The Integration of Supported Housing Programs within a “Treatment as Prevention” Pilot Initiative in Vancouver, BC

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Overview

• Background

• Housing Program Interventions:
  – Stabilization Housing
  – Supported Housing
  – SILS (Supported Independent Living Subsidies)
  – Temporary SILS

• Results

• Recommendations
Background

• Seek and Treat for Optimal Prevention of HIV/AIDS (STOP) Project
  – 3 year pilot (April 2010 to March 2013)
  – Expand HIV testing, treatment and support
  – 30+ pilot initiatives

• Housing resources were recognized as pivotal components of a comprehensive approach to reaching and engaging complex clients
Housing Program

- Vancouver STOP piloted 3 housing interventions:
  1. **Stabilization Housing** - Temporary housing in a shelter setting, with clinical and social supports, to stabilize clients where homelessness is a major barrier to engagement in care and treatment initiation/re-initiation.
  2. **Supported Housing** - Longer term housing in a congregate setting with clinical and housing supports.
  3. **Supported Independent Living Subsidies (SILS)** - Subsidized rental subsidies, with peripheral social and clinical supports.
     - Temporary SILS – Provide financial assistance, related to housing, while long-term housing plan is enacted.

- **Client criteria:**
  - Clients who were homeless or marginally housed
  - Actively required support with HIV management and care
  - Detectable viral load in the 6 months prior to intake
Stabilization Housing

Model:

• Partnered with external housing agency to provide temporary shelter-based housing and clinical support for up to 10 clients at any given time
• Beds located in a shelter in the Vancouver Downtown Eastside
• Housing Outreach Workers (shared with SIL Program) worked collaboratively with an HIV clinical outreach team to provide stabilization support
• Target population: HIV+ clients discharging from hospital and/or living with unstable housing or on the street
Supported Housing Description

Model:

- Partnered with a local mental health housing organization to provide 25 units in a congregate housing setting for HIV+ clients
- Tenant Support Workers worked collaboratively with a clinical outreach team to provide intensive housing and clinical case management supports
- Residents could store and receive medication administered on-site
- One-third of housing units designated for Aboriginal clients
Supported Independent Living Subsidies (SILS)

Model:
- Partnered with external housing agencies to provide up to 15 ‘Supported Independent Living Subsidies’ for individuals and families
- Supports include market rental subsidies, housing outreach workers and clinical outreach support as needed
- Greater housing independence and less intensive clinical supports
- Expanded program to include ‘temporary’ SILS – short term financial assistance (1-3 months) to enable clients to obtain or maintain affordable housing and prevent disruptions in housing
## Results - Stabilization Housing

### Demographics

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # clients referred to stabilization bed program</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>Total # clients received stabilization bed</td>
<td>40</td>
<td>75%</td>
</tr>
<tr>
<td>Age range</td>
<td>26-60</td>
<td>-</td>
</tr>
<tr>
<td>Median age</td>
<td>38</td>
<td>-</td>
</tr>
<tr>
<td># Female clients</td>
<td>15</td>
<td>28%</td>
</tr>
<tr>
<td># Male clients</td>
<td>38</td>
<td>72%</td>
</tr>
<tr>
<td># self-identify as Aboriginal</td>
<td>26</td>
<td>49%</td>
</tr>
</tbody>
</table>

### Pre-referral vs Post-referral

- **Pre-referral**: 20%
- **Post-referral**: 60%

Client referred to program > 6mo, VL < 200
Results – Supported Housing

March 2011 to December 2012

<table>
<thead>
<tr>
<th>Demographics</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # individuals housed</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Total # clients referred to the program ≥ 6 months</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td># clients discharged</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Age range</td>
<td>26-60</td>
<td>-</td>
</tr>
<tr>
<td>Median age</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td># Female clients</td>
<td>17</td>
<td>45%</td>
</tr>
<tr>
<td># Male clients</td>
<td>21</td>
<td>55%</td>
</tr>
<tr>
<td># self-identify as Aboriginal</td>
<td>15</td>
<td>39%</td>
</tr>
</tbody>
</table>

Mean community viral load was calculated as the viral load of all reported HIV-positive individuals in the supported housing cohort (N=37)
### Results – SILS

**March 2011 to July 2013**

<table>
<thead>
<tr>
<th>Demographics</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # individuals housed</td>
<td>&gt;15</td>
<td>-</td>
</tr>
<tr>
<td>Total # families housed</td>
<td>&gt;15</td>
<td>-</td>
</tr>
<tr>
<td>Age range</td>
<td>26–56</td>
<td></td>
</tr>
<tr>
<td>Median age</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td># Female clients</td>
<td>-</td>
<td>77%</td>
</tr>
<tr>
<td># Male clients</td>
<td>-</td>
<td>23%</td>
</tr>
</tbody>
</table>

- 61% of SILS clients are single mothers with children
- 62% of the SILS clients either self identify as Aboriginal or African
- Complex clients with greater housing independence and less intensive housing & clinical supports
4. Temporary SILS – Case study

• Demographics
  – 25 yr old Caucasian gay male
  – Active CSW, addicted to crystal meth

• Situation prior to intervention
  – No income assistance, only income through CSW
  – Unstable housing, previously renting apartment, lost housing, couch surfing & bathhouse
  – Through several clinical interactions at CSW drop-in and Bathhouse clinics, client encouraged to increase frequency of testing due to on-going high risk sexual behaviours, q1-2months
  – Client referred to team for comprehensive risk reduction support
  – Difficult to engage with as due to chaotic lifestyle/substance use
  – Diagnosed with acute HIV at STI Clinic approx. 3 months after initial contact
  – Client living f/t in bathhouse at time of diagnosis, high VL and at risk for on-going transmission

• Intervention
  – Quick engagement with client due to pre-established relationship built through outreach clinics
  – Offered immediate SIL support for rent and damage deposit as no income support at time of diagnosis
  – Client surprised and appreciative of SIL support and helped to continue to build relationship with team

• Results from Intervention
  – Stable housing found within 1 week
  – Income application completed. Client now receiving $175/month in rent top-up
  – Fast tracked into primary care, ARV therapy initiated at client’s request with no adherence issues at approx. 1 month
Recommendations

• Results indicate supported housing is an important component in stabilizing health:
  – Increased adherence leading to viral load suppression
  – Increased capacity for HIV self-management

• Clients with more intensive clinical support (stabilization and supported congregate housing) had better overall outcomes than those with the more independent SILS

• Further exploration of support-mix required for SIL housing, to ensure successful clinical outcomes for complex clients, as well as families/clients with children.

• Temporary assistance a useful tool toward long-term stabilization
Questions?

Please contact Miranda Compton if you have any additional questions: miranda.compton@vch.ca