Multisite Results from *HRSA SPNS Initiative:*
Building a Medical Home for Multiply Diagnosed HIV-Positive Homeless Populations

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The problem

- While only 0.4% of the general population is living with HIV, the percent climbs to 3.4% for people experiencing homelessness[1].
- Approximately 20-25% of people experiencing homelessness suffer from severe mental illness, and studies report a range of HIV sero-prevalence from 4-23% among people with severe mental illness[2,3].
- A disproportionate number of people experiencing homelessness also suffer from substance use disorders, and injection drug use currently accounts for 9% of HIV/AIDS diagnoses[4].
- Interventions that can address the multiple medical and social needs of this population are essential to ensure continuous care and viral suppression.

The challenge

Build a medical home model that reduces the barriers to engagement and retention in HIV care by creating a coordinated system of team-based care that includes HIV primary care, substance use and mental health treatment, and housing and supportive services.

Model description

- Nine agencies across the United States participated in the multisite evaluation and created unique medical home models.
- All nine agencies had the following similarities:
  - Partnerships between HIV and housing providers,
  - Integrated behavioral health and HIV services, and
  - A network navigator in the health care team who worked intensively one-on-one with clients to reduce barriers to care and improve access to HIV care, housing, and support services.

Definitions

- **Linked to Care:** HIV medical appointment recorded within 90 days of enrollment.
- **Retained in Care:** 2 HIV medical visits at least 90 days apart
- **Virally Suppressed:** Viral load < 200 copies/mL or undetectable

1,332 clients served from September 2012 – May 2017

909 enrolled in study

Figure 1. A map of the 9 demonstration sites (and the Evaluation and Technical Assistance Center in Boston) involved in the HRSA SPNS *Building a Medical Home* initiative. Each site worked with multiply diagnosed HIV-positive homeless populations to engage and retain them in care. While all sites represent models involving care navigators and collaborative partnerships with behavioral health care and housing agencies, each site has unique features that differentiate it from the others.

Table 1. Demographic Characteristics at Baseline (N = 909)	
Gender	
Male	75.14%
Female	20.46%
Transgender	3.30%
Other	1.10%
Race	
White	36.85%
Black/African American	46.64%
Asian/American Indian/Pacific Islander	2.53%
Multi-Racial	5.17%
Other	7.37%
Refused	1.43%
Ethnicity	
Hispanic/Latino	19.14%
Not Hispanic/Latino	80.86%
Age	
30 years or younger	16.50%
31-54 years	70.41%
55 years or older	13.09%

Figure 3. External Referrals and Visits, 12 Months Post Enrollment

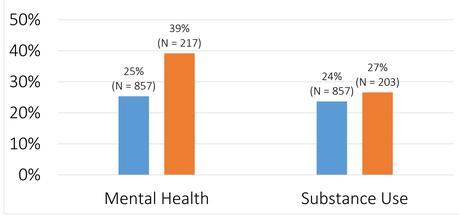
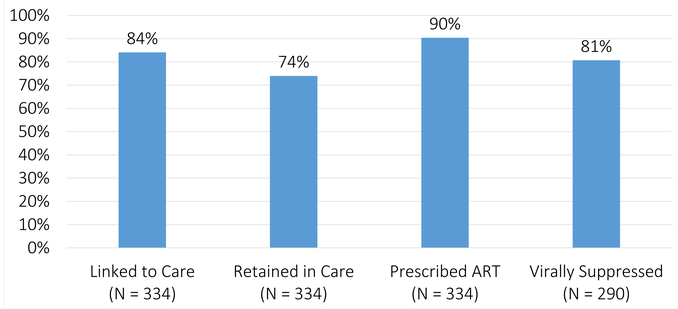
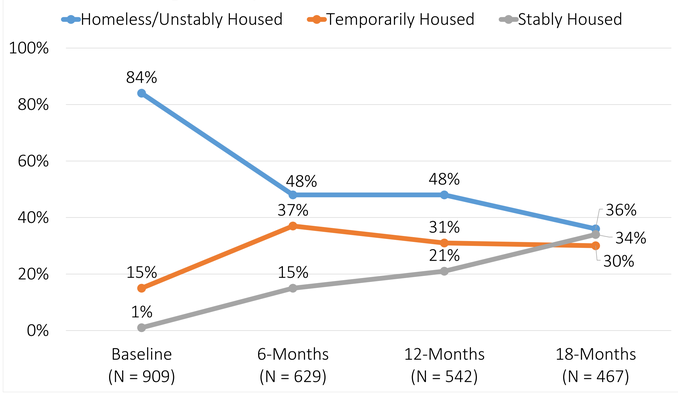


Figure 2. HIV Care Continuum, 12 Months Post Enrollment*



*Sample based on clients who either had no HIV medical visit recorded 180 days prior to enrollment (out of care) or had an HIV diagnosis date 180 days prior to enrollment (newly diagnosed).

Figure 4. Proportion of Clients Housed Over Time



Conclusion

The initiative resulted in several key findings for successful medical home models for people experiencing homelessness, and living with HIV and co-occurring substance use or mental health challenges.

Staff Training and Supervision:

- Intensive training for program staff: 60 hours for network navigators and 7 hours for supervisors
- Consistent clinical and administrative supervision for network navigators
- Frequent team huddles to address barriers to care and unmet needs for population served

Access to Services:

- Open access to HIV primary care, substance use, and mental health services for clients enrolled
- Provision of emergency housing as a step toward permanent housing
- Established community partnerships
- Multidisciplinary teams improved communication and patients' access to both medical and behavioral health

Staff Capacity and Programmatic Structure:

- 20 – 30 person case load for navigators across all sites
- Average length of program: 18 months

Literature cited

1. National Coalition for the Homeless. HIV/AIDS and Homelessness July 2009.
2. National Coalition for the Homeless. Mental Illness and Homelessness. Fact Sheets 2009 July 2009 [cited April 6, 2012]; Available from: http://www.nationalhomeless.org/factsheets/Mental_Illness.html.
3. Malow, R., et al., History of Traumatic Abuse and HIV Risk Behaviors in Severely Mentally Ill Substance Abusing Adults. Journal of Family Violence, 2006. 21(2): p. 127-135.
4. Centers for Disease Control and Prevention. HIV Infection and HIV-associated Behaviors among Injecting Drug Users-20 Cities, United States, 2009, March 2, 2012. p. 133-138.

Further information

For more information about the initiative and to download initiative products and publications, visit our website at www.cahpp.org/project/medheart.

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