

Model Description

❑ UF CARES, a NCQA recognized Level 3 Patient Centered Medical Home (PCMH), in partnership with River Region Human Services, one of the area’s largest providers of Housing, Mental Health and Substance Abuse services developed a patient centered medical home model for individuals who are HIV+, homeless, and have mental health and/or substance abuse needs.

❖ *Integral to this model is the co-location of HIV primary care clinic within a behavioral & substance abuse treatment facility; this enables patients to enter the primary care system via behavior health/substance abuse pathways.*

❑ The model consists of a centrally located facility in Jacksonville, Florida, accessible to public transportation, where each patient receives Primary Care, Specialty care, Case Management, Mental Health, Substance Abuse and Nutrition Services all in one location; a single Point of Care facility.

Successes & Challenges

❑ One of the major successes of the PATH Home intervention consists of the exemplary intensive case management and peer navigation model used.

- ❖ On average, comprehensive case managers conducted **8 encounters per month** (HIV related encounters) and **4 housing encounters** (first 12 months data only);
- ❖ Data also showed that during these encounters, on average, **13 activities** were conducted (examples include linkage & retention in medical care, assistance with mental health or substance use treatment, housing, legal educational & emotional coaching, employment, etc.)

❑ Challenges brought forward opportunities for change. Here are some of the challenges encountered:

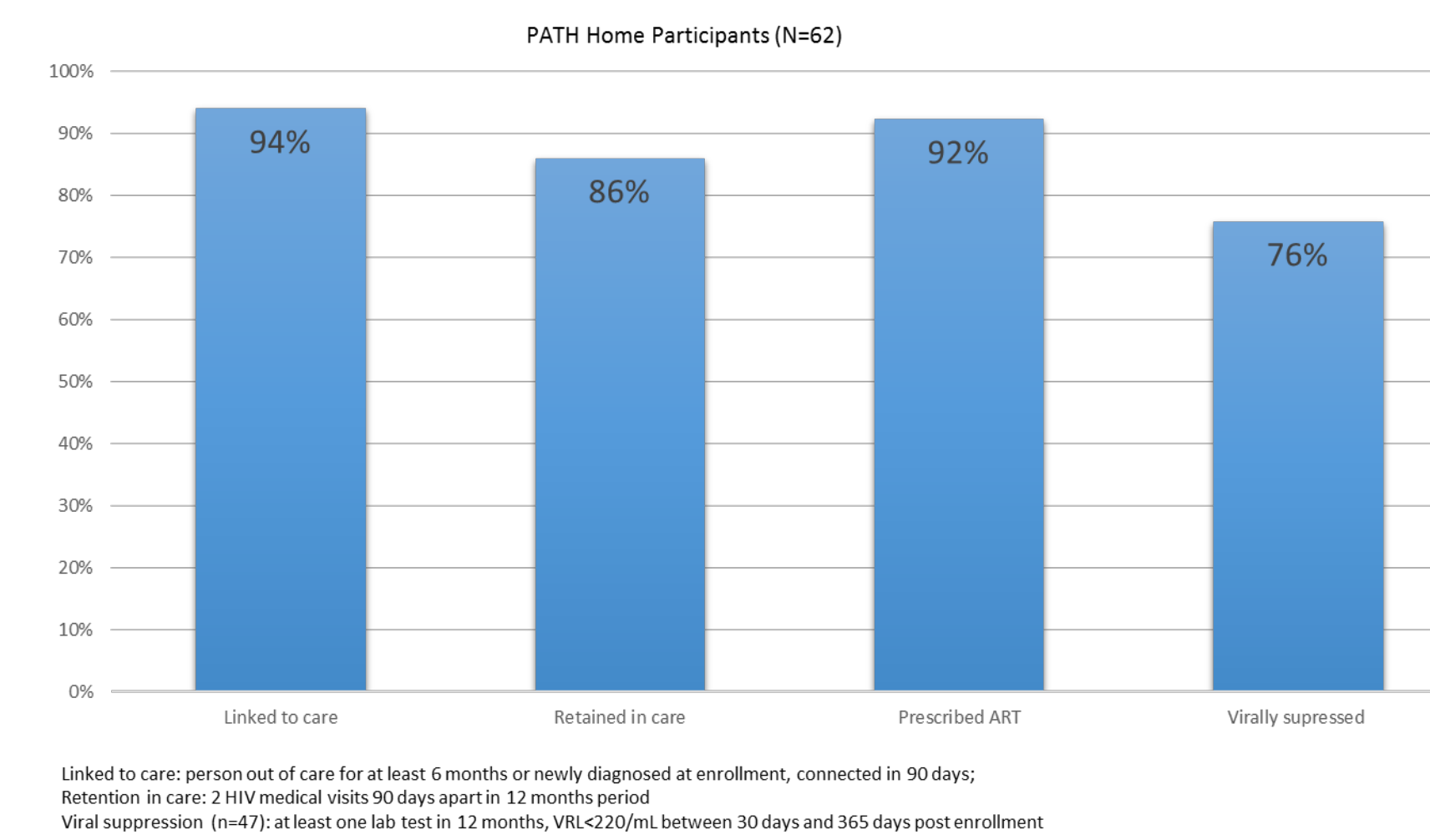
- ❖ Strong partnership put to test during rapid turnover
- ❖ Shifts in transportation policy
- ❖ Intensive case management continuum

Findings

PATH Home Population Demographics (N=167)

		N	%
Gender	Female	56	34%
	Male	101	60%
	Transgender	10	6%
Race	Black/African-American	113	68%
	Hispanic/Latino	5	3%
	White	44	26%
	Other	8	5%
Housing	Homeless	104	62%
	Unstably housed	59	35%
	Fleeing domestic violence	4	2%

PATH Home HIV Care Continuum



Activities Conducted with Intervention Staff

Activity	N	Frequency/Month
Healthcare Related Activities	103	22.2
Housing	103	12.3
Mental Health and Substance Use	103	11.1
Educational and Emotional Support	103	20.5
Social Services	103	7.9
Employment and Social Support	103	3.2

Discussion

❑ During the course of the project 103 patients were enrolled in the multisite evaluation; PATH Home served 167 patients altogether.

❑ Almost half of the PATH Home patients (49%) transitioned to standards of care.

❑ New partnerships (River Region Human Services, Gateway Community Services, Ability Housing) were forged over the course of this intervention. As a direct result of this project, a new satellite medical clinic at Gateway Community Services is established.

Next steps

➤ Use the result of this project as a basis to influence change in the intensive case management policy landscape in the Jacksonville Transitional Grant Area (JTGA).

➤ Pursue funding to replicate success of PATH Home by cultivating a city-wide, sustainable, coordinated model among HIV clinical care, housing, employment, substance abuse/mental health and legal aid partners.

➤ Create momentum for local and regional HIV clinicians, behavioral health & substance abuse partner organizations, local housing agencies, etc., to discuss collectively on contingency of local response and integration of services.

❖ *“Homelessness and Health” Annual Symposium, Jacksonville, Florida, August 25, 2017*