Health, Hope & Recovery

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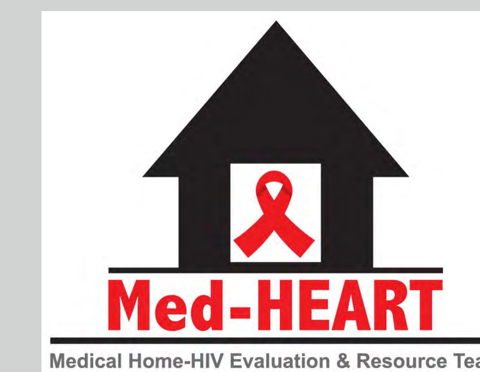
Prism Health North Texas (formerly known as AIDS Arms, Inc.) Dallas, Texas



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

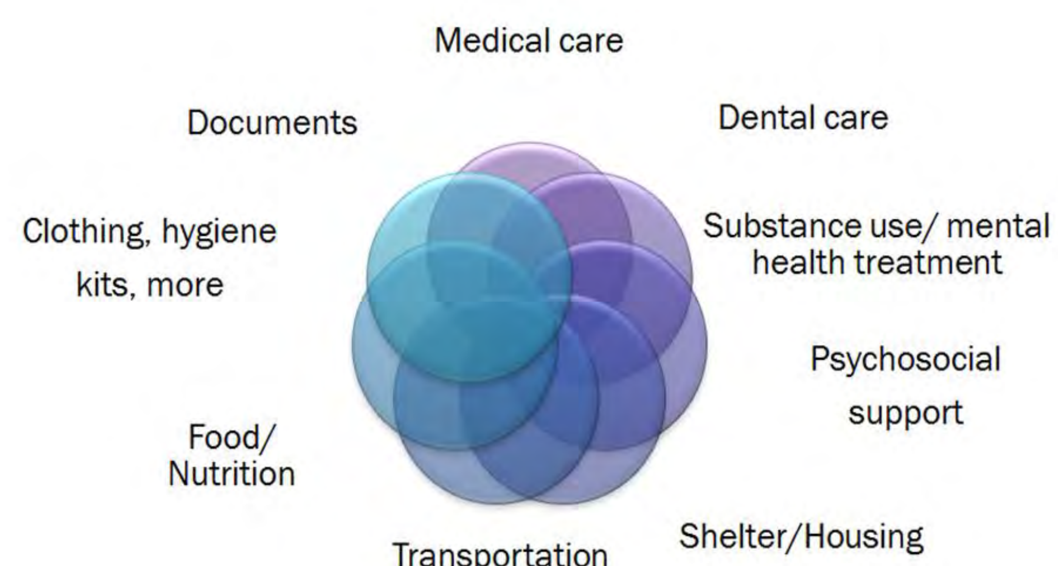
Mobile client-centered care coordination guided by care plan developed with client, based on individual needs and goals.
Key components:

- Leveraging medical and behavioral health care at PHNTX
- Regular meetings with clients based on acuity 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

Identified Client Needs

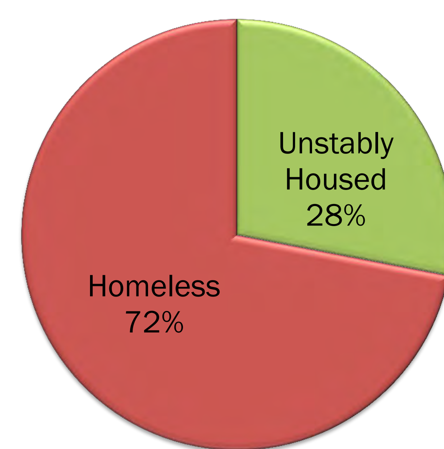


Findings

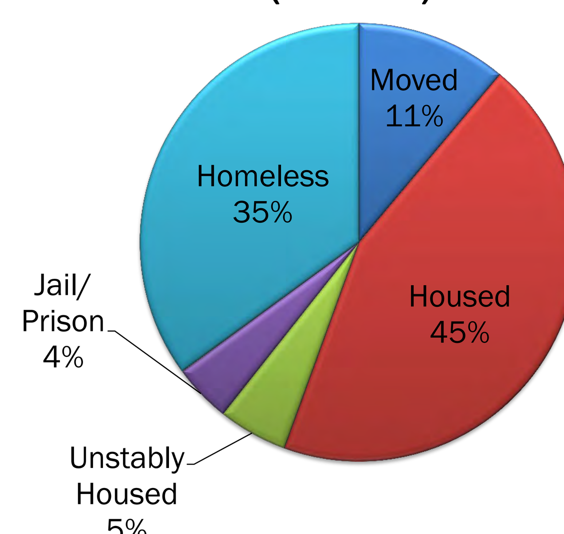
Program Population Description		
Characteristic	#	%
Total Enrollees:	157	100%
Multi-site Enrollees	120	76%
Local Enrollees	37	24%
Gender		
Male	140	89%
Female	14	9%
Transgender	3	2%
Age		
Mean Age:	38	
Age Range:	21 - 57	
Sexual Orientation		
Homosexual (Gay or Lesbian)	100	64%
Heterosexual/ Straight	41	26%
Bisexual	12	8%
Unsure	2	1%
Other	2	1%
Race/ Ethnicity		
Non-Hispanic White	69	44%
Non-Hispanic Black	70	45%
Hispanic/ Latino	13	8%
Two or more races	5	3%
Other	0	0%
Educational Attainment		
Less than High School	24	15%
High school Diploma/ GED	61	39%
Some College/ <4-year degree	61	39%
4-Year College Degree	7	5%
Post-college/ graduate	4	3%
Clients Discharged from Program		
Total	139	100.0%
Completed Intervention	71	51%
Lost to follow-up/ Disengaged	34	24%
Moved	22	16%
Incarcerated	6	4%
Behavioral	6	4%

*Percentages were rounded

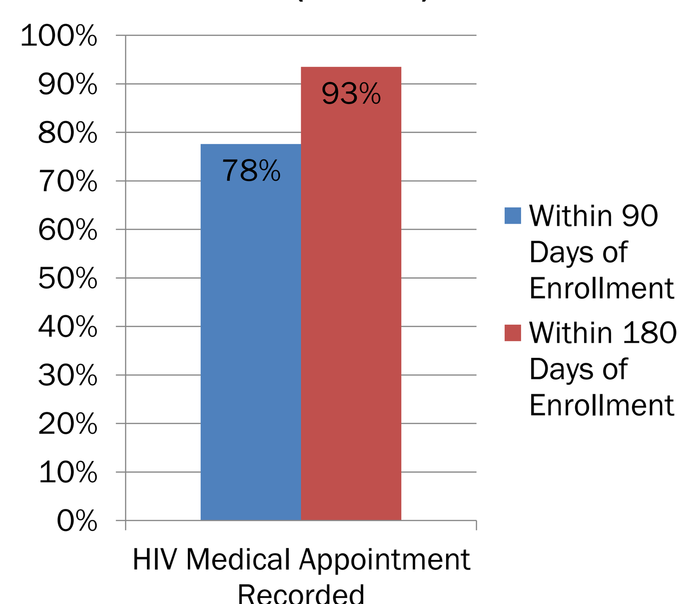
Housing Status at Baseline
(n= 157)



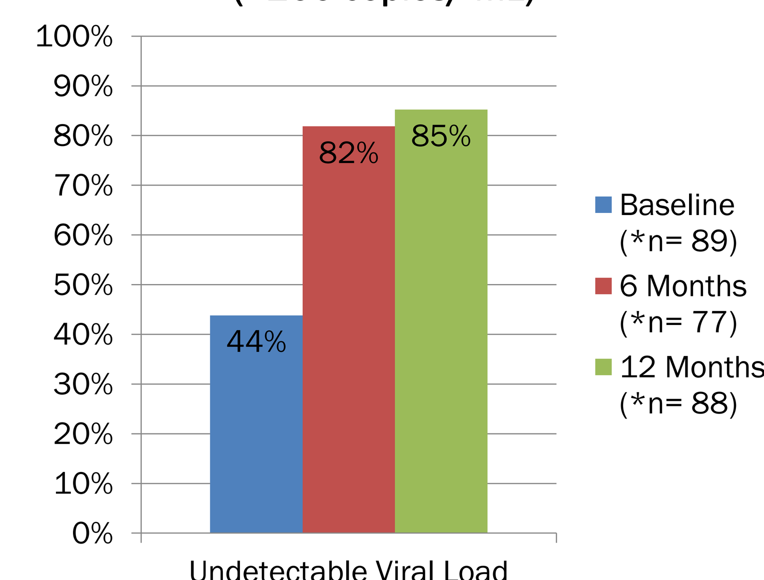
Housing Status
as of March 31, 2017
*(n= 135)



Evidence of HIV Medical Care
*(n= 107)



Virally Suppressed
(<200 copies/ mL)



*Missing were excluded

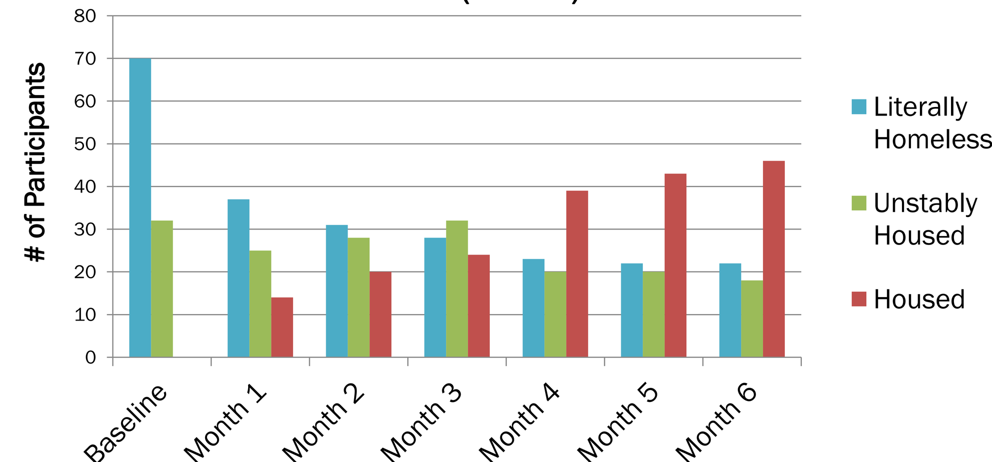
Housing Stability

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.

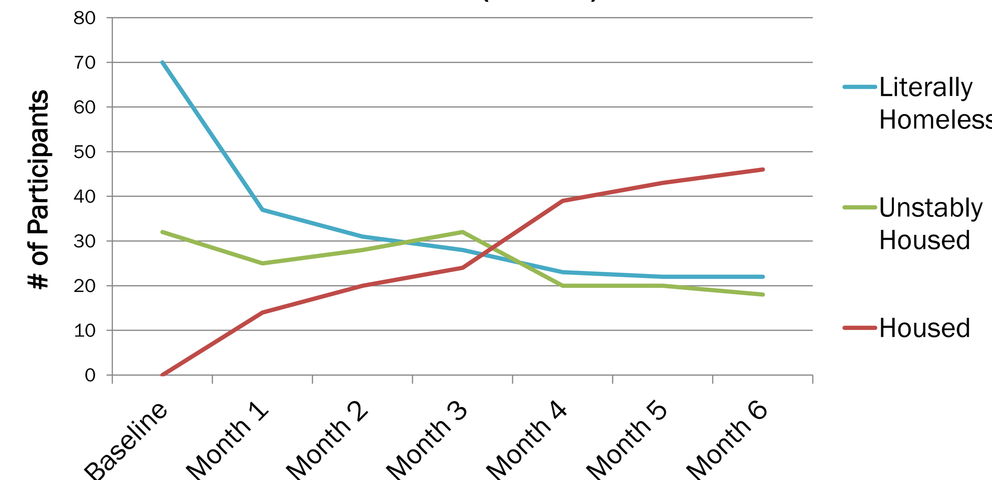
Stable Housing Achievement Among Clients Enrolled ≥6 as of March 31, 2017	
N=	102
# Clients to achieve "Housed" status	77
% Clients to achieve "Housed" status	75%
*Average # Months to "Housed"	4.2

*Denominator= 77

Housing Status, Among Clients Enrolled ≥6 Months
as of March 31, 2017
(n=102)



Housing Status, Among Clients Enrolled ≥6 Months
as of March 31, 2017
(n=102)



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.
- Untreated 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

Sustainability – Intentional, Ongoing

- Deployment of specialized case management team focused on serving the priority population
- Adoption of specific program components that promoted optimal outcomes
- Expeditious 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.

Acknowledgments

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