

## Housing First and Harm Reduction Practices & Standards

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### Mission:

- Caracole's mission is to decrease the impact of HIV/AIDS through housing, care and prevention services.

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### Housing Ready vs. Housing First

- ASO since 1988, serving HIV + individuals and their families
- Housing only agency until 2011
- In the past, recovery first then subsidized housing as a reward
- Harm Reduction principals support our opinion that housing is a right, not just for those in recovery.

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## Caracole Housing Continuum

- Scattered site permanent housing
  - SPC 115 vouchers
  - PSH 25 vouchers
- Program size depends on household size and income
- Transitional community
  - 16 beds
  - Peer to peer harm reduction model
  - Transition to site based PSH
- Unique challenges of each program
- Implementing harm reduction in a group living setting
- Necessity of effective landlords and property managers

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## Who We Serve

- 75% male
- 71% African American
- Average age of 40
- 73% have received an AIDS diagnosis
- Average monthly income is \$682
- Significant increase in people who inject drugs (PWID) within the past year. 65% of new housing clients in last 12 months are PWID's
- Overall health disparities include AA/MSM, PWID's, and people under 30 years of age

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## Housing First as Harm Reduction at Caracole

- Increase in medication adherence
- Decrease in hospitalizations/use of ER
- Better health outcomes related to HIV and co-morbid conditions
  - Viral load suppression is harm reduction
- Decrease in sex work, especially survival sex work
- Decrease in criminal charges
- Decreased probability of complications related to substance use
- Increase in overall stability
  - 81% of clients maintained CD4 health
  - 69% of clients maintained VL suppression
  - Clients with healthy CD4 counts at exit have higher monthly incomes (\$258+)

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## Overdose Prevention as Harm Reduction

- Agency purchased initial 30 Narcan kits specifically for clients in our housing programs
  - Distributed via Medical Case Managers and Housing Specialists for clients and/or household members
  - As of this date, 50% of distributed kits have been used
- Agency purchased Narcan for all staff and provides ongoing trainings
  - Narcan administration
  - Signs of an overdose
  - Harm Reduction centered supervision

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## Housing Team and Program Implementation

- Housing Specialists assigned 55 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
- Housing team is in the client's home at least every 3 months

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## Case Management Impact

- Holistic Approach
- Medical Case Managers assigned 30 housing clients, 30 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.

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## Prevention & Education Impact

- Works in tandem with Housing and CM to achieve a holistic approach
- Ability to provide HIV and/or HCV testing on-site
- Education to clients on...
  - Narcan administration
  - Overdose prevention
  - Safer injection practices
  - Safer sex practices
- Client centered counseling and motivational interviewing

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## Individual Interventions & Group Education

- Individual intervention is tailored to the individual needs and wants
  - Medication adherence, viral suppression
  - Substance use and interaction with medications
  - Ohio felonious assault law
  - Transmission and prevention of transmission
  - Dating/sexual relationships with HIV
- Group education is informed by client surveys
  - Disclosure of status to sex partners and others
  - Life-skills training—budgeting, grocery shopping, food preparation, navigating systems (social and medical)
- Peer-to-peer education
  - Sharing of knowledge, experiences, and tips/tricks

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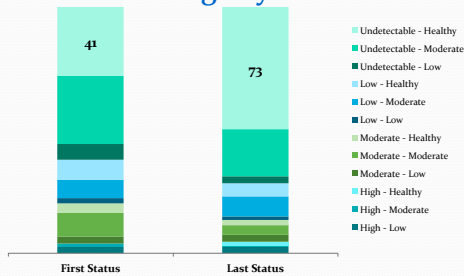
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## T Cell Counts & Viral Load Last Status Change by First Status



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### HUD related outcomes-2015

- Remained in/exited to permanent housing: 100%
  - Community Standard: 97%
- Increased/maintained income: 68.4%
  - Community Standard: 59%
- Increased/maintained earned income: 16.7%
  - Community Standard: 10%

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### Challenges

- Supporting staff and other professionals in working with client resistance
- Lack of community resources
- Client engagement after housing is secured
- Criminal justice system
- Lack of access to treatment-specifically Medication Assisted Treatment (Suboxone/Methadone)
- Lack of affordable housing in 'safe' neighborhoods
- Difficulty maintaining relationships with landlords
- Stigma of HIV and lack of education/knowledge
- Some community push back to our efforts

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### Case Study

- 34 year old, transgender female, HIV+, crack use
- 28 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
- Attended ID medical appointment for the first time in 18 months
- Connected to job readiness program, has maintained housing, has decreased sex work and drug use
- Update: client went to prison for 11 months and re-entered our program after release

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### Case Study

- 37 year old male, HIV and Hepatitis C, PWID
- Chronically homeless, continually homeless for over 5 years
- History of poor medication adherence, numerous overdoses, frequent arrests for panhandling, trespassing
- In permanent housing program for over 12 months
- Cd4 increased from 256 to 471, viral load decreased from 149,000 to 83 since he obtained housing
- Access to Hepatitis C treatment
- Connected with the local SAP for clean syringes and Narcan, no arrests, significantly less overdoses since housing

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### Case Study

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

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### Case Study

- 31 year old female, HIV+, PWID, street homeless for 2 years
- Boyfriend was diagnosed HIV+ in jail 4/2016 and disclosed status right away
- On 10/17/16 she came onto community testing van parked outside of a soup kitchen/pantry and tested positive on rapid, then was confirmed the following week
- Prevention, CM, Housing have worked to move her along our continuum of care
- She is in the process of engaging in CM services and our goal is to house her in our PSH program
- She had made efforts to obtain housing in past 2 years, but local programs required that she not be actively using any substance; this is not a requirement of our program

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