Leading To Care

Learning Institute: Evidence-Based Advocacy ● September 27, 2013
Who Does SHARP Serve?

HIV Positive Persons with challenging behaviours requiring a high level of supervision

HIV Positive Persons requiring daily support

HIV Positive Persons requiring weekly supports

HIV Positive Persons requiring intermediate supports

HIV Positive Persons

Individuals at Risk of Contracting HIV

Individuals housing and support needs can move up and back down the pyramid, as circumstances change for them

Due to the advancement of treatment and care of PWLA’s, for most individuals their state of health can change drastically over the course of their lives.
Who Does SHARP Serve?

Client Profile … becoming increasingly complex

- Heterosexual Female
- Gay/Lesbian/Bisexual/Transgendered
- Heterosexual Male
- Hepatitis C
- First Nations / Aboriginal (approx. 25%)
- Substance Use
- HIV-related Neurological Disorders
- Mental Illness
- Dementia
- Brain Injury
- Parkinson’s Disease
- History of Abuse / Violence
- Cancers
- Physical Disabilities
- Sex Trade Background
- Criminal Backgrounds
- Below Poverty Level (100%)
- New Canadians
- Seniors (average age increased from 45 in 2010 to 54 in 2013)
- History of Chronic Homelessness
- Stigma / Discrimination
SHARP’s Spectrum of Integrated Care
the SHARP Foundation subscribes to a harm reduction approach
### Client Care & Support

<table>
<thead>
<tr>
<th>Program</th>
<th>Beswick House</th>
<th>Scott House</th>
<th>Project 2011</th>
<th>Project Kathleen</th>
<th>Carlyle Common</th>
<th>Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>24/7 Staff Support</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident Mentor (Peer)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Medication Administration</td>
<td>X</td>
<td>X</td>
<td>0</td>
<td>X</td>
<td>0</td>
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</tr>
<tr>
<td>Direct Observed Therapy</td>
<td>X</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>Appointment Management</td>
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<td>X</td>
<td>0</td>
<td>X</td>
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</tr>
<tr>
<td>Nutrition Management</td>
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<td>X</td>
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<tr>
<td>Family Support</td>
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<td>X</td>
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<td>X</td>
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<tr>
<td>Subsidized Rent</td>
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<td>X</td>
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<td>X</td>
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<td>X</td>
</tr>
<tr>
<td>Case Management / HMIS</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Financial Management</td>
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<td>X</td>
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<td>X</td>
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<td>X</td>
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<tr>
<td>Active Living Programming</td>
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<td>X</td>
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<tr>
<td>Nursing Care</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
What Do We Measure / Monitor?

**Intake:**
- Number of referrals
- Referring agency
- Profile Details
- Assessment of Need
- Orientation / Risk Mngt.

**Physical Supports including:**
- Housing
- Handi-Bus
- Escorted Appointments
- Equipment

**Medical Supports including:**
- HIV Specialist (monitoring viral load / medication)
- Family Physician
- Medical Laboratory
- Psychiatrist
- Paramedic Visits
- Emergency Visits
- Hospital Admissions / Days in Hospital

**Medical Supports (continued):**
- Clients at end-of-life
  - No. of days
- Palliative Care Nurse visits
- Ultrasound
- Laser Clinic
- MRI
- Dentist
- Dermatologist
- Diabetes Clinic
- Dietitian
- Haematologist
- Hearing Specialist
- Liver Specialist
- Neurologist
- Optical Care
- Pain Clinic
- Wound Care

**Spiritual Supports including:**
- Type / Frequency
- Conversations

**Psychosocial Supports including:**
- Community Social Worker
- Substance Use Treatment Programming
- Psychologist
- Life Skills Training
- Recreation – Type / Frequency
- Volunteer Engagement
- Anger Management

**Financial Supports including:**
- Income
- Trusteeship / Fin. Admin.
- Tax Form Completion

**Legal Supports including:**
- Calls to Police
- Arrests
- Parole Officer Visits
- Court Visits
- Legal Counsel
- Wills / Personal Directives
# Social Return On Investment

<table>
<thead>
<tr>
<th>With SHARP</th>
<th>Without SHARP</th>
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</thead>
<tbody>
<tr>
<td>· Care, support and a home for highly-marginalized clients</td>
<td>· Highly-marginalized, at-risk individuals live on the street</td>
</tr>
<tr>
<td>· Clients are cared for through integrated medical, emotional, social and spiritual supports</td>
<td>· No / limited support resulting interactions with police &amp; Emergency Medical Services</td>
</tr>
<tr>
<td>· MAXIMUM cost per day of care at SHARP = $100</td>
<td>· Cost per client; per day in the hospital = $1,600*</td>
</tr>
<tr>
<td>· MAXIMUM cost for one year of care at SHARP = $36,500</td>
<td>· AVERAGE annual cost of a homeless person = $105,000**</td>
</tr>
<tr>
<td></td>
<td>· Estimated lifetime cost of an HIV infection in Canada = $1 million***</td>
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</tbody>
</table>

Intervention: SHARP Health Manager

Objectives:

• Expand spectrum of care
• Enhance care / case plans
• Improve staff capacity to assist with more complex health profiles
• Improved client investment in personal wellness
• Increase physical capacity for more complex behaviour
Intervention: SHARP Health Manager

Expand Spectrum of Care
Achieved in first year of implementation

- Improved ability to perform in-home assessments and care
- 61% decrease in EMS calls and emergency visits
- 100% decrease in palliative home care nurse visits (84 visits in 2010)
- 48% increase in clients (outreach)
- 36% increase in preventative health
- 38% increase in appointments kept; total of 87% of appointments made were attended

Examples of care provided by Health Manager are: wound care, diabetes management, pain management, monitoring vitals, chronic constipation and other side effects of HIV meds, etc.
Intervention: SHARP Health Manager

Enhance Care / Case Plans
Achieved in first year of implementation

- Developed policies and procedures to meet Alberta Seniors and Community Supports current standards of care for licensing
- Completed review of and documented client support processes for three homes
- Developed on-line case management tool
- Customized and implementing Homeless Management Information System
Intervention: SHARP Health Manager

Improve Capacity of Staff
Achieved in first year of implementation

- All SHARP caregivers meet the Government of Alberta Health Care Aide (HCA) competency requirements
- Training on harm reduction and specific client care ex. diabetes, pain management, mental health, addictions – ongoing (in-house and external partners)
- Improved staff satisfaction with support (86% high satisfaction)
- 53% decrease in calls from support staff to supervisors
Intervention: SHARP Health Manager

Increase Client Participation in Wellness

Achieved in first year of implementation

- 100% maintaining medication regimen
- 23% increase in participation in addictions treatment / recovery
- 24% increase in weekly group and individual support sessions
- 26% increase participating in activities offered by other agencies
- 23% increase participating in activities offered by SHARP

Indicators of improved wellness – participating in more activities inside and outside the home, initiating/maintaining weight management plan, maintaining HAART and other medications in a timely manner and willingness to discuss health issues with staff.
Intervention: SHARP Health Manager

Increase Capacity To Support Complex Behaviours
Achieved in first year of implementation

• Completed study on (U2) definitions
• Signed 3-year service contract with Alberta Health Services
• Created 12 new partnerships for Project Kathleen
• Hired and training 7 new staff members
• Facility being renovated to meet all care requirements

Healthyhousing.ca:
“@sharpfoundation.ca so exciting! #Project Kathleen”
Twitter, Sept.30, 2011
Intervention: Individualized Care

Meeting Hope (My Kathleen)

- Came to Beswick at age of 25
- HIV+, Hep C+, substance user, physical disabilities
- 12 year history of violence/sex work/corrections/homelessness
- Barred from all community services due to behaviours
- Distrustful of authority
Intervention: Individualized Care

Supporting Hope

- Challenged our caregivers to be adaptive
- Health was stabilized, we began to help Hope overcome her other physical, mental, legal and emotional challenges
- Started with small goals, building with time
- Began trusting in her new “family”
- Re-engaged with ‘old’ family
- Became comfortable confiding her hopes and dreams with others
- Created her own life.

“As We Changed, Hope Changed” Senior Caregiver
The SHARP Foundation is leading a Western Canada research study into the impacts of housing and supports for individuals living with HIV – completed service mapping.

Co-Principal Investigator is Dr. Catherine Worthington, University of Victoria.

Research & Advisory teams included reps from all Western provinces, Fife House (Toronto), Ontario HIV Treatment Network and Dr. Angela Aidala (Columbia University).
Clients with complex needs represent a significant challenge for front line workers.

Assisting individuals presenting to health and social services (often in crisis) have complicated issues associated with, but not limited to chronic disease, addiction, mental health, homelessness and contact with the criminal justice system.

In many cases an HIV diagnosis is not the primary defining issue in clients with complex needs rather only one component of the many underlying conditions that influence challenging and problematic behaviour.

Framed in a human rights / harm reduction structure.

Developed by subject-matter experts throughout the community.

Interactive case studies.

“This is too good not to share with other agencies.” Funder.
Thank You

• A special THANKS to all our partners and supporters without whom we could not do our work.

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