



In 2012, nine demonstration sites set out to integrate HIV care, mental health services and substance use treatment and obtain stable housing for people who are experiencing homelessness.

SPNS Initiative: Building a Medical Home for Multiply Diagnosed HIV-Positive Homeless Populations (2012 - 2017)

THE CHALLENGE Reduce the barriers to engagement and retention in HIV care by creating a coordinated system of care including HIV primary care, substance use and mental health treatment, and housing and supportive services.

FOCUS POPULATION People 18 years or older who are experiencing homelessness/unstable housing, living with HIV, and diagnosed with mental health and/or substance use disorders.

THE MODEL The nine medical home models had the following characteristics:

- Partnerships between HIV and housing providers
- Integrated behavioral health and HIV services
- 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

KEY FINDINGS

- Training: 60 hours for navigators; 7-hour course for supervisors
- Case size for navigators: 20-30 clients
- Consistent clinical and administrative supervision
- Average length of intervention: 18 months
- Open access to HIV primary care, substance use/mental health services
- Frequent team huddles to address barriers to care and unmet needs
- Provision of emergency housing as a step towards permanent housing

IMPACTS **1,338** clients served from September 2012-May 2017
A sample of 909 SPNS clients enrolled in a multisite evaluation study and results showed:

- 70% achieved viral suppression by 12 months
- Out of 467 clients, 34% were in stable permanent housing and 30% were in temporary housing by 18 months

Plus new partnerships and coalitions among agencies

Learn more: <http://cahpp.org/project/medheart>

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