

Housing First and Harm Reduction Practices and Standards

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 principles support our opinion that housing is a right, not just for those in recovery.

Caracole Housing Continuum

- Scattered site permanent housing
 - SPC 108 vouchers
 - PSH 25 vouchers
- Program size depends on household size and income
- Transitional community
 - 16 beds
 - Peer to peer harm reduction model
- Unique challenges of each program
- Implementing harm reduction in a group living setting
- Necessity of effective landlords and property managers

Housing First as Harm Reduction at Caracole

- Decrease in criminal charges
- 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
- Increase in medication adherence
- Decreased probability of complications related to substance use
- Increase in overall stability

Housing Team and Program Implementation

- Housing Specialists assigned 55 clients each
- Housing Team:
 - Higher needs clients, lower case load to fit new model
- Client guided service delivery
 - Housing team is in the client's home at least every 3 months or more, per client request/need
 - Increased focus on employment and financial independence
 - Monthly tenant class
 - More successful graduations
 - Client chooses where they live and who lives with them

Case Management Impact


- Holistic Approach
- Medical Case Managers assigned 25 housing clients, 50 case management clients
- Housing Case Management Team:
 - 2 housing specialists, 4 medical case managers, 2 supervisors
 - Monthly small group supervision to discuss housing specific 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, open discussion about drug use, sex work, self care, safer sex.



HIV Lab and Medical Updates



Caracole Shelter Plus Care and TBRA

January 1, 2000-March 19, 2015

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- Caracole's HIV Labs / Medical Update forms allows case managers to record T Cell Counts and Viral Load results throughout the client's engagement with Caracole projects
 - Additional fields such as “source” (doctor or self reported) and “medication adherence” rates will allow for more meaningful data analysis
 - Collected data supports the belief that housing = healthcare

■ HIV labs / medical updates

Use this form to record lab and test results.

Date	 Date entered	 For intake on	 Type	Program
 9/15/2014	9/15/2014	9/15/2014	Update	CARA - Case Management

HIV labs / Medical tests

T-Cell (CD 4) (absolute)

--> Date

Yes

6/23/2014

--> Result

822

--> Source

Doctor report

Viral load

Yes

--> Date

6/23/2014

--> Result

Undetectable

--> Source

Doctor report

How many HIV doctor/clinic appointments have you had in past 6 mos.? **2**

Date of last appointment

Date of next appointment

10/6/2014

Practices safer sex

Abstinence

Medication adherence

95% - 100%

Opportunistic infections / AIDS diagnoses

Shingles

Yes

--> Diagnosis date

--> Current treatment

none

--> Notes

Long text field for notes.

Immunized Hepatitis A?

Yes

Immunized Hepatitis B?

Yes

Notes

Long text field for notes.

T Cell Counts Overview

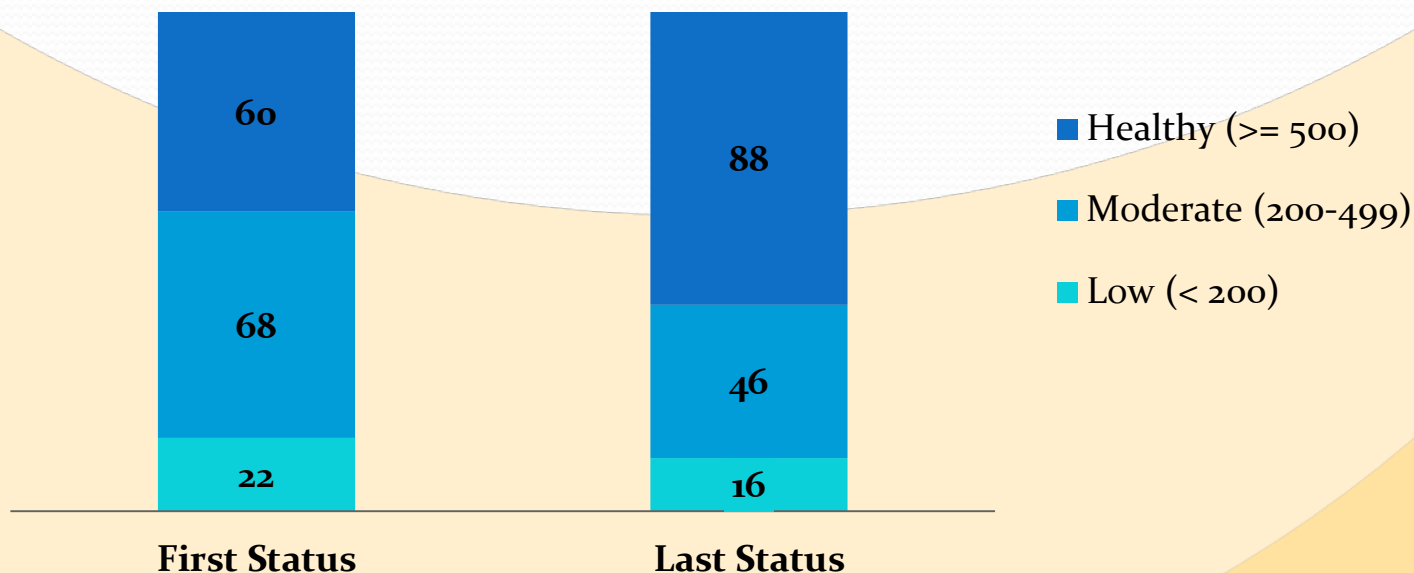
First Status	Count of Clients	Average T Cell Count
Low (< 200)	22	131
Moderate (200-499)	68	344
Healthy (\geq 500)	60	795
Grand Total	150	493

Last Status	Count of Clients	Average T Cell Count
Low (< 200)	16	114
Moderate (200-499)	46	364
Healthy (\geq 500)	88	821
Grand Total	150	605

T Cell Counts

Change in Status Overview

First and Last Status:
Aggregate Count of Clients

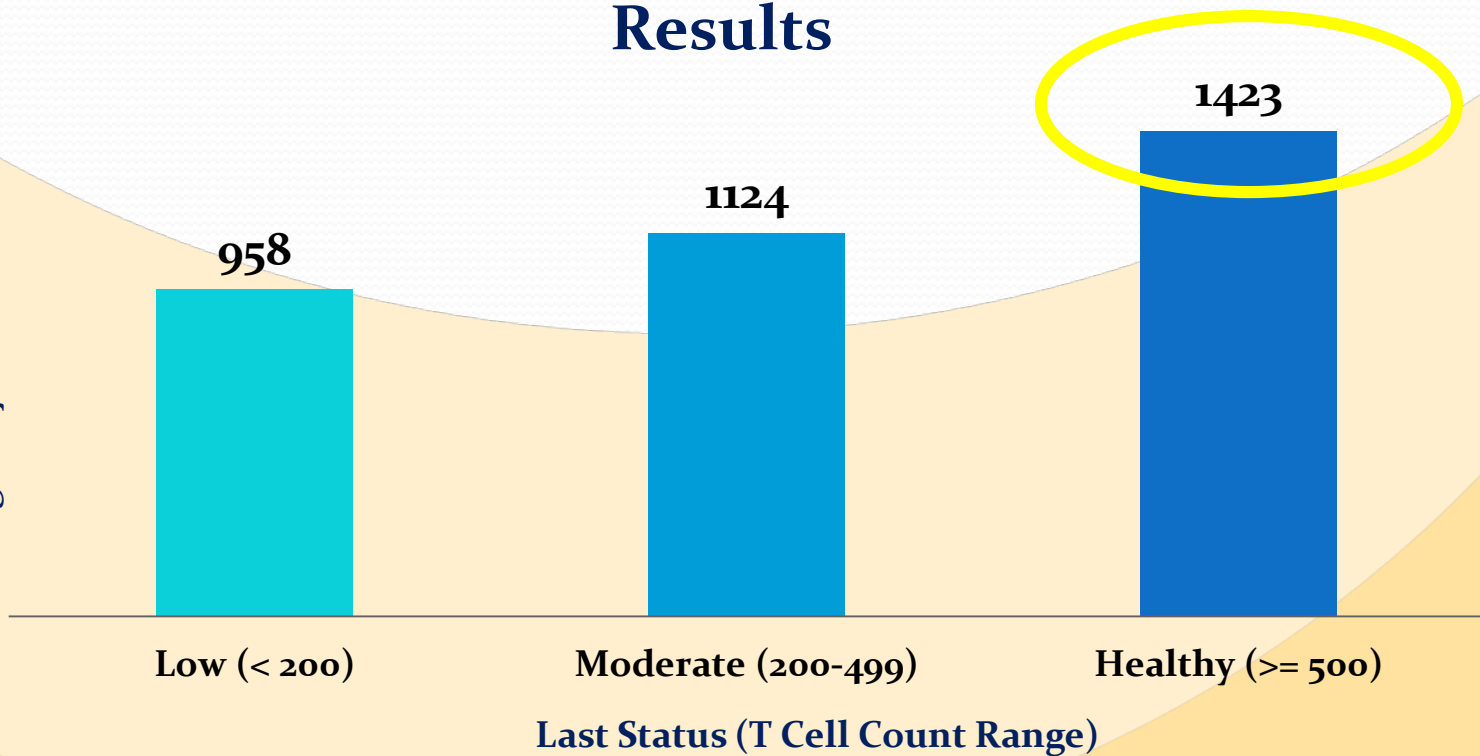


T Cell Counts

Last Status and Days Between Results

Average Days Between First and Last Results

Average Days Between Results



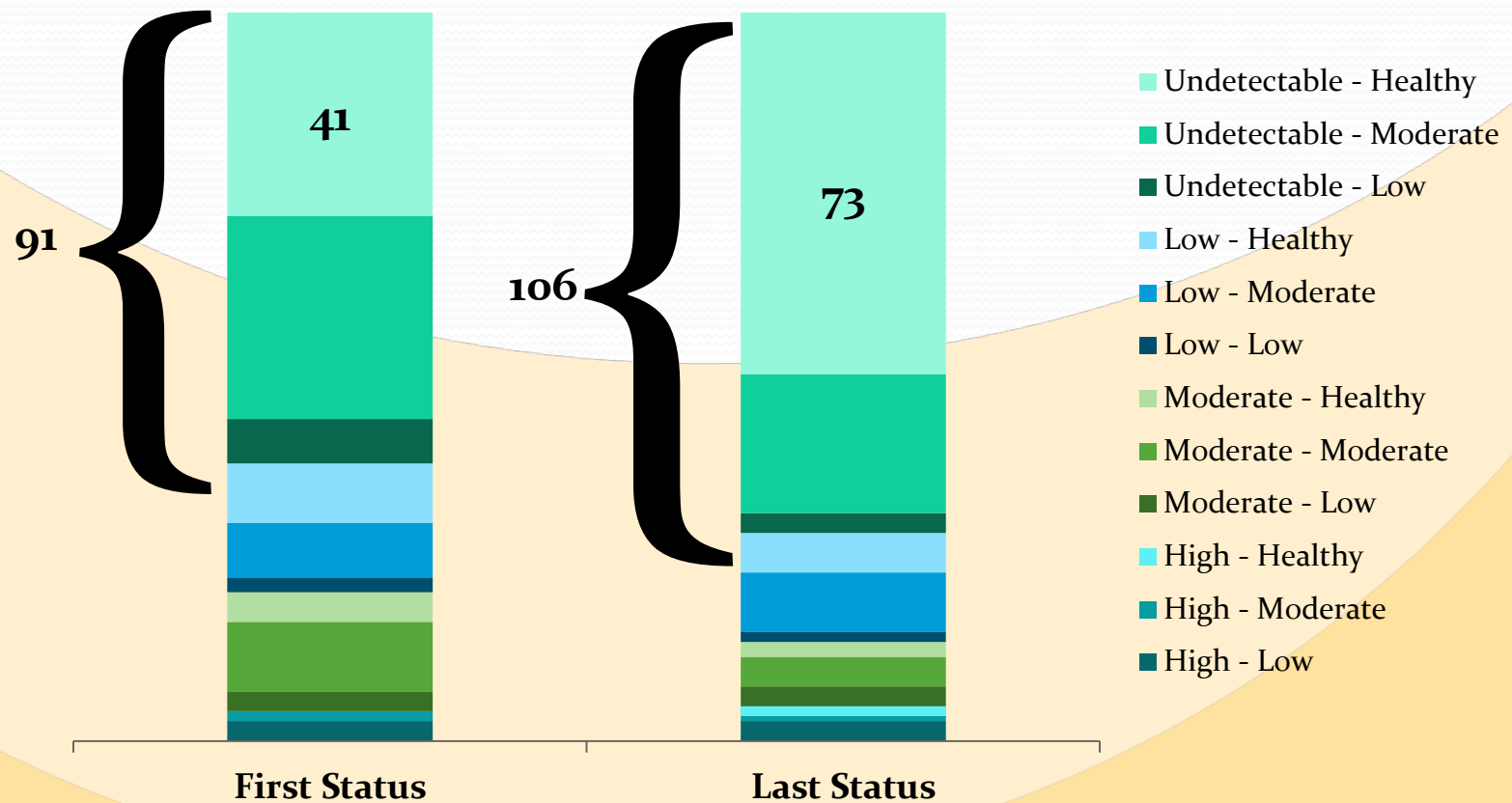
Viral Load Results Overview

First Status	Count of Clients
High ($\geq 50,000$)	6
Moderate (500 - 49,999)	24
Low (20 - 500)	26
Undetectable (> 20)	91
Grand Total	147

Last Status	Count of Clients
High ($\geq 50,000$)	7
Moderate (500 - 49,999)	[REDACTED]
Low (20 - 500)	22
Undetectable (> 20)	[REDACTED]
Grand Total	147

T Cell Counts & Viral Load

Last Status Change by First Status



HUD related outcomes

- Remained in/exited to permanent housing: 98.6%
 - HUD Community Standard: 80%
 - 0 clients have returned to homelessness in the last 2 years
- Increased/maintained income: 71.5%
 - HUD Community Standard: 54%
- Increased/maintained earned income: 15.7%
 - HUD Community Standard: 20%

Challenges

- Supporting staff and other professionals in working with client resistance
- Criminal justice system
- Lack of access to treatment-specifically Medication Assisted Treatment (Suboxone/Methadone)
- Lack of community resources
- Client engagement after housing is secured
- Lack of affordable housing in 'safe' neighborhoods

Case Study

- 34 year old, transgender female, HIV+, crack addiction
- 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

Case Study

- 37 year old male, HIV and Hepatitis C, IV drug user
- 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 6 months
- Cd4 increased from 256 to 471, viral load decreased from 149,000 to 226 after he obtained housing
- Access to Hepatitis C treatment
- Connected with the local SEP for clean syringes and Narcan, no arrests or overdoses since housing