Model description
- Patient-centered medical home without walls in New Haven
- Providing primary care, behavioral health, case management, and housing services
- Mobile medical clinic is main hub for services
- Collaborate with Liberty Community Services (housing provider) and CT Department of Correction

Results (n=79)
- Average age 48 years
- 61% Male
- 60% Black
- 27% Hispanic
- 99% Retention at 6 months
- 90% Retention at 12 months
- 53% Homeless for more than 1 year
- Average length of homeless: 10 years
- 96% ever been in jail
- 86% ever been in prison

Outcomes:
- 75% VIRA suppressed at 6 month
- 75% housed at 18 months

Findings
- 165 Unique HIV+ Referrals
- 122 Screened Referrals
- 112 Eligible
- 79 of 75% (100%) Enrolled

Preliminary Results for VL suppression (<200)
- 38 from DCC (24.5%)
- 38 still incarcerated to end of enrollment
- 5 not interested, 4 did not sign consent, 4 failed to complete follow up

Challenges
- Complex clients with multiple needs: mental illness, substance use disorders, criminal justice history, homeless, living with HIV
- HUD definitions of chronic homelessness, including considering incarceration as "housing"
- Difficult to engage clients in care
- Multiple competing needs (eg, keeping medical appointments, filling prescriptions, adherence to medication regimens)
- Relapse to drug/alcohol use
- Reincarceration
- Lack of social support

Successes
- Built relationship with housing provider, Liberty Community Services
- Enhanced collaboration with CT Department of Correction
- Leveraged personal community relationships to access care
- Initiated electronic medical record for comprehensive patient care
- Engaged clients in HIV care
- Successfully housed 54 clients
- Near perfect retention rates
- Continuation of program despite reincarceration

Sustainability
- Additional grant support from SAMHSA
- Initiated billing for primary care and behavioral health services
- Maintained relationships with Ryan White Continuum providers
- Leveraged funding for creative housing solutions

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### Internal Substance Abuse Treatment Referral
- 35 (64%) - 5

### External Substance Abuse Treatment Referral
- 12 (22%) - 3

### Internal Mental Health Treatment Referral
- 42 (76%) - 3

### External Mental Health Treatment Referral
- 16 (29%) - 3

### Prescribed Psychiatric Medication in past 6 months
- 37 (67%)

### CD4 count
- 44/563 (153)
- 51/575 (153)

### VRL count
- 30/4918 (17)
- 47/2667 (17)

### Accessing care past 6 month (N/ average # visits)
- HIV primary care medical visits: 54/4
- Case management visits: 55/2

### Screened for HCV
- 54 (98%)

### Prescribed prophylaxis since enrollment
- 8 (15%)

### Prescribed ART past 6 months
- 51 (93%)

### With ER Visit Documented in Chart
- 32 (58%)

### With In-Patient Hospital Stay Documented in Chart
- 22 (40%)