

SHELTER PLUS CARE

Evidence-Informed Structural Intervention

INTERVENTION DESCRIPTION

Goals of Intervention

- Maintain safe and stable housing
- Improve CD4 count
- Increase viral load suppression

Target Population

- Homeless people with HIV/AIDS

Brief Description

Shelter Plus Care is a supportive housing program in Cincinnati, Ohio that provides rental assistance and supportive services to homeless persons with HIV and their partners or families. It is regulated and funded through the U.S. Department of Housing and Urban Development (HUD), which consolidated Shelter Plus Care and other forms of housing assistance into its Continuum of Care program. The program provides rental assistance for permanent housing to participants who live in apartments of their own choosing in the community. Supportive services are customized to meet each participant's needs and goals, and includes access to HIV medicine, adherence education, harm reduction interventions, life-skills support, transportation, Medicaid and Supplemental Nutrition Assistance Program (SNAP) application assistance, and employment support.

Theoretical Basis

None reported

Intervention Duration

- Participants may remain in the program as long as they continue to meet eligibility criteria and comply with program requirements. Average length of stay in the program = 35.2 months (min/max: 3.2 – 108.1)

Intervention Setting

- Caracole, Inc.—a nonprofit AIDS Service Organization in Cincinnati, Ohio

Deliverer

- Case manager and housing specialist

Delivery Methods

- Rental assistance and supportive services

Structural Components

- Social determinants of health – Survival
 - Provided rental assistance and supportive services

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact **Elizabeth A. Bowen**, School of Social Work, University at Buffalo, State University of New York, 685 Baldy Hall, Buffalo, NY 14260.

Email: eabowen@buffalo.edu for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location Information

The original evaluation study was conducted in Cincinnati, Ohio between 2008 and 2016.

Key Intervention Effects

- Increased CD4 counts
- Increased viral suppression

Recruitment Settings

- Caracole, Inc.—a nonprofit AIDS Service Organization in Cincinnati, Ohio

Eligibility Criteria

Homeless people living with HIV were included in the analyses if they entered the Shelter Plus Care program between January 1, 2008 and June 30, 2016. The sampling frame was inclusive of participants who remained in the program and those who exited the program during this time period. The analyses were conducted on participants with a CD4 count and viral load recorded within last 12 months or within 12 months of discharge from the program.

Study Sample

The study sample of 86 participants is characterized by the following:

- 78% male, 22% female
- 67% African American
- Mean age of 40.5 years
- 28% CD4 count > 500 cells/mm³ at intake
- 66% viral load < 200 copies/mL at intake
- 64% reported a problem with substance use
- 62% reported a mental health condition

Assignment Method

- Not applicable

Comparison

A pre-post research design was used. Post-intervention data (e.g., participant data at program exit or most recent time point in the database for participants who remained housed) were compared to baseline data collected at program entry.

Relevant Outcomes Measured

- CD4 count was measured at program exit or at the most recent time point and defined as having a “healthy CD4 count” at >500 cells/mm³.
- Viral load was measured at program exit or at the most recent time point in the database for participants who remained housed and defined as viral suppression at <200 copies/mL.

Participant Retention

Because participant retention is not a criterion for the Structural Interventions (SI) chapter, the Prevention Research Synthesis project does not evaluate that information.

Significant Findings on Relevant Outcomes

- There was a significant change in percentage of participants with a healthy CD4 count from baseline to program exit or most recent time point in the database for participants who remained housed (28% vs 45%, McNemar $\chi^2 = 11.84$, $p < 0.01$).
- The percentage of participants achieving viral suppression increased from 66% to 79% while in the program (McNemar $\chi^2 = 4.84$, $p < 0.05$).

Strengths

- None identified

Considerations

- Length of stay in the Shelter Plus Care program was significantly positively associated with viral suppression, (M=37.9 months among virally suppressed vs. M=24.8 months among virally not suppressed, $t = 1.66$, $df = 84$, $p < 0.05$).
- Health insurance at intake was significantly positively associated with viral suppression (McNemar $\chi^2 = 5.73$, $p < 0.05$); however, prior incarceration was significantly negatively associated with viral suppression (McNemar $\chi^2 = 6.18$, $p < 0.05$).

Additional significant positive findings on non-relevant outcomes

- None reported

Non-significant findings on relevant outcomes

- None reported

Negative findings

- None reported

Other related findings

- None reported

Implementation-related findings

- None reported

Adverse events

- None reported

Funding

The Shelter Plus Care program is funded through the U.S. Department of Housing and Urban Development. The evaluation study was not funded.

REFERENCES AND CONTACT INFORMATION

Bowen, E. A., Canfield, J., Moore, S., Hines, M., Hartke, B., & Rademacher, C. (2017). [Predictors of CD4 health and viral suppression outcomes for formerly homeless people living with HIV/AIDS in scattered site supportive housing](#). *AIDS Care*, 29, 1458-1462.

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