



Permanent Supportive Housing & Viral Load Suppression

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Goals for Today

A look at the numbers: housing and VLS

Linking housing and HIV care programmatically

Housing First

Models to support housing and VLS

Harm Reduction

Motivational Interviewing

In the last year, Caracole's
Permanent Supportive
Housing programs served
213 people in 174 households.

Caracole offers 3 PSH models

Shelter Plus Care (SPC) serves previously-homeless individuals in scattered-site apartments and homes.

Referrals come from Cincinnati's Coordinated Entry System, matching clients living in shelter or on the streets with housing programs.

Tenant Based Rental Assistance (TBRA) receives referrals from Caracole case managers and seeks to prevent homelessness for highly vulnerable people. It is also scattered-site.

Referrals include people exiting substance use treatment, pregnant women and parenting adults, and those with CD4<200 or serious co-occurring conditions.

Caracole House is our site-based program, composed of 2 apartment buildings for 19 single adults.

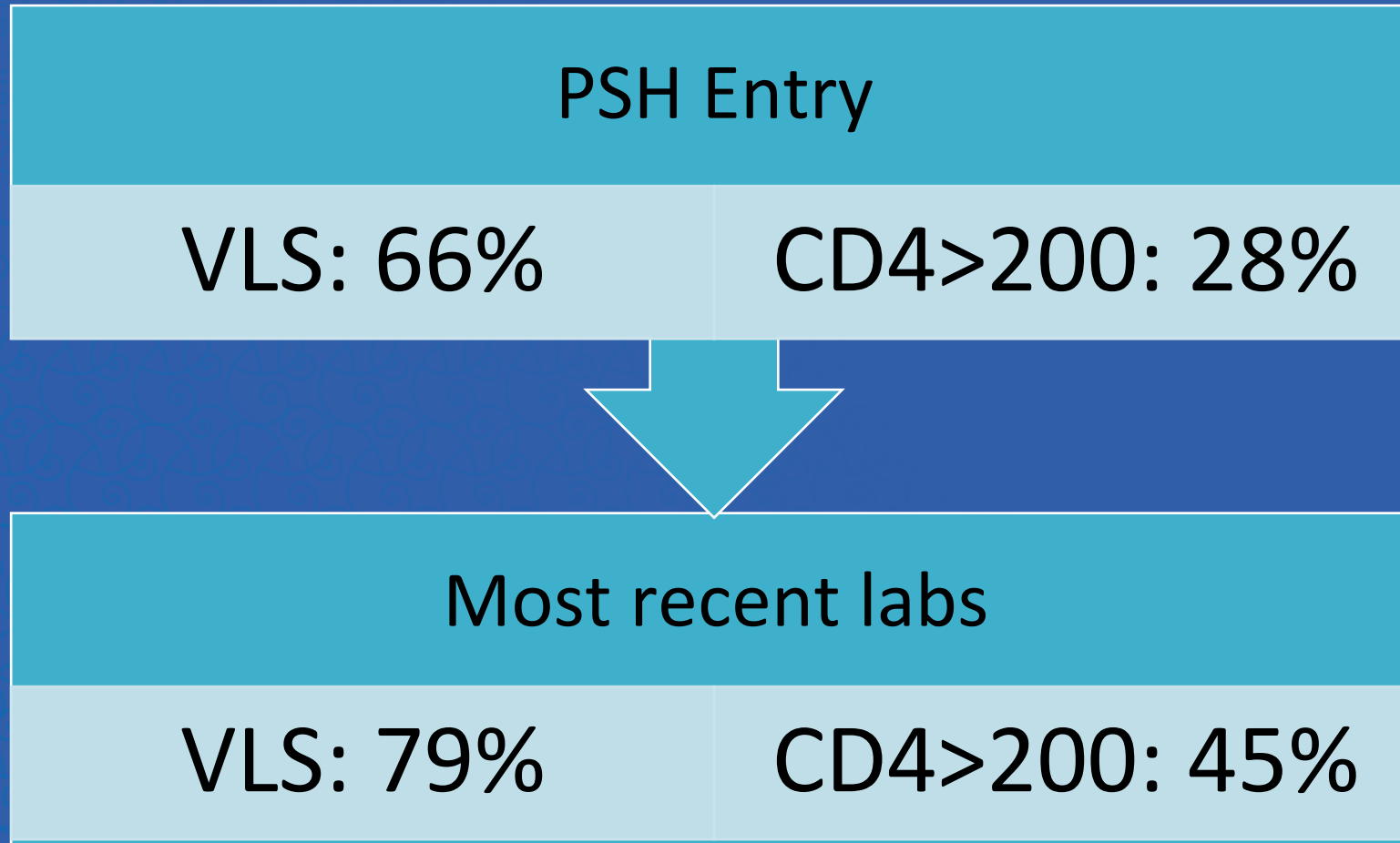
Both Coordinated Entry and case managers can refer to Caracole House. These clients typically have the most barriers to independent living of any Caracole clients.

In 2017, Caracole collaborated with researchers at University at Buffalo to conduct a retrospective study on VLS and PSH. They compared HIV health at intake to PSH to HIV health for people maintaining in or graduating the program.

The study included 86 Shelter Plus Care PSH (SPC) participants who entered the program between 2008 and 2016.

They found that length of stay in SPC was positively associated with VLS.

The unsuppressed group's median length of stay was 24.8 months, compared to 37.9 months among VLS.



Bowen, E. A., Canfield, J., Moore, S., Hines, M., Hartke, B., & Rademacher, C. (2017). Predictors of CD4 health and viral suppression outcomes for formerly homeless people living with HIV/AIDS in scattered site supportive housing. *AIDS Care*, 29, 1458-1462.

Today, 80.8% of Caracole PSH clients are virally suppressed.*

85.5% of Shelter Plus Care

80.0% of Tenant Based Rental Assistance

62.5% of Caracole House

*based on 120 clients with available data.
VL was not available for 54 clients.

Dangers of being homeless with HIV

Difficulty attending medical appointments or filling prescriptions.

Fear of others in shelter knowing HIV status leads to people not taking medication to shelter with them.

Lack of a place to store and prepare nutritious meals.

Lack of rest, physically and emotionally

- Maslow's Hierarchy of Needs: if your basic food, shelter and safety needs aren't consistently met, you can't prioritize anything else.
- Immune system may decline due to nonadherence to medications and poor overall health, leading to opportunistic infections.
- The stress of homelessness can contribute to high-risk behaviors: sex work, sex without condoms, sharing needles.

Housing First

“An approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements.

Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.” –Housing and Urban Development (HUD)

Tenants of Housing First

Housing is a human right.

Human rights are not “carrots and sticks” to change behavior.

People cannot address other needs well while homeless or experiencing housing instability.

Safe, affordable housing is a platform for best possible health and wellbeing.

Case Study: Dion

Dion aged out of foster care. As a young adult, he was dealing with trauma, mental illness, substance use, and a lack of support system or life skills.

He was documented as having intersected with homeless services 27 times before becoming stably housed at age 23.

Dion's immune system was significantly compromised because the combination of homelessness and stigma had prevented real engagement in medical care.

Housing provided a platform for Dion to keep track of his appointments and medication, eat and rest well, connect with social services, and find support in his community.

Motivational Interviewing

“Motivational interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change”
(Miller & Rollnick, p. 12, 2013).

Components of Motivational Interviewing

- MI is engaging people in conversations about change.
- The client is the expert in themselves: what they need and how they can change.
- Engage clients and help them explore the pros and cons of change, without trying to hide the cons.
- When the client is ready, help them create a plan to ensure they can stick with change.

Harm Reduction

“A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.”

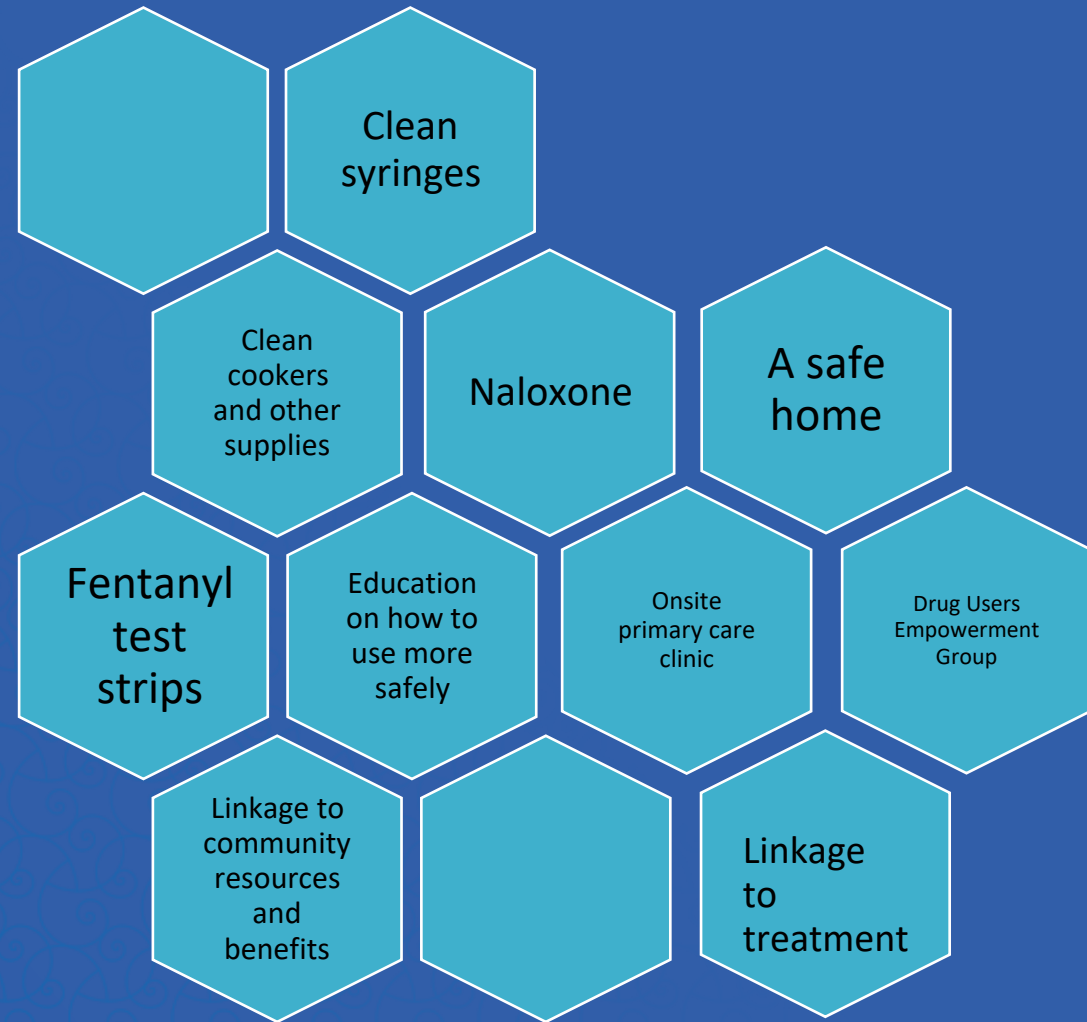
- Harm Reduction Coalition

Principles of Harm Reduction

Adapted from the Harm Reduction Coalition's HR principles

- Licit and illicit drug use is a reality: we can ignore it, condemn it, or try to minimize its harm.
- Drug use is not all the same: some uses are safer than others. Individual and community quality of life, not abstinence, are the measures of success.
- Each person, including people who use drugs, are the expert in themselves and what they need.
- Poverty, class, racism, sexism, and other social inequalities impact vulnerability to drug-related harm and power to avoid it.

HARM REDUCTION AT CARACOLE



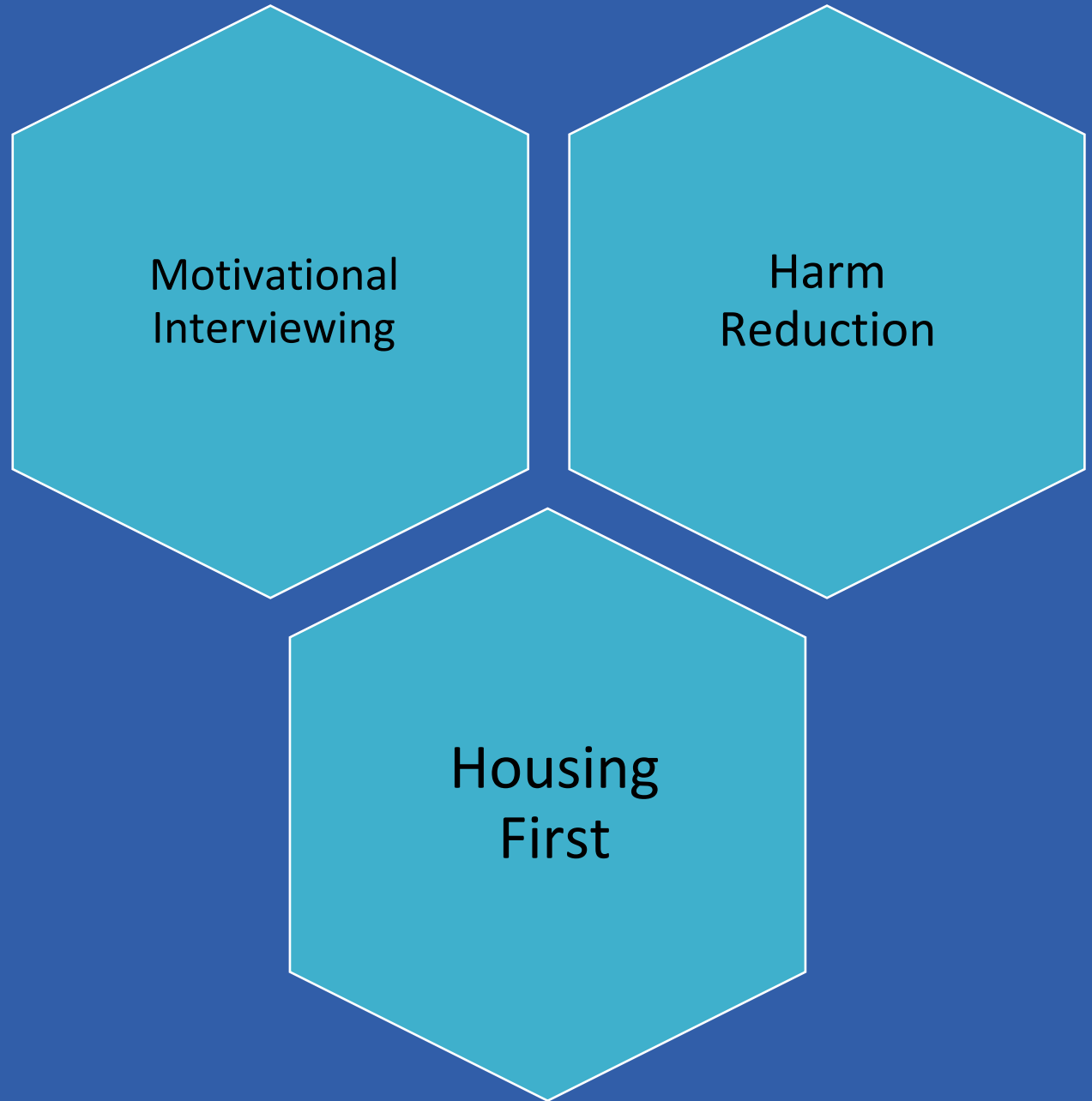
Case Study: Tonya

- Tonya was homeless and sleeping in her car when she found out she was pregnant. She had lost custody of her children, her housing, her job, and her support system after years of heroin use. She was wrapped up in legal trouble and had a volatile relationship with her boyfriend, also homeless.
- When she went for prenatal care, she found out she was also HIV positive. Tonya wanted to engage in care to treat her HIV, but homelessness and addiction make it hard to go to appointments and take medication every day.
- She agreed to be hospitalized for the last 2 weeks of her pregnancy so that she could start Methadone medication assisted treatment (MAT) and be as healthy as possible for delivery.

Case Study: Tonya

- Tonya delivered a healthy baby girl who went to live with the foster family who already cared for her older children, and Tonya went to live at a homeless shelter.
- She was connected to Caracole's Shelter Plus Care program and got her own apartment.
- 2 years later, Tonya has an undetectable viral load, is stably engaged in MAT, and is loving raising her 4 active, healthy kids.

Bringing it
all together



Measuring Success

Targeting the most vulnerable does not make for predictable, A+ outcomes.

What does success look like for someone who is not abstinent?

Did they maintain housing? Engage in medical care or counseling? Interrupt a pattern of overdosing?

What if success is not
progress made but instead
ground not lost?

Measuring Success: Casey

Casey was living in a parking garage for several years before being matched with Caracole House.

She continued to inject opioids after being housed, but did engage to some extent with Caracole staff for basic supports and access to Narcan.

9 months after being housed, Casey developed endocarditis related to injecting drugs.

Because of harm reduction and housing first, Casey's baseline health had improved. She had a place to rest and prepare food, trusted staff, and access to medical care. Without these supports, she might not have survived endocarditis.

Casey recovered and returned to Caracole House.

Source Material

Predictors of CD4 health and viral suppression outcomes for formerly homeless people living with HIV/AIDS in scattered site supportive housing: <https://www.cdc.gov/hiv/pdf/research/interventionresearch/compendium/si/cdc-hiv-si-shelterpluscare-ei.pdf>

HUD's guide to Housing First in Permanent Supportive Housing:
<https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>

Summary of housing first evidence from United States Interagency Council on Homelessness:
https://www.usich.gov/resources/uploads/asset_library/Evidence-Behind-Approaches-That-End-Homelessness-Brief-2019.pdf

The Harm Reduction Coalition's principles of HR:
<https://harmreduction.org/about-us/principles-of-harm-reduction/>

Motivational Interviewing: Helping People Change third edition by William R. Miller and Stephen Rollnick

Thank you

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