


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

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caracole
An AIDS Service Organization in Cincinnati, Ohio

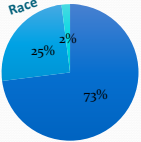
Our Mission Statement: To reduce the impact of HIV/AIDS through housing, care and prevention.

Founded in 1987, Caracole House was the first licensed adult care facility in Ohio for people living with HIV/AIDS.

Today, Caracole serves more than 1500 clients living in an eight county region in Southwest Ohio with six primary programs.

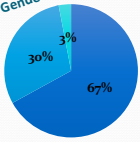
Who We Serve

Race




■ African American ■ Caucasian ■ Other

Gender



■ Male ■ Female ■ Transgender



682
Average Monthly Income

Received AIDS Diagnosis.....73%
People Who Inject Drugs (PWID).....17%
Increase in PWID from 2015.....5%
Men Who Have Sex with Men.....62%
Average Age of Client 2017.....40
Average Age of Client 2016.....45

Caracole Housing Continuum Shelter Plus Care

- Permanent Supportive Housing Program
 - PSH 112 vouchers
 - 48% of clients report substance abuse
 - Long term subsidy
 - Higher barrier clients/Low barrier housing
- Permanent Supportive Housing at Caracole House
 - 19 furnished apartments
 - 24 hour staff
 - Harm Reduction model
 - Highest needs clients

48%
PSH Clients
Reported
Substance
Abuse

Caracole Housing Continuum Housing Opportunities for People Living With AIDS, HOPWA

- Tenant Based Rental Assistance Program
 - 20 vouchers
 - Size depends on household size and income
 - Short term subsidy
 - 20% of Clients in the program report substance abuse
- Permanent Housing Placement Program
 - Help with Deposits
 - Help with first month's rent or last month's rent
- Short Term Rental Mortgage and Utility Assistance Program
 - Disconnect or Foreclosure or Eviction Notice needed
 - Short term (Up to about 5 months of help)
 - Last resort

20%
TBRA Clients
Reported
Substance
Abuse

Housing Ready vs. Housing First

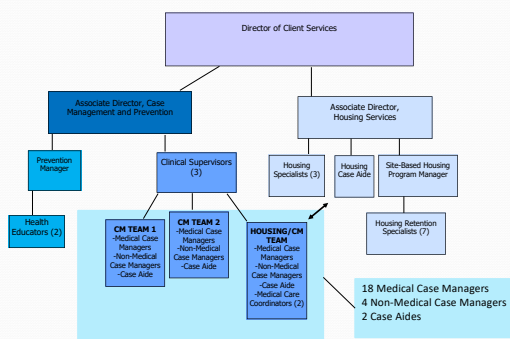
BEFORE:

- Recovery, mental health, and income came first
- Housing Ready was a reward
- Housing Ready didn't stop the high number of people experiencing homelessness

NOW:

- Housing is a Right, not a Reward
- Housing = Healthcare (And we have the data to prove it!)
- Housing is Harm Reduction

Caracole Organizational Structure



Medical Case Manager and Housing Specialists Team Approach

- Team Approach- Medical Case Manager and Housing Specialists 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
- They encourage clients to choose who they want to live with and where they live.
- Housing team is in the client's home at least every month or every 3 months.
- Medical Case Manager and Housing Specialists have defended roles, however have some cross training and can assist and support each other in both roles.

Case Management Impact

- Holistic Approach (staying within Social Work Ethical guidelines)
Motivational Interviewing, Harm Reduction
- Medical Case Managers assigned about 30 case management clients and about 30 Housing Clients
- Goals of Case Management include: viral load suppression, access to life saving medications, and accessing medical care, healthy living with HIV, assist client through systems (insurance, government programs, grant assistance programs)
- Case Managers Advocate for clients and refer and connect to outside agencies when needed (ie. Mental health, Drug and Alcohol treatment, ODJFS, or payee services)

Housing Specialists Impact

Everything housing

- Leases
- Eviction notices
- Tenant classes
- Teaching soft skills
- Motivational Interviewing for small goals
- Advocating for clients with landlords

Harm Reduction Approach

Home Visits

- Individual approach
- Knowing their strengths and weaknesses
- Home visits allow us insight into their daily environment
- Creates trust

Narcan/Needle Exchange

- 38% of clients in housing are people who inject drugs
- Safe injection trainings
- Narcan training
- Other Harm Reduction techniques

38%

Of clients in housing are people who inject drugs

Motivational Interviewing/Goal Setting

Harm Reduction Outcomes

Viral load suppression is Harm Reduction

Increase in medication adherence

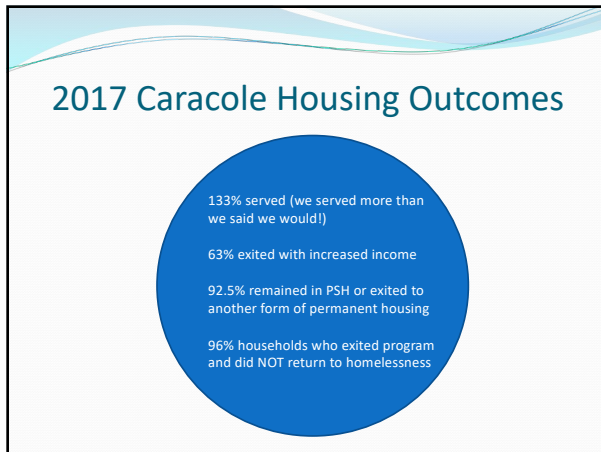
- 82% of TBRA clients maintained VL suppression
- 80% of PSH clients maintained VL suppression

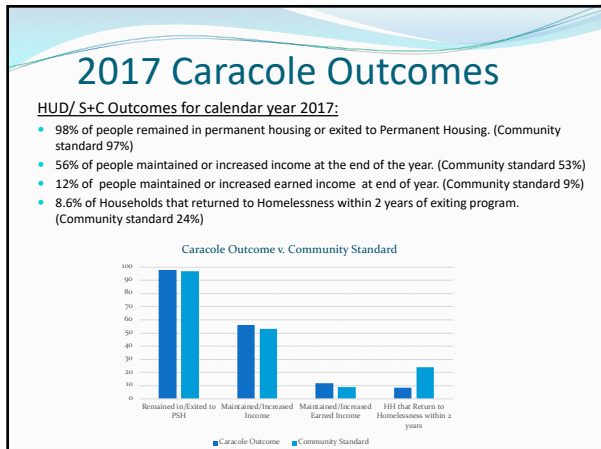
Clients with healthy CD4 counts at exit have higher monthly incomes

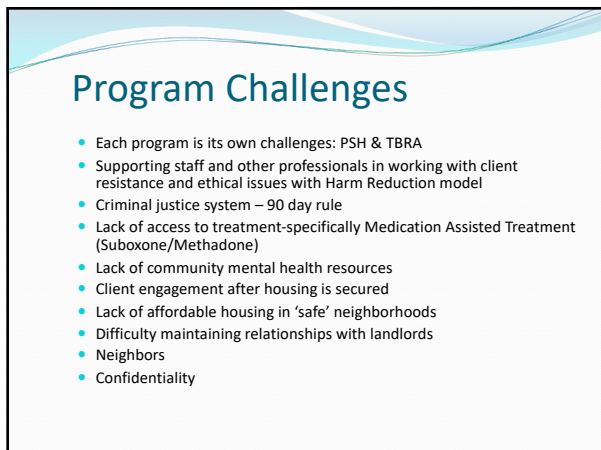
- 76% of TBRA clients maintained or increased total income at exit
- 63% of PSH clients maintained or increased total income at exit

Decreased probability of complications related to substance use

Decrease in sex work, specifically survival sex work







Case Study Success: Beth

- First documented Homeless in 2002
- Had 7 separate instance of Homelessness from 2002 – 2017, lasting from one month to 3 months, never truly stably housed
- Was in Caracole Transitional House 5 separate times
- Entered Caracole S+C in August 2017 (8 Months now in program)
- Has held a job
- Pays rent on time
- Reported several relapses in the beginning, but has maintained housing without interruption and without job loss
- Client started working with Medical Care Coordinator in February 2017 with Harm reduction model and Viral Load 585
- Viral Load at last doctor appointment was Undetectable

HOPWA Case Study Success: John

- 65 Year old African American
- Mentally and physically abused
- Addicted to cocaine and alcohol
- Rehoused to a better situation
- Life skills, advocated
- Rent paid, hot meals, medical adherence
- Money left over every month is his alone

Harm Reduction Case Study Exercise

- Stella is a 43 year old white, pre-operation Male to Female self identifying person who is transgender. Stella is new to your housing program, and moved to the area from Florida, she has not stated why she came to the area and has no family here.
- She is accompanied with her 27 year old boyfriend, and reported that her and boyfriend have been together for 15 years. Stella engages in sex work to get money and drugs, and Stella reports that her boyfriend has been doing a lot of drugs lately. Stella reports that she drinks occasionally and uses crack when she can afford it.
- She is on SSI for income and boyfriend has no income.
- Stella and her boyfriend have been living in an apartment for three days when the landlord called the housing specialist to explain that the neighbors have reports of Stella and the boyfriend fighting.
- The police have been to the apartment a few times already due to domestic violence. The landlord is wanting to evict the client due to the fights which caused damage to the apartment and a broken window.
 - What would you do as a Case Manager or Housing Specialist?
 - What would harm reduction look like in this scenario?
