HARLEM UNITED

PROGRAM GUIDE 2021

Updated September 2021

Welcome to Harlem United's Program Guide

For the last 30 years, Harlem United has worked tirelessly to address the issues and concerns of underserved communities in New York City. Our mission is to provide **healthcare, housing, prevention, and supportive services** to those most in need, fighting for our communities' right to access these services equitably, without barriers of racism, stigma, or discrimination.

Harlem United's social services span four programmatic areas as illustrated below: Healthcare, Housing, Prevention, and Supportive Services.

HEALTHCARE

Designated as a Healthcare for the Homeless, Federally Qualified Health Center (FQHC) in 2007, Harlem United operates two nationally-recognized patient-centered medical clinics, where we provide the following:

- All-inclusive primary care services
- Behavioral and mental healthcare
- Dental services
- Specialty services, such as cardiology, gynecology, and podiatry
- HIV testing and care, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) treatment
- STI, Hepatitis B and C testing and treatment
- Substance use treatment
- Mobile-based services
- Lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ) affirming care
- COVID-19 testing and vaccination

HOUSING

Harlem United provides permanent and transitional housing, as well as emergency shelter, for diverse communities in New York City, including Veterans, families with children, and people living with HIV/AIDS (PLWHA). Our *Housing First* philosophy recognizes that safe, secure housing is essential to building lasting, long-term health. Across our programs, residents receive: ongoing case management services; home visits; money management help; advocacy support for services; referrals for medical, mental health, and substance use services; assistance with daily living skills; and many other supports to ensure housing stability and client independence.

PREVENTION

Harlem United has offered harm reduction and substance use services to our clients for over 25 years, adding on-site buprenorphine-related overdose prevention services in 2015 at our FQHCs. Further, we have nearly two decades' experience delivering comprehensive prevention and testing services where we engage vulnerable communities in Upper Manhattan, Brooklyn, and the Bronx through community outreach and education, HIV/STI/Hepatitis C testing, mobile medical services, and linkage to care. Finally, our Integrated Harm Reduction Program provides substance use counseling, syringe exchange, recovery readiness support, and relapse and detoxification referrals.

SUPPORTIVE SERVICES

All of our services are founded on an understanding of the social determinants of health, recognizing that many factors contribute to health outcomes beyond access to healthcare. We provide the following support services both in-person and through virtual teleservices for our community:

- **Health Home**: We offer medical care coordination to individuals with multiple chronic conditions such as diabetes, substance use disorder, and serious mental illness. Clients gain services such as patient escorts, medication adherence strategies, and care navigation services. Health Home Plus provides even more intensive medical care coordination for clients with serious mental illness and for HIV positive clients who are virally unsuppressed to support their stabilization.
- **Food and Nutrition (FNS)**: Since 2005, we have provided hot congregate meals, nutritional pantry bags, individual and group nutritional education, and linkage to primary care.
- **Adult Day Health Care (ADHC):** ADHC offers a comprehensive range of services in a community-based, non-institutional setting for PLWHA, including: treatment adherence support; nursing care; nutritional services; case management; HIV risk reduction; substance use, mental health, and rehabilitative services; peer support groups; art and music therapy; pastoral counseling; and acupuncture.
- **Vocational Education (Voc-Ed):** Voc-Ed offers group and individual training focused on skills-building and professional development. The curriculum includes computer skills, resume creation, conflict management, job skills preparation, and referrals to GED, ESL, and other external academic services. Clients who successfully complete the training are eligible for paid stipend positions within the agency.

Each year, Harlem United engages over 9,000 clients across our programs, provides supportive housing for about 1,000 formerly homeless people, conducts almost 24,000 medical visits in its community health centers, and provides more than 15,000 hot meals and pantry supplies to low-income New Yorkers. Harlem United operates with a total annual revenue of approximately $50 million and a staff of 270+ employees.

We thank each of our staff members for their contribution to making Harlem United programming better for our clients, to reach our vision of equal access to quality healthcare, housing, prevention, and supportive services for all.

Best,
Laura Grund, MPP
Senior Vice President

Due to the ongoing COVID-19 pandemic, hours of operation for certain programs may change. Visit harlemunited.org/coronavirus for the most up-to-date information

Health Services

Housing

Prevention

Supportive Services

Health Services

Photo: Staff at The Nest Community Health Center

BEHAVIORAL HEALTH SERVICES

Primary Locations: The Nest, 169 West 133rd Street
Contact: Preston Wholley, Managing Clinical Director; 646-593-5873
Joy Wilson, Wellness Coordinator; 646-852-1402
Dr. Tyson Boudreaux, Head of Psychiatry; 646-762-4950 Ext. 3216

SERVICES PROVIDED: Harlem United's Wellness Center offers comprehensive and inclusive behavioral health care services, including short and long-term individual psychotherapy, couple's and family psychotherapy and crisis intervention. The Wellness Center also offers group psychotherapy, with topics ranging from Addiction Recovery to LGBTQIA support. A Clinical Psychologist provides psychological testing and evaluation, and Psychiatrists and Psychiatric Nurse Practitioners provide medication management. We also provide specialized information and support for trans individuals. Services are provided both in-person and virtually.

ELIGIBILITY CRITERIA: We serve all individuals who are 18 and over.

REFERRAL PROCESS: To refer a client to the Wellness Center, contact the call center at 212-849-2780. All referrals, both internal and external, will be sent to Latisha Hopewell, Intake Specialist. Referrals are then reviewed by the Managing Clinical Director before a prospective patient is assigned to a provider.

HOURS OF OPERATION:

Day	The Nest Community Health Center
Monday	9:00am to 7:30pm
Tuesday	9:00am to 5:00pm
Wednesday	9:00am to 5:00pm
Thursday	9:00am to 5:00pm
Friday	9:00am to 5:00pm
Saturday**	9:00am to 3:00pm

**When a holiday falls on a Monday, we are closed on the previous Saturday.

CARDIOLOGY

Primary Locations: : The Nest, 169 West 133rd Street
Contact: Steve Phillips, Vice President of Health Services; 929-407-7631
Shonte Williams, Practice Administrator; 646-715-4995
Alexandria Massey, RN, Nurse Manager
Dr. Farbod Raiszadeh, Cardiologist

SERVICES PROVIDED: The clinic provides comprehensive cardiology services including consultation and treatment of heart diseases.

ELIGIBILITY CRITERIA: None

REFERRAL PROCESS: Please call The Nest at 212-849-2780 for an appointment.

HOURS OF OPERATION:

Day	The Nest Community Health Center
Monday	4:00pm to 7:30pm Every other Monday
Tuesday	Closed
Wednesday	8:30am to 12:30pm
Thursday	Closed
Friday	Closed
Saturday	Closed

DENTAL

Primary Location: The Nest, 169 West 133rd Street
Contact: Steve Phillips, Vice President of Health Services; 929-407-7631
Shonte Williams, Practice Administrator; 646-715-4995
Dr. Alexandra Frankel; Dental Director, 646-762-4950 x3225
Hassan Miller, Mobile Health Coordinator; 718-844-7965

SERVICES PROVIDED: Comprehensive dental care services are offered at the clinic and the mobile unit. Services include dental cleanings, walk in/emergency dental needs, root canals, bridges, crowns, cosmetics dentistry, extractions, fillings, and removable dentures. Patients can be seen for emergencies at the times below.

ELIGIBILITY CRITERIA: None

REFERRAL PROCESS: For appointment assistance, please call 212-849-2780.

HOURS OF OPERATION:

Day	The Nest Community Health Center*	Emergency Hours
Monday	9:00am to 5:00pm	9:00am to 10:30am & 2:00pm to 3:00pm
Tuesday	9:00am to 5:00pm	9:00am to 10:30am & 2:00pm to 3:00pm
Wednesday	9:00am to 5:00pm	9:00am to 10:30am & 2:00pm to 3:00pm
Thursday	9:00am to 5:00pm	9:00am to 10:30am & 2:00pm to 3:00pm
Friday	9:00am to 5:00pm	9:00am to 11:00am
Saturday	Closed	Closed

*Hours are subject to change based on provider availability .

PODIATRY

Primary Location: The Nest, 169 West 133rd Street
Contact: Steve Phillips, Vice President of Health Services; 929-407-7631
Shonte Williams, Practice Administrator; 646-715-4995
Alexandria Massey, RN, Nurse Manager
Dr. Anthony Iorio, Podiatrist
Dr. Anthony Jabra, Podiatrist

SERVICES PROVIDED: The clinic provides comprehensive podiatry services including consultation and treatment of foot diseases and diabetic foot care.

ELIGIBILITY CRITERIA: None

REFERRAL PROCESS: Please call The Nest at 212-849-2780 for an appointment.

HOURS OF OPERATION:

Day	The Nest Community Health Center*
Monday	8:30am to 5:00pm 1st and 3rd Monday
Tuesday	Closed
Wednesday	Closed
Thursday	Closed
Friday	Closed

*Hours are subject to change based on provider availability.

PRIMARY CARE

Primary Location: The Nest, 169 West 133rd Street | Willis Green, 123-125 West 124th Street
Contact: Steve Phillips, Vice President of Health Services; 929-407-7631
Shonte Williams, Practice Administrator; 646-715-4995
Vera Antonios, Medical Director; 646-387-9522
Alexandria Massey, RN, Nurse Manager; 646-350-9303

SERVICES PROVIDED: The clinic provides comprehensive primary care services, including annual physicals; walk-in/urgent health needs; pediatric, adolescent and family care; lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQIA) care; Sexually Transmitted Infection (STI) and HIV testing and care; pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP); Hepatitis B and C care; substance use treatment; and mobile-based services.

ELIGIBILITY CRITERIA: None

REFERRAL PROCESS: Please call The Nest at 212-849-2780 for an appointment.

HOURS OF OPERATION:

Day	The Nest Community Health Center*	Willis Green*
Monday	8:30am to 7:30pm	Closed
Tuesday	8:30am to 5:00pm during COVID-19 pandemic	9:00am to 5:00pm
Wednesday	8:30am to 5:00pm during COVID-19 pandemic	Closed
Thursday	8:30am to 5:00pm during COVID-19 pandemic	Closed
Friday	8:30am to 5:00pm	Closed
Saturday**	Closed during COVID-19 pandemic	Closed

*Hours are subject to change based on provider availability.
**When a holiday falls on a Monday, we are closed on the previous Saturday.

PRIMARY CARE RETENTION AND ADHERENCE PROGRAM (PC RAP)

Primary Location: Willis Green, 123-125 West 124th Street
Contact: Francisco J. Lazala, Program Coordinator; 917-284-5559
Brianna Grant, Retention/Adherence Specialist; 212-531-1300 x3412

SERVICES PROVIDED: PC RAP is designed to build clients' self-efficacy to manage their HIV with the ultimate goal of achieving sustained viral suppression. We work with clients to identify barriers to retention and adherence, to develop an individualized service plan, to provide escorts to appointments, to provide home visits, and to provide ARTAS.

ELIGIBILITY CRITERIA: Clients must be virally unsuppressed (VL > 200 copies/ML) for less than three months based on at least two viral load tests 90 days apart; have missed two consecutive HIV clinic appointments; or have no contact with the clinic for greater than 90 days. Client must be enrolled and receiving services from a medical provider at Willis Green or The Nest.

REFERRAL PROCESS: A medical provider at The Nest or Willis Green may refer clients to PC RAP for case management services by emailing Francisco Lazala or through e-ICare.

UNDETECTABLES HIV VIRAL SUPPRESSION PROGRAM

Primary Location: The Nest, 169 W 133rd Street
Contacts: Francisco J. Lazala, Program Coordinator; 917-284-5559
Grace Sserwadda, Data Analyst; 646-762-4950 x3242

SERVICES PROVIDED: The Undetectables Program promotes integrated care coordination and adherence to antiretroviral (ARV) drugs for Harlem United's HIV positive client population. Clients enrolled in HIV Primary Care with Harlem United, as well as HIV case management through Harlem United's PC RAP, Health Home, or ADHC/Willis Green, can receive a $100 Visa Gift Card for virally suppressed (<200 copies/mL) blood work once every three months (up to four gift cards a year). The Undetectables can link clients to HIV case management services, DOT, Business Development, and Behavioral Health.

ELIGIBILITY CRITERIA: Clients must have documentation of HIV positive status and be enrolled in or eligible for HIV Case Management services through Health Home, PC RAP, or the case management department within ADHC/Willis Green.

REFERRAL PROCESS: A provider at Willis Green or the Nest can refer a patient in e-ICare or by emailing Francisco Lazala.

VACCINATION EFFORTS FOR COVID-19

Primary Location: The Nest, 169 W 133rd Street
Contacts: Shonte Williams, Practice Administrator; 646-715-4995
Mario Cruz, Business Development Program Coordinator; 646-306-6839

SERVICES PROVIDED: The clinic provides Moderna COVID-19 vaccines to eligible individuals.

ELIGIBILITY CRITERIA: Eligibility is determined by New York State. Anyone over the age of 18 can receive the Moderna vaccine.

REFERRAL PROCESS: For appointments, contact 646-762-4969.

HOURS OF OPERATION:

Day	The Nest Community Health Center*
Monday	9:30am to 3:30pm
Tuesday	9:30am to 3:30pm
Wednesday	9:30am to 3:30pm
Thursday	9:30am to 3:30pm
Friday	9:30am to 3:30pm
Saturday	Closed

Housing

Photo: Staff at Veterans Housing

FOUNDATION HOUSE EAST (FHE)

Primary Location: 1997 Lexington Avenue
Contact: Sigrid Maxwell, Managing Director; 917-972-6525
Susan Collins, Senior Mental Health Specialist; 646-331-1012

SERVICES PROVIDED: FHE is an income-based congregate supportive housing program for single adults living with HIV/AIDS. The program consists of 28 studio apartments, each with its own bathroom and kitchen. Services include on-site case management services that focus on addressing clients' medical, housing, and other service-related needs.

ELIGIBILITY CRITERIA: Clients must be living with HIV/AIDS, have a history of housing instability, and have an open HASA case.

REFERRAL PROCESS: Clients must be referred by HASA. If another program within Harlem United has a client who meets the above eligibility, they should provide FHE staff with the client's name and SSN, and the program will contact HASA for a referral. Housing placement is contingent on availability. Clients will be placed on a waitlist until a unit is available.

FOUNDATION HOUSE WEST (FHW)

Primary Location: 150 West 124th Street
Contact: Sigrid Maxwell, Managing Director; 917-972-6525
Benita Vera, Senior Mental Health Specialist; 646-331-1396

SERVICES PROVIDED: FHW is a congregate supportive housing program for medically frail chronically homeless single adults living with HIV/AIDS. The program consists of 25 studio apartments, each with its own bathroom and kitchen. Services include on-site case management that focuses on addressing clients' medical, mental, and substance use issues.

ELIGIBILITY CRITERIA: Clients must be chronically homeless, be living with HIV/AIDS, and have an open HASA case. Chronic homelessness means experiencing homelessness for at least one full year or experiencing four episodes of homelessness that add up to one year in the space of three years.

REFERRAL PROCESS: Clients must be referred by HASA. If another program within Harlem United has a client who meets the above eligibility, they should provide FHW staff with the client's name and SSN, and the program will contact HASA for a referral. Housing placement is contingent on availability. Clients will be placed on a waitlist until a unit is available.

FROST'D HUD SCATTERED-SITE

Primary Location: 150 West 124th Street
Contact: Sigrid Maxwell, Managing Director; 917-972-6525
Vernon Mosley, Senior Health Manager, 646-431-5093

SERVICES PROVIDED: FROST'D HUD provides 40 units of permanent scattered-site housing for chronically homeless HIV positive single individuals. Services include case management, apartment inspections, care coordination, assistance with entitlements, advocacy, and follow-up on medical details such as labs and appointments.

ELIGIBILITY CRITERIA: Clients must be chronically homeless single adults. Person must have a chronic disability plus experiencing homelessness for at least one full year or experiencing four episodes of homelessness that add up to one year in the space of three years.

REFERRAL PROCESS: Clients can be referred by HASA, clinical, or any agency program. Housing placement is contingent on availability. Clients will be placed on a waitlist until a unit is available.

HRA SCATTERED-SITE

Primary Location: 306 Malcolm X Boulevard, 2nd Floor
Contact: Lisa Bailey, Managing Director; 347-574-3134

SERVICES PROVIDED: HRA Scattered-Site provides 166 units of permanent housing for single adults and families. Services include monthly home visits, case management, supportive counseling, advocacy, and referrals for care coordination for medical care, mental healthcare, and substance use treatment.

ELIGIBILITY CRITERIA: Clients must be living with HIV/AIDS, have a history of housing instability, and have an open HASA case.

REFERRAL PROCESS: Clients must be referred by HASA. If another program within Harlem United has a client who meets the above eligibility, they can provide HRA staff with the client's name and SSN, and the program will contact HASA for a referral. Housing placement is contingent on availability. Clients will be placed on a waitlist until a unit is available.

HUD FAMILY SCATTERED-SITE HOUSING

Primary Location: 150 West 124th Street
Contact: Sigrid Maxwell, Managing Director; 917-972-6525
Dionaly Carrasco, Mental Health Specialist; 347-784-2470

SERVICES PROVIDED: HUD Family Scattered-Site Housing provides 20 units of permanent scattered-site housing for parents and their children. Clients receive ongoing case management, monthly home visits, and referrals for care coordination for medical care, food stamps, mental healthcare, and substance use treatment.

ELIGIBILITY CRITERIA: Clients must be chronically homeless families with children. The head of household, male or female, must have a chronic disabling condition and have experienced homelessness for at least one full year or experienced four episodes of homelessness that add up to one year in the space of three years.

REFERRAL PROCESS: Clients can be referred by HASA, DHS Family Shelters, clinical, or any agency program. Housing placement is contingent on availability. Clients will be placed on a waitlist until a unit is available.

NEW BROADWAY FAMILY SHELTER

Primary Location: 540 West 126th Street
Contact: Yajayra Reyes-Martinez, Program Director; 646-288-5702

SERVICES PROVIDED: New Broadway provides 72 units of emergency temporary housing for homeless families with children, along with intensive case management services in order to move residents into stable, permanent housing within six months. On-site case managers provide residents with a range of services which are informed by their Support Services Plan and Independent Living Plan.

ELIGIBILITY CRITERIA: Clients must be homeless families with minor children referred by DHS via the Prevention Assistance and Temporary Housing (PATH) intake center.

REFERRAL PROCESS: Families come through DHS/PATH. If another program within Harlem United has a family who meets the above eligibility, the family must be referred to PATH for referral to New Broadway.

NYNY III SCATTERED-SITE

Primary Location: 306 Malcolm X Boulevard, 2nd floor
Contact: Karen Lyken, Managing Director; 646-894-3558

SERVICES PROVIDED: NYNY III provides 70 units of permanent housing with supportive case management services for single adults who are HIV positive and have a history of chronic homelessness, serious mental illness, and/or chronic substance use. Services include monthly home visits, case management, supportive counseling, advocacy, and referrals for care coordination for medical care, mental healthcare, and substance use treatment.

ELIGIBILITY CRITERIA: Clients must be chronically homeless; be living with HIV/AIDS, serious mental illness, and/or substance use; have an open HASA case; and be approved for NYNY III housing as determined by HRA based on submission of a completed 2010E application. Chronic homelessness means experiencing homelessness for at least one year or experiencing four episodes of homelessness that add up to one year in the space of three years.

REFERRAL PROCESS: Clients must be referred by HASA. If another program within Harlem United has a client who meets the above eligibility, they can provide NYNY III staff with the client's name and SSN, and the program will contact HASA for a referral. Housing placement is contingent on availability. Clients will be placed on a waitlist until a unit is available.

SHORT TERM HOUSING SCATTERED-SITE

Primary Location: 150 West 124th Street
Contact: Karen Lyken, Managing Director; 646-894-3558

SERVICES PROVIDED: Short Term Housing provides 26 units of scattered-site housing with the goal of moving residents towards permanent supportive or independent housing following two years of housing stability. Clients receive ongoing case management services, home visits, money management help, advocacy, referrals, connection to care, assistance with daily living skills, and other support to ensure housing stability.

ELIGIBILITY CRITERIA: Clients must be single adults living with HIV/AIDS who are homeless or unstably housed. Clients must demonstrate the ability and readiness to maintain their own apartment.

REFERRAL PROCESS: Referrals are accepted from all sources, including walk-ins, family members, friends, HASA, and other service providers. First, an eligibility assessment is done over the phone. Next, a face-to-face intake assessment, which will include but is not limited to the collection and review of documentation, the completion of a psychosocial assessment, and the development of a service plan. Please contact Frances Byres to refer a client.

VETERANS HOUSING

Primary Location: 330 West 95th Street
Contact: Jerome Lawrence, Managing Director; 917-940-5968

SERVICES PROVIDED: Veterans Housing provides 93 units of permanent housing coupled with on-site case management, referrals for primary care, mental healthcare, dental services, and other supportive services. Housing case managers assist with on-going care coordination with internal programs and external providers such as the VA. Other services include assistance in securing and maintaining entitlements; vocational assistance to reintegrate veterans into meaningful employment and education; a stipend program; computer workshops; and a men's group.

ELIGIBILITY CRITERIA: Clients must be homeless veterans of the United States Armed Forces residing in a NYC Department of Homeless Services (DHS) shelter.

REFERRAL PROCESS: All referrals come from the NYC Department of Homeless Services (DHS). If another program within Harlem United has a client who meets the above eligibility, they can provide Veterans Program staff with the client's name and SSN, and the program will contact DHS for a referral. Housing placement is contingent on availability. Clients will be placed on a waitlist until a unit is available.

Photo: Integrated Harm Reduction staff

Prevention

INTEGRATED HARM REDUCTION PROGRAM

Primary Location: 290 Malcolm X Boulevard, Lower Level
Contact: Mary Brewster, Managing Director; 718-501-3089
Anthony Cousins, Program Director; 646-344-2398

SERVICES PROVIDED: The Integrated Harm Reduction Program's (IHRP) goal is to develop a wellness that encompasses the entire person, rather than just the absence of disease. Services include:

- Alcohol & Other Drug (AOD) Counseling: individual counseling for HIV positive clients and individuals who have a history of substance use but are not living with HIV/AIDS;
- Alcohol & Other Drug (AOD) Groups: harm reduction support groups for HIV positive clients;
- Supportive Counseling: mental health counseling, care coordination, and treatment adherence services for individuals, couples, and families living with HIV/AIDS;
- Syringe Exchange Program: safer injection/needle exchange services and drug use education for both injection drug users (IDUs) and non-IDU clients (HRS), as well as peer-delivered syringe exchange (PDSE);
- Overdose Prevention Program: overdose prevention, recognition, and response education for drug users and their neighbors, families, friends, and service providers. Provides naloxone (Narcan) kits to all those who are trained;
- Buprenorphine Patient Navigation Program: services for individuals with opioid use disorder who have started Medication Assisted Treatment (MAT) using Buprenorphine; and
- Medication Management and Treatment Adherence Counseling: Offers support for treatment adherence for Medication Assisted Treatment (including methadone, buprenorphine, Suboxone, or Subutex), HIV, hepatitis C care, mental health medications, or HIV pre–exposure prophylaxis (PrEP).

ELIGIBILITY CRITERIA:

- HIV-specific Programs: Clients must have documentation of HIV positive status, proof of residency within the New York City area, and current or previous history of substance use. Clients' household income must fall below the federal poverty guidelines.
- Syringe Exchange Program: Clients must have past or present history with substance use and/or intravenous drug use.
- Medication Management and Treatment Adherence Counseling: Client must have active Medicaid and have a history of substance use and/or currently being prescribed medications for a chronic health condition. Clients who are being prescribed medications for chronic health conditions should be struggling with adherence to said medications.

REFERRAL PROCESS: Please make referrals through e-ICare for the corresponding programs. Please indicate in the comment section of the referral form in e-ICARE what the client's presenting issue is and what services they are being referred to (if applicable).

- Alcohol & Other Drug (AOD) individual counseling (HIV negative): "HU—IHRP: Substance Use Individual Counseling (HIV-)"
- Alcohol & Other Drug (AOD) and Supportive Counseling (HIV positive): "HU – IHRP: Individual Counseling (HIV+)"; indicate in comments if this is individual counseling or families counseling
- Syringe Exchange Program: "HU – IHRP: Syringe Exchange Program (SEP)"
- Overdose Prevention: "HU – IHRP: Overdose Prevention Training"
- Buprenorphine Patient Navigation, Support Group Counseling, Medication Management and Treatment Adherence Counseling: "HU – IHRP: Harm Reduction Services (general)"; indicate in the comments what service the client is being referred to.

HOURS OF OPERATION:

Day	290 Malcolm X Blvd.*	125th St. & Malcolm X Blvd.*	East Tremont Ave. & 3rd Ave.*	West 23rd St. & Highland View Ave.*
Monday	9:00am to 3:00pm	8:30am to 4:30pm	10:00am to 3:00pm	Closed
Tuesday	9:00am to 3:00pm	8:30am to 4:30pm	Closed	Closed
Wednesday	9:00am to 3:00pm	8:30am to 4:30pm	Closed	Closed
Thursday	9:00am to 3:00pm	8:30am to 4:30pm	Closed	11:00am to 3:00pm
Friday	9:00am to 3:00pm	8:30am to 4:30pm	10:00am to 3:00pm	Closed
Saturday	Closed	Closed	Closed	Closed

*Hours of operation for Syringe Exchange Program

TESTING SERVICES

Primary Location: 290 Malcolm X Boulevard, Lower Level
Contact: Kristin Goodwin, Managing Director; 646-290-1039
Jamal Petty, Program Coordinator; 646-785-9699

SERVICES PROVIDED: The goal of Testing Services is to reduce the spread of HIV, Hepatitis C (HCV), and STIs using targeted testing services that can identify individuals in need of care and quickly connect them to medical care and support. Programs include:

- Free HIV, HCV, and STI testing
- Condom and safer-sex supply distribution
- Patient navigation services for HIV care
- Assistance accessing PrEP and PEP

ELIGIBILITY CRITERIA:

- Anyone age 13+ can receive free testing and linkage to medical care regardless of health insurance status.
- Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP) navigation services are available to anyone who is interested.

REFERRAL PROCESS:

- Referrals to PREP/PEP navigation services can be made through e-ICare, or by emailing Jamal Petty or calling at 646-785-9699.
- Referrals to HIV/HCV/STI linkage to care services can be made through e-ICare, or by emailing Qiana Allen or calling at 212-289-2378 x1223.
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HOURS OF OPERATION: Clients can walk-in to receive testing Tuesday to Thursday, 10:00am to 2:00pm. Clients in need of PREP/PEP and/or clean syringes can receive assistance on-site Monday to Friday, 9:00am to 5:00pm.

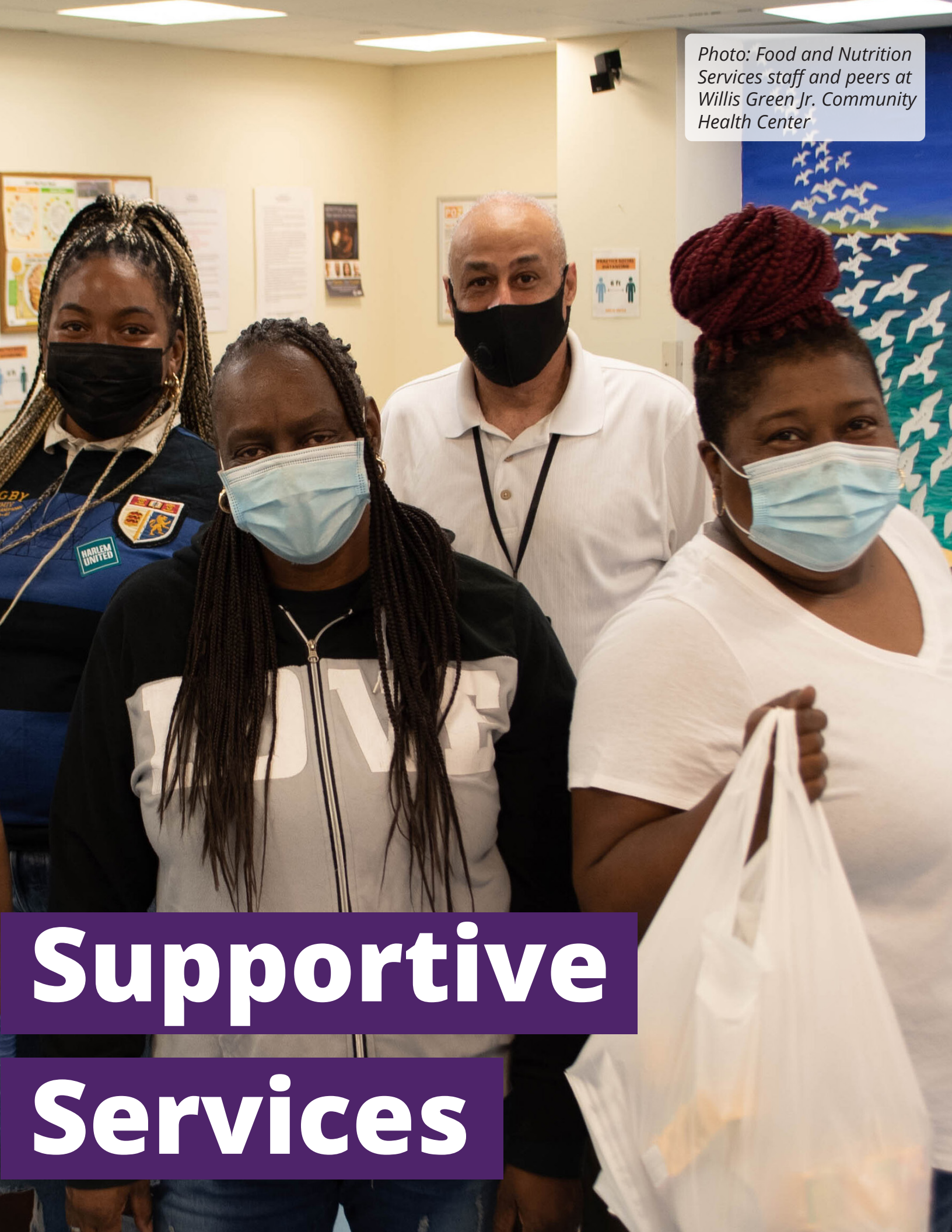

Photo: Food and Nutrition Services staff and peers at Willis Green Jr. Community Health Center

Supportive Services

FOOD AND NUTRITION SERVICES (FNS)

Primary Locations: Willis Green, 123-125 West 124th Street | Foundation House East, (FHE), 1997 Lexington Avenue
Contact: Orlando Serrano, Clinical Director; 917-680-0075
Danita Matthews, Case Manager; 646-496-7629

SERVICES PROVIDED: FNS provides comprehensive food and nutrition services to people living with HIV/AIDS who do not have access to nutritious food. The program provides hot congregate meals, nutritional pantry bags, nutritional groups, individual counseling, and cooking demonstrations. The program also serves dependent children under the age of 18 who live with the client. MetroCards are provided for participation.

ELIGIBILITY CRITERIA: Clients must provide documentation of HIV positive status, proof of residency within the NYC area (including Westchester, Rockland, and Putnam counties), and a budget letter from SSI, SSD, or HRA. Household income must be below 435 percent of the Federal Poverty Level (FPL).

REFERRAL PROCESS: Please email Danita Matthews or contact her at 646-496-7629.

HEALTH HOME

Primary Location: Willis Green,123-125 West 124th Street
Contact: Gwen Didier, Senior Managing Director; 646-496-2770
Tracy Hastings, Managing Director; 646-496-3959

SERVICES PROVIDED: Health Home provides medical care coordination to individuals with two chronic conditions (such as substance use disorder, asthma, diabetes, heart disease, obesity, and hypertension) or one qualifying chronic condition (such as HIV/AIDS or serious mental illness).

ELIGIBILITY CRITERIA: Clients must have active Medicaid and two or more chronic conditions or one single qualifying condition (HIV/AIDS or serious mental illness only). Qualifying individuals are typically heavy utilizers of the emergency room and/or have had chronic hospitalizations and must meet the appropriateness criteria.

REFERRAL PROCESS: Internal referrals should be made via e-ICare. For referral questions, contact Gwen Didier, Senior Managing Director, 646-496-2770, or Tirsa Santana, Outreach Support Specialist, 212-289-2378.

HEALTH HOME PLUS HIV

Primary Location: Willis Green,123-125 West 124th Street
Contact: Gwen Didier, Senior Managing Director; 646-496-2770
Tracy Hastings, Team Supervisor; 646-496-3959

SERVICES PROVIDED: Health Home Plus provides intensive medical care coordination to clients who are HIV positive and experience compounding factors that increase their risk for hospitalization. Clients are assigned to a Care Manager who will assist them with their multiple needs by providing four core services each month. The goal of this program is to help clients become virally suppressed and stable.

ELIGIBILITY CRITERIA: Clients must have active Medicaid, be HIV positive, and meet **AT LEAST ONE** of the following conditions:

- Virally unsuppressed
- If not unsuppressed:
  - Meet the standards HUD category one homelessness; **OR**
  - Diagnosed with SMI and have had three or more inpatient hospitalizations in the past 12 months or four or more ER visits in the past 12 months; **OR**
  - Use intravenous drugs and have had three or more inpatient hospitalizations in the past 12 months or four or more ER visits in the past 12 months

REFERRAL PROCESS: Internal referrals should be made via e-ICare. For referral questions, please contact Gwen Didier, Senior Managing Director at 212-531-1300 or Tracy Hastings, Team Supervisor, at 646-496-3959.

HEALTH HOME PLUS SMI

Primary Location: Willis Green,123-125 West 124th Street
Contact: Gwen Didier, Senior Managing Director; 646-496-2770

SERVICES PROVIDED: Health Home Plus provides intensive medical care coordination to clients who are diagnosed with a serious mental illness (SMI). The clients are assigned to a Care Manager, who will assist them with their multiple needs by providing four core services each month. The goal of this program is to help clients stabilize and reduce psychiatric hospitalization and improve adherence to psychiatric care.

ELIGIBILITY CRITERIA: Clients must have active Medicaid and meet **AT LEAST ONE** of the following conditions:

- Diagnosed with SMI (such as schizophrenia, bipolar disorder, or major depression) and experienced three or more psychiatric hospitalizations in the past 12 months, or four or more psychiatric ER visits in the past 12 months; **OR**
- Diagnosed with schizophrenia or bipolar disorder and experienced three or more medical hospitalizations in the past 12 months; **OR**
- Diagnosed with SMI and meet the criteria or HUD category 1 homelessness; **OR**
- Diagnosed with SMI and experienced incarceration in the last 12 months

REFERRAL PROCESS: Internal referrals should be made via e-ICare. For referral questions, please contact Gwen Didier, Managing Director at 212-531-1300.

VOCATIONAL EDUCATION (VOC-ED)

Primary Location: Willis Green, 123-125 West 124th Street
Contact: Albert Pleasant, Education and Wellness Counselor; 929-426-2524

SERVICES PROVIDED: Voc-Ed offers group and individual training focused on skill-building and professional development. The curriculum includes computer skills, resume creation, conflict management, job skills preparation, and referrals to GED, ESL, and external academic services. Following intake and acceptance into the program, clients attend weekly groups and meet one-on-one with a case manager to discuss progress on professional objectives and goals. Clients who successfully complete the training are eligible to apply for stipend positions within the agency.

ELIGIBILITY CRITERIA: Voc-Ed is open to all Harlem United clients in good standing who are enrolled in one or more internal services, particularly clients who express interest in returning to the workforce or pursuing academic goals. An individual must demonstrate readiness to commit to groups while enrolled in the curriculum.

REFERRAL PROCESS: Please email Albert Pleasant or call at 929-426-2524.

WILLIS GREEN JR. ADULT DAY HEALTH CARE (ADHC)

Primary Location: Willis Green,123-125 West 124th Street
Contact: Margo Praylow, Managing/Clinical Director; 646-932-7900

SERVICES PROVIDED: Effective August 2, 2021, most onsite ADHC services have resumed, although group sizes have been reduced to allow for social distancing. Clients have the option of continuing to participate in group and individual sessions remotely, or attend services onsite. At this time, the program will continue the distribution of "grab and go" takeout-style breakfast and lunch meals for participants after the completion of a group, or individual session. Nursing, Nutrition and Clinical staff are onsite 3 days per week, and available through telecommunication the additional two.

ELIGIBILITY CRITERIA: Clients must be living with HIV/AIDS or be at heightened risk for HIV transmission due to active substance use and/or serious mental health conditions. Clients must provide documentation of HIV positive status; a referral from a medical provider; current lab work, including CD4 and viral load counts; current PPD results; and proof of PPD+ and chest X-ray if needed. Clients must be Medicaid eligible and 18 years of age or older.

REFERRAL PROCESS: Please contact Yekis Fortunato, Managed Care Coordinator, 212-803-2850, for intake information. For additional intake and referral information regarding ADHC, please contact Gregory Malave, Director of Business Development.

HOURS OF OPERATION: The program is open from 8:00am to 3:00pm Monday through Friday, and 9:00am to 1:00pm Saturday, Sunday, and Holidays.