HIV Care Services Fundamentals Call
Person-centered Care for Vulnerable Populations: A Case Study
August 28, 2019
1:00 p.m.

Facilitators: **Desty Muturi, HIV Care Services Trainer**
Desty.muturi@dshs.texas.gov

Liza Hinojosa, Project Coordinator, UT-Austin
Liza.hinojosa@austin.utexas.edu

Presenters: **Dr. Manisha Maskay, MSc, MS, PhD**
Chief Program Officer, Prism Health North Texas
Manisha.Maskay@prismntx.org

Presentation Summary

Dr. Maskay presented on a demonstration project/study supported by the Health Resources and Services Administration, HIV/AIDS Bureau, Special Projects of National Significance (SPINS), 2012-2017. Below is a brief summary of the presentation. The full slide presentation is attached.

Person-centered Care for Vulnerable Populations: A Case Study

- Prism Health North Texas (PHNTX), one of 9 sites tasked with developing/implementing a model of care for people living with HIV (PLWH), co-diagnosed with mental health and/or substance misuse disorders, experiencing homelessness
- Key components:
  - Integrated within PHNTX person-centered care model
  - Intensive care coordination and behavioral intervention
  - Skilled in providing care to people with complex needs and co-occurring disorders
  - Mobile: able to meet with clients at places and times convenient to them
- Strategic focus on strengthening/sustaining partnerships
- Critical Elements for Success:
  - Client Level Engagement
  - Service Delivery Model
  - Capacity Building
  - Sustainability
  - Leveraging Resources
- Key Outcomes:
  - 120 enrolled in study
    - 75% achieved stable housing
    - 85% achieved viral suppression compared to 43% at baseline
  - reduced stigma (unexpected outcome)

Q & A/Comments/Discussion:

- How long after a person is housed do clients stay in your program?
  - We continue case management based on acuity and need
  - Follow HRSA guidance regarding non-medical case management

- On-going medical care
- Continue behavioral health as indicated
- Use acuity scale recommended by DSHS

- How would you recommend a similar project to be scaled out or made replicable? What funding or resources are needed?
  - Evaluation of processes in comparison to outcomes is important – will help you decide what are the critical elements to maintain in the program
    - i.e. - Tangible reinforcements – need to know what works with your population
  - Being flexible in terms of meeting the needs of the individual
  - Use other agency funds to strategically support program
    - Some support received by individual donors

- What have you found to be successful for patients experiencing homelessness that refuse treatment?
  - Motivational interviewing techniques
  - "meeting the client where they are at"
  - Meeting basic needs (food, housing, etc.) allowed clients to be more receptive to program

- Homeless Management Information System (HMIS)
  - Electronic system that documents episodes of homelessness
  - Able to see other agencies that "touch" same client to build timeline
  - Priority housing is based on homelessness timeline created in HMIS

- Addressing HIV stigma through the project:
  - Noted perceived and experienced stigma was higher for HIV (vs. substance use disorder or mental health issues)
  - Strength based and solutions focused care, and non-judgmental approach helped to address stigma
  - Talking with other health care partners to de-stigmatize HIV
  - Unexpected outcome – reduced stigma among clients enrolled in project

- Resource document produced by PHNTX:
  - https://ciswh.org/wp-content/uploads/2017/06/HHR-prism-health.pdf

If you have additional questions about discussion from this call please contact:

Desty Muturi at Desty.Muturi@dshs.texas.gov

Next call is September 24th @ 1:00 p.m.