BUILDING A MEDICAL HOME FOR HOMELESS WITH HIV INFECTION

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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

<table>
<thead>
<tr>
<th>SERVICES PROVIDED</th>
<th>#</th>
<th>Denominator*</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Referral</td>
<td>136</td>
<td>150</td>
<td>91%</td>
</tr>
<tr>
<td>Cell Phone Assistance</td>
<td>25</td>
<td>74</td>
<td>34%</td>
</tr>
<tr>
<td>Peer Mentoring</td>
<td>48</td>
<td>99</td>
<td>48%</td>
</tr>
<tr>
<td>Medication Delivery</td>
<td>18</td>
<td>77</td>
<td>23%</td>
</tr>
<tr>
<td>Mental Health Referral</td>
<td>129</td>
<td>137</td>
<td>94%</td>
</tr>
<tr>
<td>Substance Abuse Referral</td>
<td>131</td>
<td>138</td>
<td>95%</td>
</tr>
<tr>
<td>HIV Care at Shelter</td>
<td>23</td>
<td>59</td>
<td>39%</td>
</tr>
<tr>
<td>ANY of the above services</td>
<td>150</td>
<td>153</td>
<td>98%</td>
</tr>
</tbody>
</table>
What We Found - Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>BEFORE**</th>
<th>AFTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean of Best Housing Score (N = 152)***</td>
<td>4.2</td>
<td>2.3</td>
</tr>
<tr>
<td>Mean of Most Recent Housing Score (N = 152)***</td>
<td>4.2</td>
<td>2.7</td>
</tr>
<tr>
<td>HIV PCP Visit in 6 months</td>
<td>62 (39%)</td>
<td>117 (75%)</td>
</tr>
<tr>
<td>VL&lt;200 in 12 months</td>
<td>54 (34%)</td>
<td>95 (61%)</td>
</tr>
</tbody>
</table>

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
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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