Primary Care Medical Home (PCMH) Connections for Multiply-Diagnosed HIV+ San Diegans

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Model Description
In 2012, with funding support from the Health Resources and Services Administration (HRSA), HRSA AIDS Bureau through its Special Programs of National Significance (SPNS), Family Health Centers of San Diego (FHCSD) built a Primary Care Medical Home (PCMH) collaborative care model that serves homeless individuals living with HIV in San Diego County who face substance use and/or mental health challenges.

The PCMH model of care is built upon a developed collaboration between FHCSD as lead program organization in a formal partnership with People Assisting the Homeless (PATH), a private, nonprofit Federally Qualified Health Center (FQHC) with a mission to provide high-quality, affordable health care to individuals and families. PATH is a善于!!lets organization that provides services for homeless or unstably housed individuals in San Diego County.

Programmatic goals:
1. Improve housing stability among the target population.
2. Increase client engagement and retention in HIV care and treatment, resulting in viral load suppression.
3. Build and sustain linkages to mental health and substance abuse services.
4. Create a bridge to other supportive services such as case management and care navigation.

Findings/Results
Through the SPNS initiative, FHCSD and PATH shared care management information between the medical and housing providers of the intervention to enhance the efficacy of our program. Collaboration and information sharing allowed both programs to work together to provide medical and supportive housing services.

Number of clients served: 254
Number of clients enrolled in the study: 108
Number of clients who achieved viral suppression: 77
Number of cases who transitioned to standard care: 229
Number of patients lost to follow-up: 18
Number of clients received referral for: Substance use: 190
Mental health: 203

Demographics for clients enrolled in the study:
- Gender: Male: 94
  Female: 7
- Race: African American/Black: 34
  Hispanic: 37
  Asian: 2
  Non-Hispanic: 71
  Native American: 5
  White: 67

Program Outcome:
Evidence obtained during the course of this five-year initiative demonstrates that permanent housing is a priority and meaningful for people living with HIV. Nevertheless, permanent housing alone is not enough. Supportive services such as medical care, mental health, substance abuse counseling, educational training and job placement are also paramount and necessary to successfully house this population.

Through the provision of these wrap-around services, our SPNS intervention improved stable entry, engagement, and retention in HIV care and supportive services for 254 homeless and unstably housed people living with HIV with co-occurring mental illness and/or substance use disorders. 77% of the 108 clients who were enrolled in the study achieved viral suppression.

Sustainability Plan
Location - FHCSD and PATH will remain unaltered and PCMH case management will continue to out of PATH’s integrated model to assist clients with entry into PATH housing programs.

Funding - FHCSD is exploring local Ryan White and/or private funding to support program partnerships, activities, and existing funding sources will be leveraged.

Documented results - Greater confidence in that spending time and effort on data collection to prove project efficacy is a valuable part of the program. Programs that deliver evidence-based outcomes are more likely to secure funds and expand upon.

External outreach - Engage in community meetings to promote services to create an ongoing stream of referrals.

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