



NORTH TEXAS

Engaging Homeless,  
Multiply Diagnosed, HIV  
positive homeless  
persons into medical,  
psychiatric, and  
supportive services

Ben Callaway, LMSW

Miata Everett, LMSW

Luis Moreno, LBSW

6/23/17

# Learning objectives

Participants will be able to:

- Identify barriers faced by homeless, multiply diagnosed, HIV positive persons to accessing medical, psychiatric, and supportive services via the use audio/visual case studies.
- Identify psychotherapeutic interventions utilized to engage the homeless multiply diagnosed HIV positive population in medical, psychiatric, and supportive services.
- Identify and discuss the collaborative relationships that sustain and maintain the homeless, multiply diagnosed HIV positive population in healthcare.

# Introduction

- Persons who are experiencing homelessness, and who are also living with HIV/AIDS, and have mental health and/or substance use disorders face an array of barriers to achieving optimal health and social outcomes.
- Prism Health North Texas (PHNTX) developed the Health Hope and Recovery program to address the needs of this population.

# Introduction

- Health Hope and Recovery provides intensive care coordination and behavioral interventions with a staff of three full-time highly experienced social workers.
- This presentation will explore client and provider perspectives regarding how to engage this population in:
  - Psychiatric care
  - Primary HIV medical care
  - Respite care
  - Emergency and permanent support housing

# Introduction

- To explore each component, we shall share an audio clip from the composite client narrative and a video clip from a provider followed by a discussion of relevant interventions utilized.

# Trauma and stigma

- Two important themes that will emerge through the presentation are the impact of trauma and stigma- related to both HIV and mental health and/or substance use disorders.
- Understanding trauma and stigma are key to providing successful intervention.

# Harm Reduction

- Effective use of harm reduction strategies is key to successfully intervening with this population.
- A study by Thakrar et al, 2016 suggests that addiction services offered nonjudgmentally and onsite can help HIV positive persons using illicit drugs, access HIV medical care and promote viral suppression.

# CASE VIGNETTE



# Client arrives in Dallas

- The Metro Dallas Homeless Alliance conducted a Point in Time count on 1/26/17 and identified 3,789 homeless persons in Dallas and Collin counties.
- Unsheltered homeless count went up from 739 in 2016 to 1,087 in 2017(MDHA, 2017)
- Client speaks about arriving in Dallas.

# Accessing identification documentation

- A major barrier to accessing housing is lack of identity documents, such as state ID card, birth certificate, and social security card.
- Without these documents a homeless person is unable to access housing, including some shelters.

# Interventions to enable access to ID documents

- The care coordination team at Prism Health North Texas launched processes to:
  - pay for ID documents for clients
  - provide safe storage of ID documents
- A case management supervisor speaks about the [impact](#) of the program.

# Accessing psychiatric care

- Persons experiencing homelessness often have much higher rates of trauma diagnoses, ranging from 38% to 53%, compared to 2% to 3% of the general population (Fazel et al, 2014).
- In a sample of nearly 6500 homeless persons in Boston, 79% were diagnosed with behavioral health disorders (Bharel et al, 2013).
- Trauma Informed Care “refers generally to a philosophical/cultural stance that integrates awareness and understanding of trauma” and that has shown promise in the fields of mental health and homelessness (Hopper et al, 2010).
- [Client speaks about psychiatric care.](#)

# Accessing psychiatric care

The care coordinators:

- Utilized psychotherapeutic interventions, including Motivational Interviewing and trauma informed approaches to assist clients work towards their goals.
- Helped clients to engage in psychiatric care including psychotherapy and medication management.
- Behavioral Health Counselor speaks about [trauma](#) and [stigma](#).

# Client needs surgery

- Persons experiencing homelessness often have greater physical health needs than the general population (Bharel et al, 2013).
- Client will [explain](#) what happened when he had an acute, unexpected health need emerge.

# Respite care for the homeless

- Respite care has been shown to reduce future hospitalizations. One study found that in the 12 month period after homeless persons were hospitalized, the group that received respite care had 58% fewer inpatient days and 49% fewer hospital admissions than the group that did not receive respite care.(Buchanan et al, 2006).
- Homeless persons often receive suboptimal hospital care, especially at the time of discharge (Greysen et al 2012).
- Respite care can provide clients with refuge from stigma.
- PHNTX clients have benefited significantly from receiving respite care from a partner agency.
- Staff of the partner respite program speaks about [collaboration](#) and providing a [safe environment](#).

# Client is ready to access HIV medical care

- Homeless persons are 3.84 times more likely to have incomplete viral suppression (Thakarar, 2016).
- The Health Hope and Recovery study found that for many clients housing and/or substance use treatment was more important than medical care; the program therefore developed care plans based on client goals.



# Providing HIV medical care to homeless persons

The Health Hope and Recovery program showed that:

- When medical providers appropriately address the unique barriers of homeless HIV positive persons, there is a significant impact on client's adherence to treatment.
- An interdisciplinary approach is important – working with nurses, behavioral health counselors, other staff as well as the client helps achieve optimal client outcomes.
- A PHNTX physicians speaks about the unique barriers faced by these clients and approaches to meeting their needs.

# Assisting with housing needs

- The path to obtaining housing is challenging - many documents have to be gathered, and chronic homelessness has to be proven through detailed processes.
- ID documents are very important, since most housing programs require identification.
- Health Hope and Recovery clients had challenges in accessing housing because of judgmental providers and burdensome requirements.
- Client [explains](#) his journey from respite care to housing and medical care.

# Assisting with housing needs

- Whereas housing assistance interventions can be challenging, they positively impact health outcomes. A comprehensive review conducted in 2016 found that “interventions meeting housing needs of people with HIV can significantly improve their connection to HIV care, adherence to treatment, and health outcomes” (Aidala et al 2016).
- Evidence also suggests that longer time spent homeless leads to lower likelihood of achieving viral suppression, providing impetus for housing HIV positive homeless persons quickly using client centered modalities such as Housing First (Loh et al, 2016).

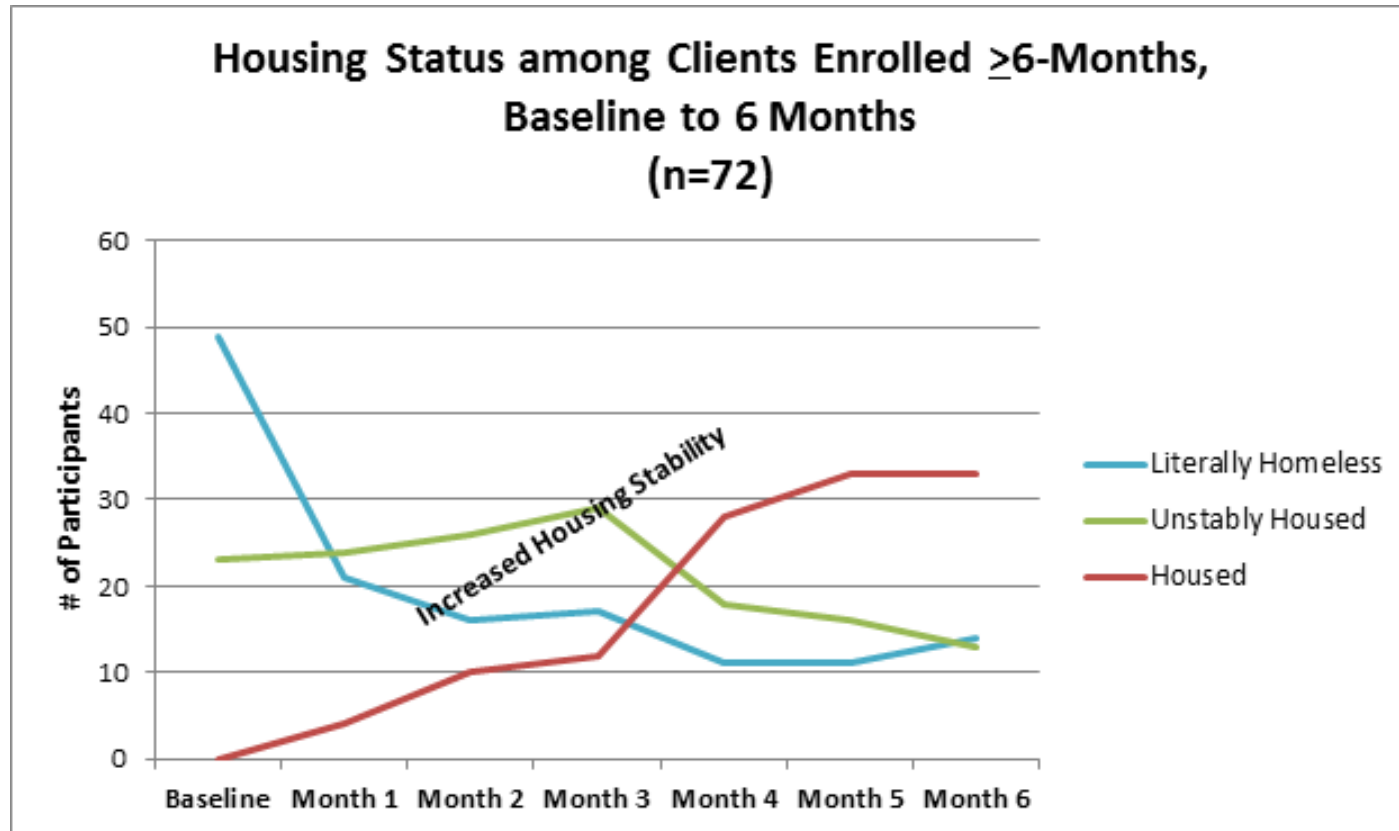
# Assisting with housing needs

The Health Hope and Recovery Team:

- Developed formalized partnerships with housing programs to secure guaranteed vouchers for clients.
- Built relationships with landlords, so that clients could quickly utilize their voucher and actually obtain housing.
- Advocated informally for Housing First policies and for client choice within the HIV housing community.
- A housing partner speaks about permanent supportive housing as a [starting place for change](#), as well as [housing first](#) and [collaboration](#) with the Health Hope and Recovery team.

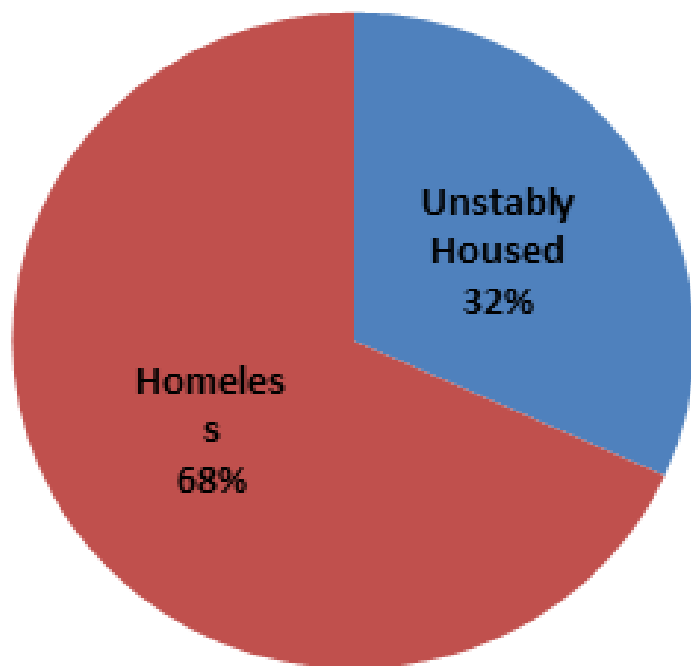
# Outcomes

# Housing Outcomes - 2016

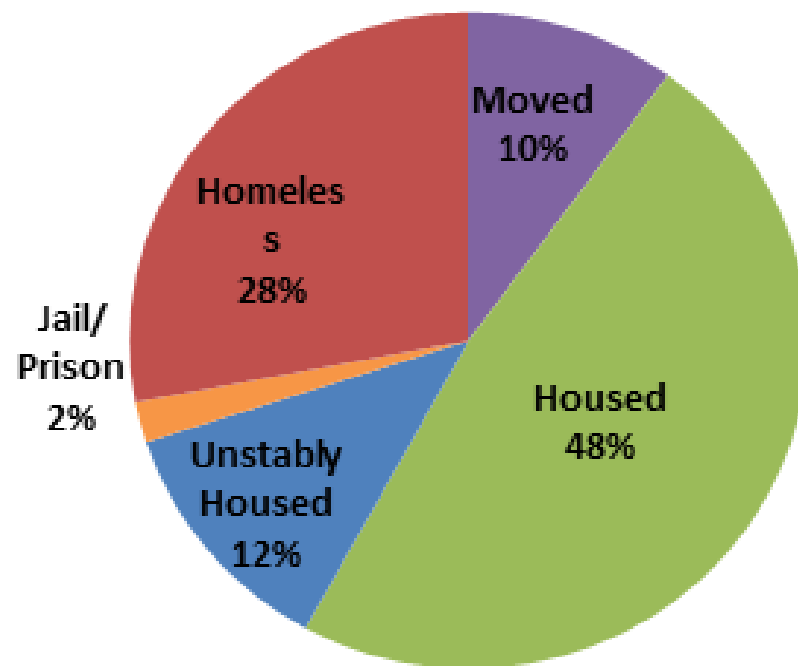


- For clients receiving six months of intervention
- It took an average of 4.5 months from baseline to obtaining permanent housing
  - 71% of client achieved housing status

## Housing Status at Baseline (n= 126)



## Housing Status as of June 2016 (n= 126)\*



# Retention in Care Outcomes - 2015

|   |     |      |
|---|-----|------|
| Total # of Clients Enrolled in 2015   | 108 | 100% |
| Evidence of Care in 2015  | 83  | 77%  |
| At least 1 HIV visit during period 1: Jan-Jun 2015  | 60  | 56%  |
| At least 1 HIV visit during period 2: Jul-Dec 2015  | 74  | 69%  |
| *"Engaged"  | 51  | 47%  |
| *Engaged= 1 visit during each 6-month period (Period 1: Jan-Jun, Period 2 Jul-Dec)  |     |      |
| Medical engagement may be an underestimate. Medical visit history only available for clients receiving care at Prism Health North Texas clinic. |     |      |



# Bringing it all together

- It takes a village of social workers, case managers, doctors, nurses, therapists, and landlords to help the HIV positive dually diagnosed person who is experiencing homelessness to achieve optimal health and social outcomes.
- The client story that was showcased, articulates many challenges faced by the client and some strategies to address them.
- It is always important to acknowledge clients' resiliency and strength as well as their efforts toward achieving positive outcomes.

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# Special thanks to the following:

- Twonnette Pack
- Brooke Nickerson-Henderson
- Dr. Gene Voskuhl
- Justin Vander
- Nicole Chisolm
- Anna Pereida
- Dr. Manisha Maskay