

Housing First and Harm Reduction Practices and Standards for HIV+ Individuals in a PSH Program

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Caracole, Inc.

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- ASO since 1988, serving HIV + individuals and their families
- Housing only agency until 2011
- Started as transitional housing/hospice
- Received Shelter Plus Care (PSH) grant in 1998
- Absorbed funding from other ASO and Planned Parenthood in Cincinnati and obtained care and prevention funding

Mission and Services

- To reduce the impact of HIV/AIDS through housing, care, and prevention.
 - Medical case management with a focus on viral load suppression
 - Housing case management with a focus on housing first
 - Prevention services
 - Walk in HIV, HCV, Syphilis testing
 - Safer injection and safer sex education
 - Partner education

Housing Ready vs. Housing First

- In the past, recovery first then subsidized housing as a reward
 - To enter transitional housing and PSH, requirement was SA treatment, stable HIV, MH care
- Housing First principals support our opinion that housing is a right, not a privilege
 - Improves both HIV health and public health

Caracole Housing Continuum

- Scattered site permanent housing
 - PSH 115+ vouchers
 - HOPWA TBRA 25 vouchers
- Program size depends on household size and income
- Site Based Housing
 - 19 units
 - Harm Reduction model
 - Highest needs clients
- Unique challenges of each program
 - Implementing harm reduction in a group living setting
 - Necessity of effective landlords and property managers

Who We Serve

- 66% male, 31% female, 3% transgender
- 75% African American
- Average age of 40 (down from 45 just 1 year ago)
- 73% have received an AIDS diagnosis
- Average monthly income is \$682
- 300%+ increase in people who inject drugs within the past year; 10 out of 12 new housing clients are PWIDs
- 50% of clients in new site based program are currently injecting heroin

Housing First as Harm Reduction at Caracole

- Decrease in criminal charges
- Decrease in hospitalizations/use of ER for medical care
- Better health outcomes related to HIV and co-morbid conditions
 - Viral load suppression is harm reduction
- Decrease in sex work, specifically survival sex work
- Increase in medication adherence
- Decreased probability of complications related to substance use
- Increase in overall stability
 - 85% of clients maintained CD4 health (above 500; within the last 18 months)
 - 77.27% of clients maintained VL suppression (102/132; within the last 18 months)
 - Clients with healthy CD4 counts at exit have higher monthly incomes (\$258+)

Housing Team and Program Implementation

- Housing Specialists assigned 58 clients each
- Housing Case Management Team:
 - Higher needs clients, lower case load to fit new model
- Clients choose who they want to live with and where they live
- Agency now has prevention services in house, including ability to provide HIV and Hep C testing, safer sex and disclosure education, and safer injection practices.
- Housing team is in the client's home at least every 3 months

Site Based PSH Case Management

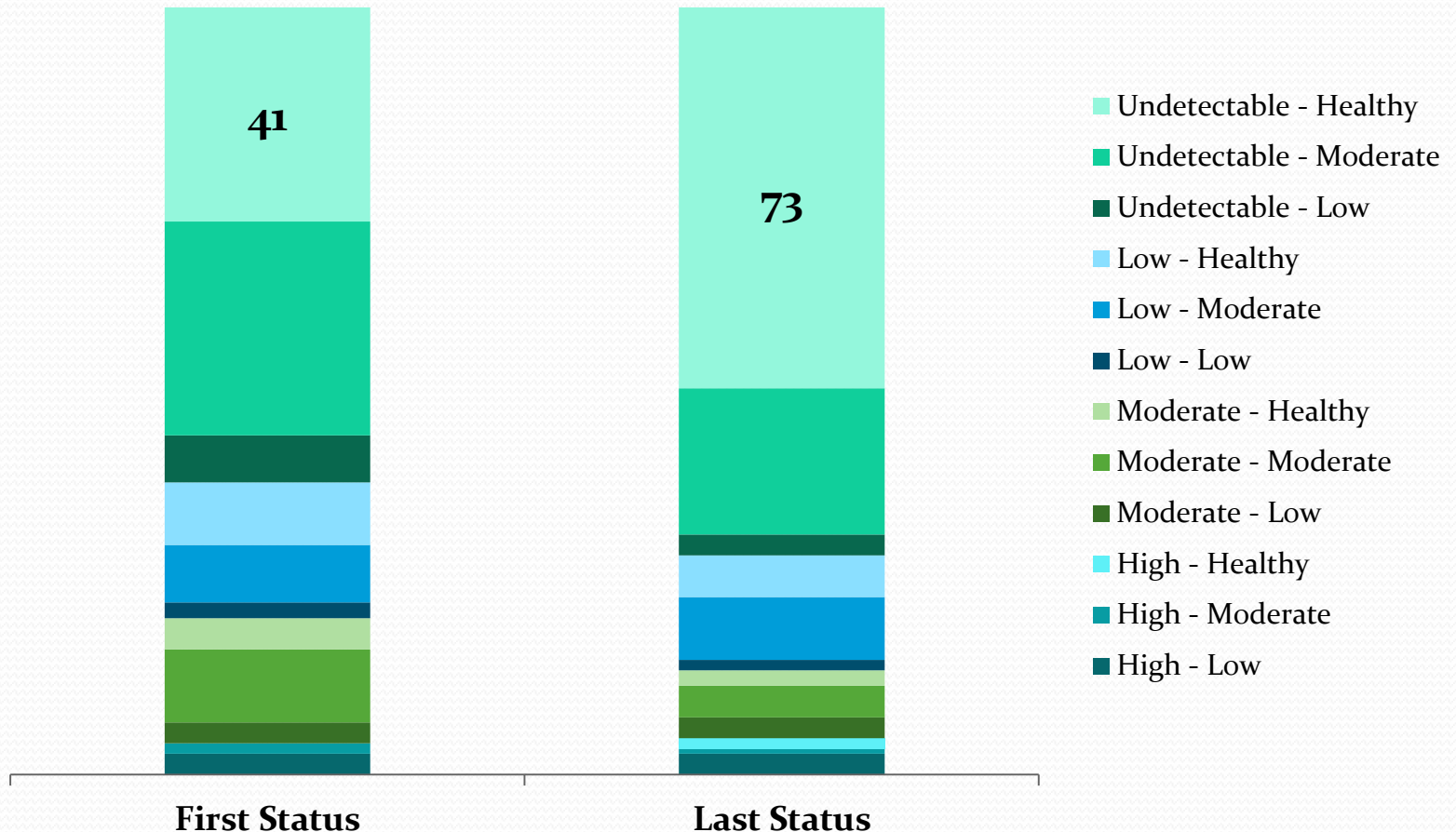
- Each client is assigned a Medical Case Manager who specializes in housing
- Program Manager is onsite
- Staff 24 hours a day, 7 days a week
- Low barrier
- Each tenant receives Naloxone upon entry, safer injection training, staff is trained on Naloxone administration
- Medical Case Manager provides medication access, transportation to appointments, HIV education, support to program staff

Case Management Impact

- Holistic Approach
- Medical Case Managers assigned 30 housing clients, 30 lower needs case management clients
- Goals of Case Management include: viral load suppression, access to life saving medications, and accessing medical care.
- Team Approach-Medical Case Manager and Housing Specialist work together to provide continuity of care.
 - Regular home visits, care conferences, team supervision meetings, open discussion about drug use, sex work, self care, safer sex.

T Cell Counts & Viral Load

Last Status Change by First Status



2017 HUD related outcomes

- Remained in/exited to permanent housing: 98%
 - Community Standard: 97%
- Increased/maintained income: 56%
 - Community Standard: 53%
- Increased/maintained earned income: 12%
 - Community Standard: 9%

Challenges

- Supporting staff and other professionals in working with client resistance and ethical issues with Harm Reduction model
- Staff burn out
- Criminal justice system
- Lack of access to treatment-specifically Medication Assisted Treatment (Suboxone/Methadone)
- Lack of community mental health resources
- Client engagement after housing is secured
- Lack of affordable housing in 'safe' neighborhoods
- Difficulty maintaining relationships with landlords
- Building client trust

Incentives

- In an effort to increase client engagement, staff opted to utilize incentives, moving away from a punitive model
 - Monthly optional tenant class with food, bus cards, household supplies
 - Gift cards for grocery stores and restaurants
 - Donated household items
 - Clients in site based PSH receive all necessary items for an apartment upon lease up
 - Transportation to medical appointments has increased home visit attendance and positive HIV health results
 - Condoms, lube, safer sex materials

Case Study

- 34 year old, transgender female, HIV+, crack addiction
- 29 arrests since 2000
 - Most for soliciting while HIV+, theft, drug paraphernalia
- 14 unique bouts of homelessness since 2008
- Moved from the shelter to our permanent housing program in 2016; VL was 71,000 at intake
- Attended ID medical appointment for the first time in over 2 years, reports adherence since appointment
- Connected to job readiness program, has maintained housing, has decreased survival sex work and drug use
- VL is undetectable, CD4 is above 300

Case Study

- 37 year old male, HIV and Hepatitis C, IV drug user
- Experienced chronic homelessness, continually street homeless for over 5 years
- History of poor medication adherence, numerous overdoses, frequent arrests for panhandling, trespassing
- In permanent housing program for over 2 years
- Cd4 increased from 178 to 471, viral load decreased from 149,000 to 0 since he obtained housing
- Access to Hepatitis C treatment for the first time
- Connected with the local SEP for clean syringes and agency provided Naloxone, no arrests or overdoses since housing
- Attends Tenant Class every month

Case Study

- 28 year old male, HIV+, crack addiction, Schizoaffective disorder
- Chronically street homeless, 7 unique bouts of homelessness
- History of hospitalizations and arrests, all related to mental health, sex work, and drug use
- Housed client in May 2016 after 3 years of housing focused case management
- Has maintained an undetectable VL; CD4 is 718
- No arrests, obtained payee, team used unconventional DOT method to maintain positive health outcomes and client engagement