Program Model
- Intensive care coordination to help clients navigate the complex system of HIV medical care and other services
- Integrated medical care and treatment for HIV and mental health and/or substance use disorders
- Assistance with access to housing using Housing First principles
- Education of internal/external partners on client needs and challenges, trauma informed care and harm reduction
- Ongoing process evaluation

Eligibility Criteria
- HIV positive persons 18 years or older with co-occurring mental health and/or substance use disorders
- Homeless or unstably housed or fleeing domestic violence
- Receiving or will receive HIV medical care at Prism Health North Texas (PHNTX)

Care Delivery
Mobile client-centered care coordination guided by care plan developed with client, based on individual needs and goals. Key components:
- Leveraging medical and behavioral health care at PHNTX
- Regular meetings with clients based on acute and needs
- Care team case conferences to address client needs challenges
- Tangible reinforcements – food, document assistance, hygiene kits, clothing, etc.
- Emergency housing
- Working closely with partner organizations to ensure clients are receiving necessary care/services

Interventions
- Motivational Interviewing
- Strength Based Case Management
- Solution Based Counseling
- Cognitive Behavioral Therapy
- Trauma Informed Care
- Harm Reduction

Program Population Description

Evidence of HIV Medical Care

Virtually Suppressed (<200 copies/mL)

HIV Medical Appointment Recorded

Stable Housing Achievement Among Clients Enrolled as of March 31, 2017

Successes
- Individual level:
  - 157 people served
  - Improved adherence to medical/behavioral health care
  - Increased rates of viral suppression
  - Increased housing stability
- Organizational level:
  - Increased capacity to effectively meet the needs of homeless HIV positive individuals with mental health and/or substance use disorders
  - Adoption of the Homeless Management Information System (HMIS) allowing for standardized documentation of homelessness and expedited access to housing
  - Stronger partnerships with housing providers
- Systems level:
  - Increased awareness of Housing First model, Trauma Informed Care
  - Greater understanding of the needs of HIV positive individuals

Challenges
- Individual level:
  - Absence of documents essential for obtaining critical services
  - Lack of tools necessary for communication – postal address, telephone, etc.
  - Service provider stigma - HIV, gender identity, sexual orientation, substance use, etc.
  - Unmet mental health and/or substance use disorders
- Systems:
  - Poor recording of homeless episodes by service providers, jeopardizing ability to establish eligibility for housing programs
  - Stigma related to HIV, mental illness and/or substance abuse
  - Inadequate adoption of Housing First model

Housing Stability
Among the program population, the greatest increase in housing stability occurred between 4 and 5 months of exposure to the intervention. For clients who received at least 6 months of intervention, 75% achieved stable housing in an average of 4.2 months.

Sustainability – Intentional, Ongoing
- Deployment of specialized case management team focused on serving the priority population
- Adoption of specific program components that promoted optimal outcomes
- Expedited response to emerging needs of priority population
- Regular, focused training, education and technical assistance for staff on providing effective care to the priority population
- Effective use of HMIS
- Active participation with Metro Dallas Homeless Alliance
- Development of new partnerships and sustaining of existing partnerships with housing, mental health and/or substance abuse treatment and other essential service providers
- Strategic fund raising through governmental and private entities to support key programmatic components such as emergency housing, document assistance, etc.

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