliver medication to clients at home. This mitigated a stressor for clients and enabled providers to track refill and delivery activities to support medication adherence and viral suppression goals.



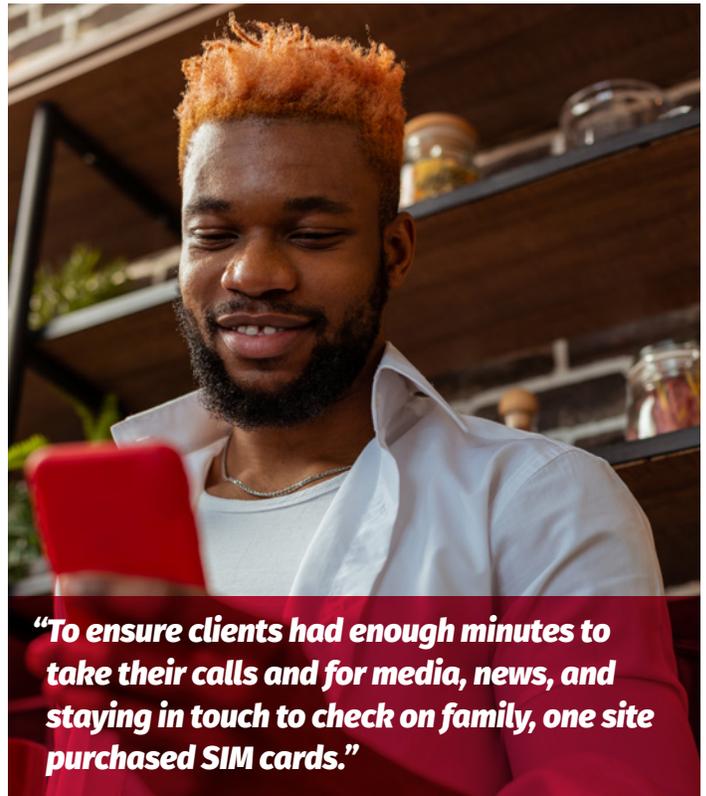
7 Challenge: Communication

With so much ongoing change, ensuring communication across staff and with clients in a private secure format is both paramount and challenging.

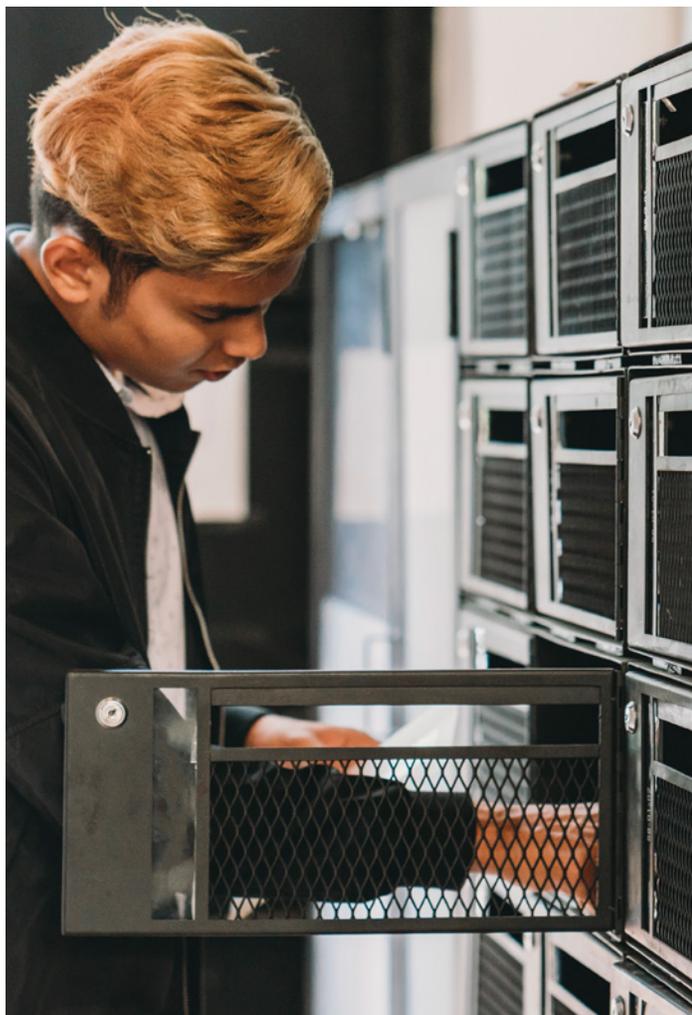
Strategies

- ▶ **Increased frequency.** A number of sites report increasing communication between employment services, attorneys, case managers, housing staff, and clinical care partners to keep everyone abreast of updates and developments.
- ▶ **Engaging your organization's IT department.** Grant recipients got creative around phone calls and anonymity. Family Health Centers of San Diego (FHCS), for example, recognized that clients may not want their organization's name coming up on their cell phones and that quarantine may make it harder to keep this information private. To address this while still keeping study operations ongoing, FHCS worked with IT so their research assistant's phone number comes up as a blocked number when making outgoing calls. This strategy could also be used for case managers and health care providers who want to protect their client's privacy but need to ensure they are keeping the client engaged in services.
- ▶ **Using WiFi Calling.** Meanwhile, another site has begun using Google Voice—securing Google voice numbers for staff so that they can still communicate with clients on any web-based device from anywhere they are located.
- ▶ **Leveraging social networks.** The Avenue 360/AIDS Foundation Houston team is successfully leveraging its Social Networks Strategy—typically reserved for recruiting clients—to now help them re-engage clients that are harder to reach by phone during this time of transition.
- ▶ **Virtual resource sheets.** Resource sheets used to be located in the grant recipient's office and at a local library for clients to see. Since COVID-19, this has become a virtual “street sheet,” listing available resources and noting what is and is not still open and operating. The sheet is routinely updated and shared with partner sites and clients.

- ▶ **Purchasing SIM Cards.** To ensure clients had enough minutes to take their calls and for media, news, and staying in touch to check on family, one site purchased SIM cards.
- ▶ **Routinized check-ins.** GMHC conducts weekly wellness check calls with clients and documents this information in their electronic records.
- ▶ **Leveraging deals to ensure WiFi access.** Some clients had previously relied on the free WiFi in public spaces like cafes and libraries to access data and make calls on their phones. One site leveraged a low-cost monthly deal for WiFi by a local service provider as a workaround to address client need for increased phone minutes/data. This ensured that when case managers needed to reach clients, they could.



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8 Challenge: Delivery of Incentives

non-cash (as defined by HRSA HAB) incentives are used in various parts of the project study for completion of surveys but grant recipients found it difficult to deliver these to clients. With some out-of-the box thinking, however, providers were able to ensure clients received these and that their delivery could be tracked.

Strategies

- ▶ **Mailing gift cards.** One site mails gift cards now via certified mail in order to conduct their surveys. Another site mails incentives and has it linked to a text service where they receive a text documenting that the incentive has been received.
- ▶ **Emailing gift cards.** Another site was able to update their organizational requirements and can now email gift cards for individuals with email access.



Conclusion

All of these strategies came about by grant recipients looking at their available internal and external resources and leveraging what they had access to and what partners they could bring in. Grant recipients involved clients in the conversations and are cross sharing with one another to keep learning as the landscape shifts and client needs continue.

NEXT STEPS



- 1. Survey your client needs.**
- 2. Survey your available resources to meet needs.**
- 3. Connect with partners to update lists on what is open and accessible to clients and when.**
- 4. Look at what others are doing to address similar challenges and model approaches.**
- 5. Stay in frequent communication with staff and clients.**
- 6. Continue practicing safety protocols.**
- 7. Document innovations and their outcomes and share with others.**

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