

# BUILDING A MEDICAL HOME FOR HOMELESS WITH HIV INFECTION

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Jessica A. Davila, PhD  
Associate Professor of Medicine  
Baylor College of Medicine  
Harris Health System

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# Why We Did this Study

- Great success in reducing overall homelessness in Houston/Harris County
  - 8,538 homeless in 2011 → 3,626 homeless in 2016 (57% decline)\*
  - Success attributed to “Housing First” initiative
- HIV management continues to be challenging in homeless or those unstably housed
  - Mental health issues, substance abuse, competing priorities/unmet needs, transportation, stigma
- Goal: Build a new model to provide HIV care for HIV-infected homeless clients
  - Supported by the HRSA Special Projects of National Significance (SPNS) program
  - Harris Health System was one of nine participating sites in the US

\*Reported by Houston Coalition for the Homeless

# What We Did

- Developed a highly personalized, trauma-informed intensive case management approach to engage homeless clients in HIV care
  - Program priorities: (1) housing, (2) engagement in HIV care, (3) substance abuse and/or mental health treatment
  - Client priorities: Any goals set by client
  - Optional services: Cell phone assistance, peer mentoring, medication delivery, HIV care at shelter
  - Frequent client contact upfront with goal of graduating clients into standard care
  - Program staff included service linkage workers and medical case managers/social workers specializing in homeless populations
- Program evaluation component: Baseline and follow-up surveys, qualitative interviews

# What We Found

- 368 clients approached → 239 eligible for services
  - 231 received some services
  - 157 enrolled in program and participated in evaluation
- Predominantly male (75%) and African American (68%)
- 69% literally homeless, 30% unstably housed, 1% fleeing domestic violence

SERVICES PROVIDED			
Service	#	Denominator*	%
Housing Referral	136	150	91%
Cell Phone Assistance	25	74	34%
Peer Mentoring	48	99	48%
Medication Delivery	18	77	23%
Mental Health Referral	129	137	94%
Substance Abuse Referral	131	138	95%
HIV Care at Shelter	23	59	39%
ANY of the above services	150	153	98%

# What We Found - Outcomes

OUTCOME MEASURES BEFORE/AFTER ENROLLMENT		
Outcome	BEFORE**	AFTER
Mean of Best Housing Score (N = 152)***	4.2	2.3
Mean of Most Recent Housing Score (N = 152)***	4.2	2.7
HIV PCP Visit in 6 months	62 (39%)	117 (75%)
VL<200 in 12 months	54 (34%)	95 (61%)

A Lower Housing Score means better housing status

\*\* "Before" includes enrollment day, for VL includes 10 days after enrollment

\*\*\* Patients with an initial score. If no later score, assumed unchanged

0-Permanent Housing
1-Transitional Housing
2-Substance Abuse Facility
3-Insecure Housing
4-Emergency Shelters
5-Inadequate Housing
6-Street Homeless

# What Our Results Mean and Why It Matters

- Intensive case management with focused efforts on housing (in particular) can lead to improved HIV-related outcomes for homeless clients
- However, housing status can change rapidly and some clients need continuous housing assistance
- Client goals are often unrelated to HIV care or obtaining permanent housing
- General life chaos makes service delivery challenging
- Additional resources and increased collaboration among local agencies are needed to support homeless infected with HIV

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