

Improving Health Outcomes Through Harm Reduction Housing

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Learning Objectives

- Identify the needs of the homeless population living with HIV in Pittsburgh
- Detail the positive medical outcomes of this innovative program
- Highlight peer staff as being integral to the success of supportive housing and medication adherence for people living with HIV.
- Demonstrate how to plan and implement a harm reduction, housing first program with no county, state or federal funds

Positive Health Clinic

- 500 patients with HIV
- High percentage with drug and alcohol or mental health diagnosis or both
- 90% of patient on treatment have undetectable HIV viral loads
- All staff work from a harm reduction perspective
- Highest % of patients with negative outcomes were those that were homeless

Why were some patients homeless?

- All housing programs in Pittsburgh, and in most cities, are tied to to some level of abstinence
- Abstinence from alcohol, drugs, violence, jail time and psychotic episodes
- If you are homeless and actively experiencing the above issues then you are probably not eligible for housing programs
- There's a shortage of low income housing for even the "ideal" candidate

Common attributes of a patient at the PHC who was homeless

- Actively using a substance and/or struggling with a mental health issue and not receiving mental health treatment
- Behind on rent to landlord and utility companies
- Not interested in stopping substance use and fearful of the mental/medical health community
- Interested in feeling better and in starting medical care

Common attributes of a patient at the PHC who was homeless

- Significant criminal background history, mainly for possession of substances or for some activity related to getting substances
- Never successfully lived in an apartment on their own
- Does not know how to be a good tenant and does not understand the basic rules of a landlord/tenant relationship

“Sally”

- Known HIV status since age of 17
- Significant mental health disorders including sexual predator
- Now 29 and living in and out of nursing homes and personal care homes due to advanced AIDS and behavioral health issues

“Sally”

- Social worker referred her to all available mental health and homeless programs
- Kicked out of every independent apartment she was placed in
- Every outpatient case manager available was assisting her but housing issues could not be resolved

A substance “abuser”

- All substances lumped into same category
- If you are using an illegal substance than you are an abuser
- The medical community started and continues to perpetuate stereotypes of substance users
- Medical community fears being blamed

Institutional Barriers to Optimal Care

- Poor outreach into out-of-treatment drug using communities, especially IDU’s
- Appointment only services
- Care is based in settings where mutual distrust is high and the provider has power
- Withholding of controlled substances and hypervigilance for “drug-seeking” behavior

Institutional Barriers to Optimal Care

- Poor access to clinical trials, state of the art therapies, and even standard of care
- Medical care is fragmented from mental health, housing, drug treatment and other services
- Incarceration of drug users creates dangerous interruptions in care and housing
- Moral and legal stigma associated with drug use undermine the patient-provider relationship

“Kristin” before

- 42 y/o AA female
- Dual diagnosis of schizophrenia and crack use
- Sex worker
- Street homeless for 7 years since death of husband to AIDS

“Kristin” before

- Could not face The Open Door staff for the interview
- Disappeared for three months then moved into The Open Door
- In jail four times during year and a half stay
- Did not know how to live in an apartment

Harm Reduction

- Harm Reduction is a set of practical strategies that reduce negative consequences of drug use.
- “... a client-centered approach to working with people ‘where they are’ rather than ‘where they should be’ as dictated by treatment providers.”

» G. Alan Marlatt, Ph.D.

Harm Reduction

- Recognizes the real and tragic harm and danger associated with drug use.
- Recognizes that illicit drugs and illicit drug use is a part of our world.
- Harm reduction works to minimize harmful effects of drugs through practical steps focusing on those harms which drug users themselves see as most problematic for them.

Harm Reduction

- Differs from traditional models for addressing drug use
- Does not assume that drug users are powerless to control their behaviors
- Assumes that drug users themselves are the primary agents of reducing the harms of their drug use.

Harm Reduction is Patient Centered

- Assess and address the issue that the patient sees as most immediate need (food, shelter, pain, depression,)
- Develop a relationship of trust and mutual respect with clear boundaries
- Learn the past to help patient figure out how they have successfully dealt with problems before on their own
- Evaluate the role substances play in the life of the patient (what, how much, why)

The Open Door

- The mission of the Open Door is to provide a supportive housing program that improves the health of the forgotten population of high risk, chronically homeless people living with HIV.
- Provides harm reduction supportive housing to people living with HIV.

The Founders Goals

- To increase awareness that stable supportive housing will improve both adherence to medical appointments and health outcomes.
- Providing individuals with their own independent housing will increase CD4 counts and decrease viral loads.
- To identify that people can be adherent with medical appointments and medication without reducing or ceasing substance use if provided with supportive housing.

Who does The Open Door Serve?

- Chronically homeless
- In need of HIV medication and have trouble taking it
- Reasons for being chronically homeless include behaviors such as too many guests in and out, drug or alcohol related offenses, loud music/noises, complaint from other tenants, non payment of rent/utilities
- Currently using street drugs or alcohol in a harmful way

Is the person ready for The Open Door?

- Interested in living in a supportive housing environment where everyone else in the apartment complex is HIV positive
- Interested in working on their own goals, which do not have to include the reduction of substances but does have to include participating in medical care

Is the person ready for The Open Door?

- Stigma of living in HIV only housing
- Peer pressure, both negative and positive
- High risk neighborhood
- Facing the consequences of being out of care for so long
- Not just housing, it's also a program that you have to be involved in

Why Harm Reduction Housing Works

- People can be honest
- People have their own place and are safe
- Creative solutions to problematic behaviors such as:
 - Payee services
 - Work for pay
 - Accompany residents to appointments

Why Harm Reduction Housing Works

- Positive and incentive based feedback for residents
- Offer an environment where residents have built their own community
- Two to three times a week educational or support events with food and incentives
- They look out for one another
- They now know they're not alone in their struggles

Housing First Model

- Get people interviews right away
- Move in the same day
- Can move in the middle of the month with no money
- Transition clients into other housing avenues quickly; eliminate waiting lists

“Kristin” today

- No probation or parole
- Keeps up her own apartment, pays rent
- Approved for social security benefits
- Attends all Open Door events
- Attends all medical appointments
- Considering starting mental health treatment

Peer Model

- Entirely run by support staff that have “been there”
- All staff mirror the struggles that the residents are facing
- Staff are living with the illness and/or have had drug or alcohol, mental health and criminal background issues in their past

Peer Model

- Provider/patient mistrust is not an issue with the peer model
- Patients don’t feel judged by peers
- Patients and peers feel comfortable being honest
- Growth on both of their parts
- Hardest job in the world

Peer Staff Roles

- Check Day
 - Payee
 - Pay bills
 - Ward off drug dealers
 - Help residents with goals to pay themselves

Peer Staff Roles

- Residents in jail
 - Visit them
 - Put money on their “books”
 - Bring clothes for court
 - Advocate for them at hearings
 - Pay their rent
 - Check on their apartment

Peer Staff Roles

- Assist with medical issues:
 - Remind of appointments
 - Provide transportation
 - Accompany to appointments
 - Visit while in hospital
 - Reinforce doctors' treatment plan
 - Advocate for patient wants/needs
 - Directly observed therapy

“Joe” before

- 44 y/o AA male
- Daily alcohol use
- AIDS, cancer, coagulation disorder
- Living in abandoned house with no electricity, gas, or running water
- Non adherent with medical appointments and medication regimen

“Joe” and his doctor

- Once Joe moved into The Open Door he started attending medical appointments
- Found out he had more health problems than he originally thought
- Doctor prescribed coumadin and told him he couldn't drink with it
- Joe did not take the coumadin because he was drinking daily

“Joe” today

- Cancer free
- Taking HIV medications and coumadin
- Living in subsidized housing
- The Open Door staff are still his payee
- Working a part time job
- Drinking daily or when he can afford it

Starting The Open Door

- We thought we knew what our targeted group of individuals needed and wanted so we did a focus group to confirm
- Focus group said they wanted their own apartment but wanted to live close to others living with HIV, on site supports, 24 hour supervision, payee services and congregate meals

Focus Group 3 Years Later

- Out of the six men that were involved in the focus group, two of them have since died
- One is currently in jail
- One is currently living in The Open Door and one died while living in The Open Door
- One moved out of Pittsburgh area for drug treatment
- One whereabouts are unknown

Getting the right team together

- Nine individuals got together on a monthly basis over a year and half time period
- We created a mailing list of over 500 persons
- Family, friends, coworkers and acquaintances sent us checks from \$25 to \$1000 to get us started

How did we do it?

- Two of those nine individuals put their own money down and purchased a 15 unit house in April 2006
- By June 2006 our first resident moved in
- By July 07 received our first grant
- As of Aug 08 have served over 20 individuals

How are we still doing it?

- Rent paid by residents cover most expenses
- Board handles all administrative duties for free such as landlord duties, supervision of staff, grant writing, accounting, etc.
- Other non profits in the community offer their supports (payroll, food, case mgmt)

The Open Door Income

- 1st year expenses were \$18,000 – 6/06-6/07
- 2nd year awarded a grant for capital campaign
- Hired a grant writer to bring in more stable monies and work on campaign to purchase the house from the bank
- Twice a year solicitation to our supporters brings in half of our financial needs

The Open Door Costs

- Staff salaries
- Food for resident events
- Transportation for appointments and quality of life events
- Incentives
- Office supplies
- Rent and utilities

Successes of The Open Door

- All residents experienced an increase in CD4 count and decrease in viral load. To view a poster of these findings please visit our website at www.opendoorhousing.org
- 5 residents have graduated into stable, safe, independent subsidized housing
- 1 resident has received a new kidney

Successes of The Open Door

- Seven current or former residents of The Open Door are abstinent from street drugs
- 100% of residents are receiving optimal health care from their medical providers
- 100% of residents are stably housed and are improving their credit history with utility companies and landlords

“Kevin” before

- 52 y/o AA male
- Crack user
- AIDS, Cancer, Hear Disease
- Moved every six months to year due to non payment of rent
- Medication and medical adherence was fragmented during first of every month

“Kevin”

- The day he moved into The Open Door he was hospitalized
- He was hospitalized three more times in six months
- He stopped using substances and started seeking daily support of staff
- Started using monthly payee support

“Kevin” today

- Has lived in independent subsidized housing for a year since leaving The Open Door
- Comes to clinic every two weeks for pill box refill
- Continues to use monthly payee supports
- Model patient/CAB participant
- Working part time job

If at first you don't succeed, redefine success

- Case managers are resistant to make referrals
- Stigma of living with others with HIV
- Neighborhood of The Open Door
- Living in a community where people use substances
- Unaffordable

Awareness of Discrimination

- Social norms make it ok to discriminate against population of people using substances
- Stop and think, why do we think this way, does this make sense
- Is this the best approach for the patient
- Optimal way for the patient to get care

Ways Harm Reduction can be introduced into patient care

- Train staff on harm reduction techniques
- Advocate for harm reduction to be a part of the philosophy of your organization
- Train yourself on harm reduction techniques and utilize them in your own personal dealings with patients
- Start your own harm reduction program

“User” Friendly Services

- Short/no waiting times
- Drop-in and urgent care
- Abstinence is not a criteria for care
- Appropriate behavior, not sobriety, is expectation during visits
- Listen to what the client wants
- Concentrate on what the client is eligible for

End Results

- Patients may or may not “succeed” in a clinical sense, but will remain in care and contact with providers
- Failure is a person who feels they do not have access to care
- Harm reduction is not an easier way to deal with substance use, mental illness or other chronic diseases but the long term outcomes are much better.

Lessons Learned

- **Risk taking!**
- **Minimal funds required**
- **Minimal intervention yields significantly improved medical outcomes and**
- **Potential longer-term medical and behavioral outcomes.**