2018 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

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Creating positive change through housing- an innovative harm reduction model in Rhode Island

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Disclosures

Presenter(s) has no financial interest to disclose.

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What is RI HIV CoEXIST?

- **Founded in April 2017:** The Executive Office of Health and Human Services, Ryan White Program funded 12 agencies to expand the Ryan White system of care in Rhode Island

- **The initiative:** *Centers of Excellence Integrating HIV Care, Support and Treatment, Behavioral/Physical Health* (CoEXIST).

- **Designed to fill the consumer needs and system gaps:** Based off numerous needs assessments of the HIV system of care in RI

Goals

- Create Centers of Excellence both brick/mortar and mobile units that focuses upon the integration of physical and behavioral health, sexual health, **Intensive Case Management**, multi-disciplinary teams in the early intervention and treatment of HIV
- **To go beyond the HIV Continuum of Care to fully understand and engage** patients and create social and economic solutions to poly morbidities and conditions
- **Address and solve social determinants of health** such as overcoming barriers to SES, housing stability, transportation, education level, etc.
- Make available and utilize cutting edge, advanced technology to insure vulnerable client/patient efficacy and attainments of excellent health outcomes

COEXIST and the Triple Aim Framework

- **"The Triple Aim"** is the foundation of health system transformation with a goal to successfully transition from a focus on health care to optimizing health for individuals and populations.
- **The Ryan White Program** founded CoEXIST to address the 3 dimensions of the Triple Aim:
  1. Enhance the patient experience (***Better Care***)
  2. Improved health outcomes ***(Heathier People)***
  3. Efficient spending ***(Better Spending)***

- **CoEXIST prioritizes HIV system of care needs and gaps** including an interdisciplinary/comprehensive patient-centered approach to patient care.

- **Key activities to impact the triple aim are:** integrated care/case management, increasing patient self-efficacy, attention to transitional moments in high risk patient care (e.g., housing, relationships, trauma), and early intervention

CoEXIST Domains

HRSA Service Categories

- *Represent Official HRSA Service Categories*

- **Behavioral Health/Recovery Integration Characteristics of Participating Providers**
- **Early Intervention Services (EIS)**
- **Intensive, Integrated Care/Case Management**

Sample activities under these domains include: Mobile Van/Clinic conducting outreach, testing, and counseling; Intensive case management teams in AIDS Care Organizations

CoEXIST Domains, continued

CoEXIST System Categories (*Represent either: HRSA Requirements, Specific grant related focus areas or **BOTH** HRSA Requirements and Specific Grant Focus Areas)*

- **HIV Workforce Development/Transformation**
- **Data Analytic Capacity & Deployment**
- **Quality Management/Quality Improvement**
- **Evaluation Schema/Methods Defined**
- **Commitment to Social Determinants of Health & HIV System Transformation**
- **Collaboration, Resource Sharing, and Synergy**

Sample activities under these domains include: Training program of students at universities; increased housing for PLWH; enhanced data surveillance systems; collaboration between agencies to conduct social media outreach, counseling and testing of high risk unawares

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Learning Objectives:

1. Participants will review a program overview that looks at behavioral health data before and after a harm reduction model was implemented.

2. Participants will be able to discuss treatment on demand as a modality,

3. Participants will be able to recognize barriers to utilizing this model, and how using a harm reduction approach has helped to engage clients in not only behavioral health care, but also in case management and HIV medical care.

4. Participants will gain a better understanding of the model through case studies that look at risk and protective factors

AIDS Care Ocean State

Rhode Island's largest provider of services for HIV+ individuals and their families

Case Management funded through Ryan White Part B and D

521 clients in 2018

Agency also provides supportive housing, assisted living, syringe exchange

Outpatient Mental health and substance abuse treatment

Coexist in Rhode Island

RI COEXIST HIV

Program began in 2017 as a way to provide housing support to homeless or unstabily housed persons who were living with HIV

Three agencies were funded to provide direct housing support, with each agency providing different housing supports

Additional Coexist programing provides student support staff, prevention activities, and outreach

Initial grant is 3 years

AIDS Care's Coexist Program

Provides subsidized housing and supports as part of a program that addresses barriers to long-term housing

ICM includes housing case management, mental health, and nursing

Harm reduction approach to both admissions and on-going program support

Treatment on demand

Goal is to have all clients engaged in their HIV care

Harm reduction approach

Open M-F 8:30-4:30

What does harm reduction look like to ACOS Coexist?

Clients are not asked to leave the program if they agree to work on their substance use

Clients can be accepted into the program even if they are not clean from drugs/alcohol

Building Natural supports for clients in their community

Clients must be willing to address their substance use and mental health, with many options on what treatment can look like

What does treatment on demand look like?

Clients are seen at any time when the office is open

All Coexist staff are up-to-date on treatment goals and issues for every Coexist client

A “visit” does not have to be therapy—it can be a check-in, or a referral to a different provider/treatment program/hospital

AIDS Care Coexist

60 scattered site units in RI—primarily located in Providence and Pawtucket

Mostly 1 br, but larger units available if needed

Many units owned by one landlord who understands the clients and is willing to work with the program

What did we think success would look like?

Housing would create stability

Intensive team model would provide connections and facilitate positive change

Clients would readily engage in harm reduction

The desire to maintain housing would be a strong motivator

AIDS Care Coexist

Admission Criteria

- Eligible for Ryan White services
- Must agree to be part of a Supportive Program and agree to work with all members of the Coexist team

Program Components

Daily Check-ins during the first three weeks with at least 1 member of the Coexist team

Monthly Home Visits

Team Approach

Team meets briefly every day to review Clients being seen that day

Weekly more intensive review

Individual service plans for each of the three program components, but plans are reviewed by entire team to address barriers and gaps in service

Common barriers-substance use

Alcohol

Crystal meth

Crack cocaine

Common barriers-mental health

Depression

Anxiety

Lack of social supports

Common barriers-financial

Lack of income

Shortage of affordable housing

Outstanding debt (utilities)

Lack of resources

Coexist-what works

Supportive landlords

Team screening

Daily team meeting

Social connections

Peer support

Non-traditional supports (coffee and conversation, yoga, gardening)

Home-based

Coexist-what didn’t work as planned

Unexpected costs-pest control, furniture, cleaning, moving costs

Chaos to quiet

Housing issues—smoking, visitors, interpersonal issues with other tenants

Coexist year 1 stats

Currently have 46 clients

10 clients had detectable viral loads when they entered the program-of those 9 have had viral load decreases, with 5 becoming undetectable

100% of clients engaged in HIV medical care-barriers to previous missed appts were transportation, lack of support, fear, unstable housing and forgetting appts.

What did success actually look like?

Clients engaged with staff in unexpected ways—coffee, groups, drop-in

Frequent contact helped some clients feel safe—clients asked for someone to check in

Accountability was critical-staff do what they say they will do

Flexibility in how/when/where clients can be seen

Case study 1

Clt is a 20 female-perinatal HIV transmission

Referred to Coexist from inpt psych hospitalization

BH partial program for support

Young adult group counseling

Attended conference with other peers for support

Worked with Nurse to build behavioral regime for med adherence (keeps photo of loved one near meds as a reminder of what is important), and to attend all necessary medical appts.

Worked with CM to explore ed opportunities, gain housing skills, and find employment

Viral load went from unknown to undetectable

Case study 2

Client is a 21 year old male perinatally infected

Referred to Coexist from case management

Zero income

Never lived alone—had been coach surfing with friends

Regularly smokes marijuana, struggled to set limits with “friends”

Inconsistent with medical and behavioral health care

Viral load went from 116,128 to 944

Began vocational education program

Coordinated with prevention team to address HIV status with a partner

Lessons learned

Accept that change will be inevitable

Know that not all clients will be ready for a housing program

Set clear expectations up front

HIV is the easier part

Obtaining CME/CE Credit

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http://ryanwhite.cds.pesgce.com