

Using a Housing First/Harm Reduction in HIV Supportive Housing

Effective interventions for the individual and for
the community



Presenters



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Who We Are



Vision: *We envision an AIDS free world build on a foundation of equitable access to housing and health care*

Mission: *Clare Housing provides a continuum of affordable and supportive housing options that create healing communities and optimizes the health of people living with HIV/AIDS.*



Housing Programs



Community Care Homes

Four homes, 16 residents

24/7 Care

Supportive Housing

Four apartment buildings – 149 households

Permanent Supportive Housing and Assisted Living Services

Scattered site Housing

42 households

Independent Living – Limited Services

Total households/residents served

- Clare Housing has a total of 207 housing units, 15 of which are exclusively dedicated to families.
- In 2017, Clare Housing served a total of 240 households, which includes 33 households who terminated their lease during 2017 for any reason.
- The total number of persons housed including partners & children, was 282.



How We Finance Our Work

Construction

- HOPWA – Federal Program
- Low-Income Housing Tax Credits
- Federal Home Loan Bank
- City, County and State Housing Trust Funds



How We Finance Our Work

Housing Rental Supports

- HOPWA – Federal Program
- Section 8 – Federal Program
- Group Residential Housing – State Program
- Housing Trust Fund – State Program



How We Finance Our Work

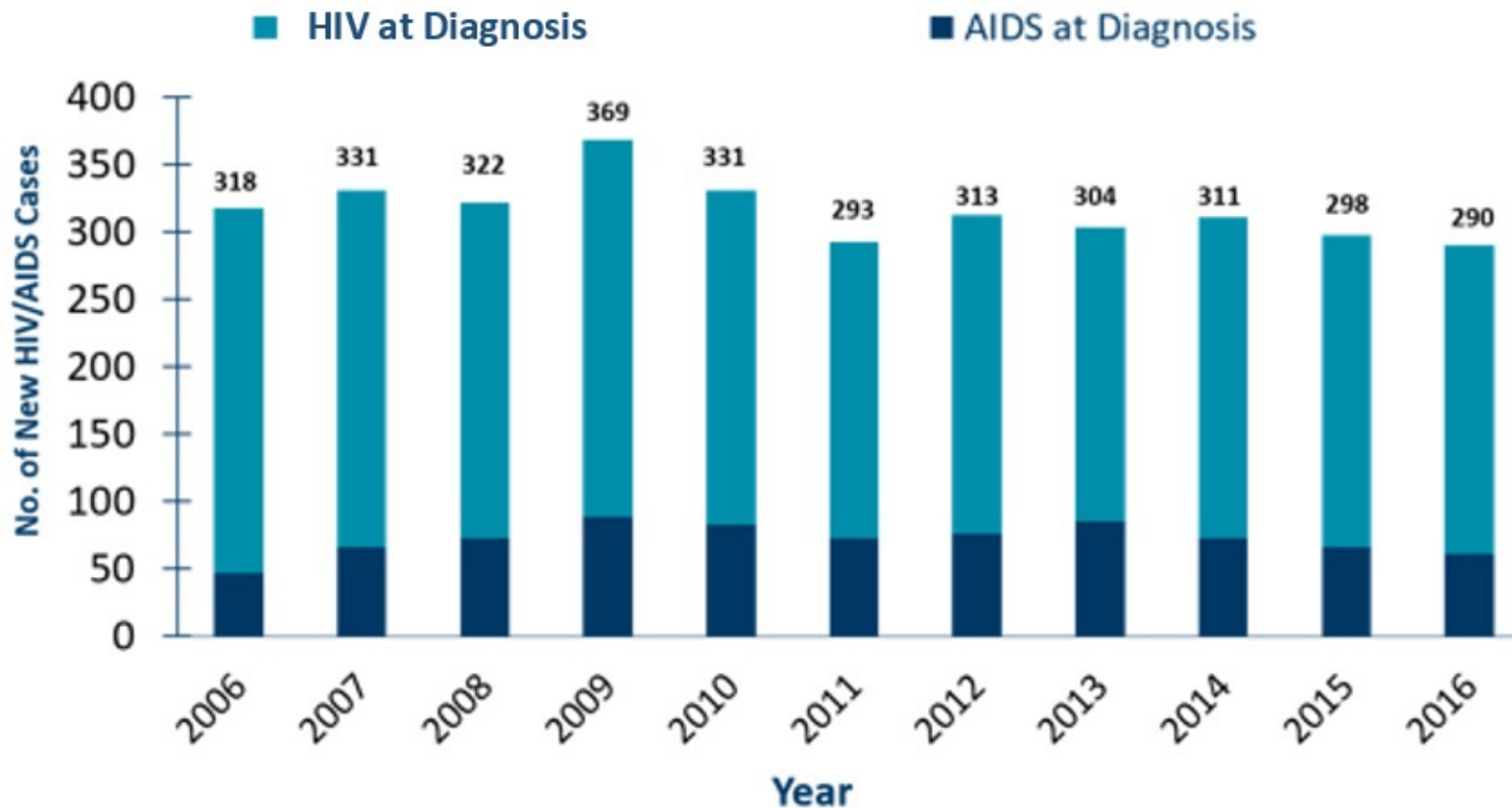
Supportive Services

- HOPWA
- Group Residential Housing
- CADI (Medicaid Waiver)
- Operating Funds



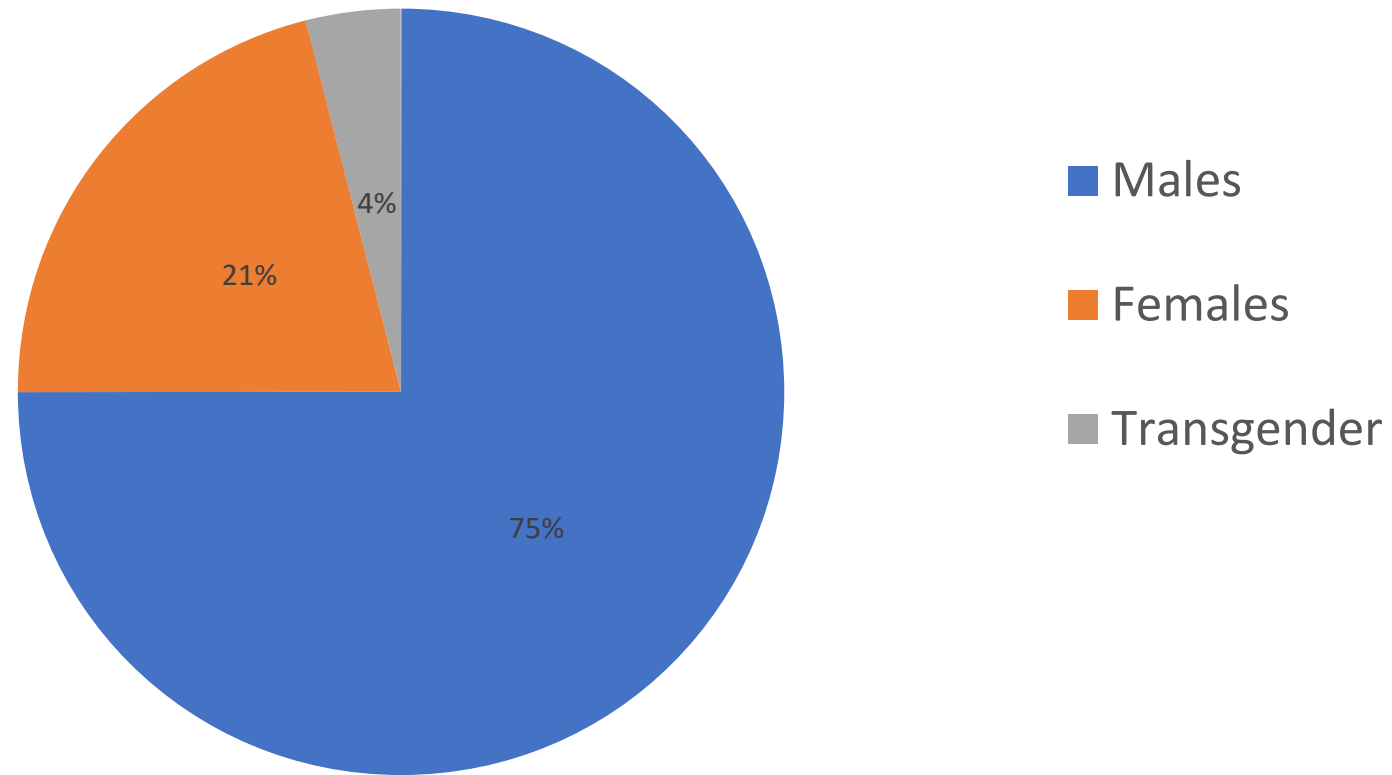
Clare Housing Demographics

HIV in Minnesota – A Quick Look at The Numbers

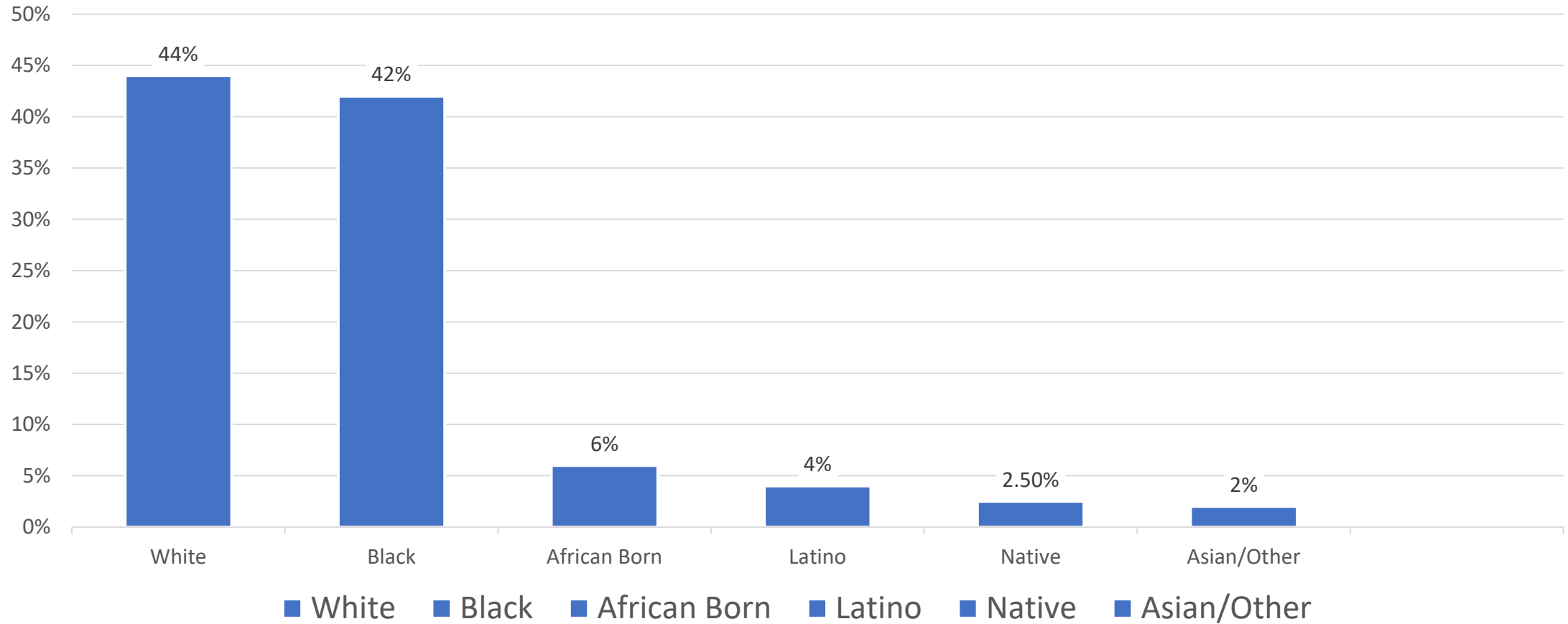


- 11,309 cases of HIV/AIDS since 1982
- On average 300 new infections, each year, over the last 10 years
- The number of people living with HIV has increased 54% over the last 10 years to 8,554

2017 Demographics: Gender

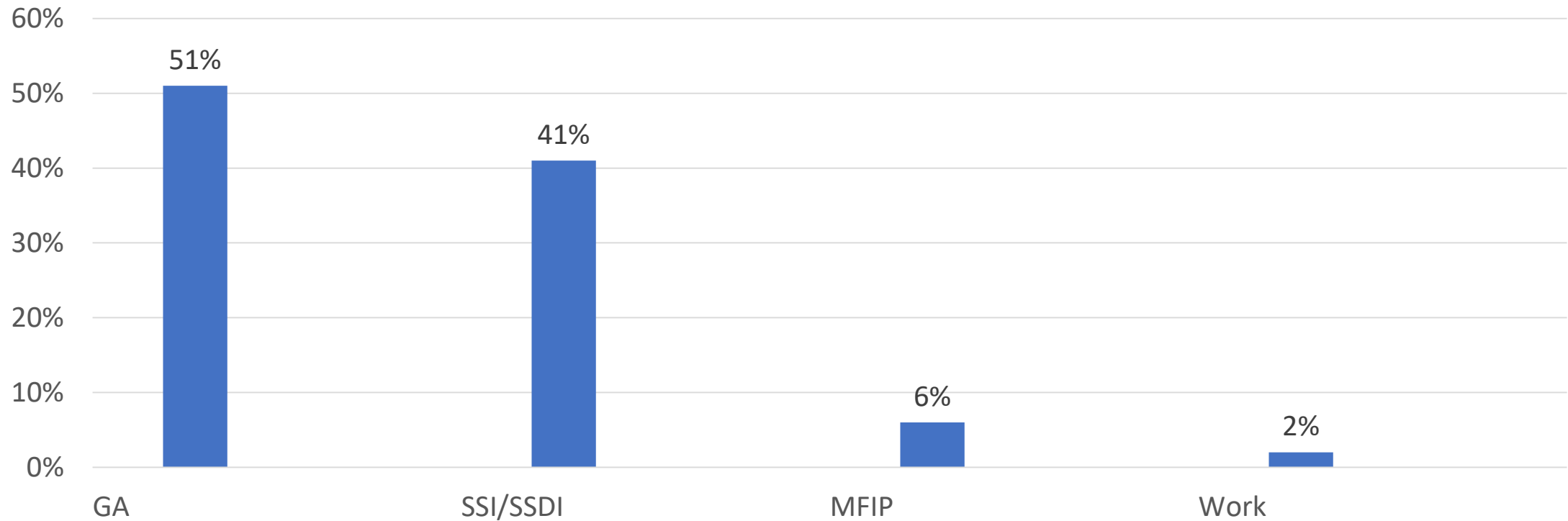


2017 Demographics: Racial Backgrounds

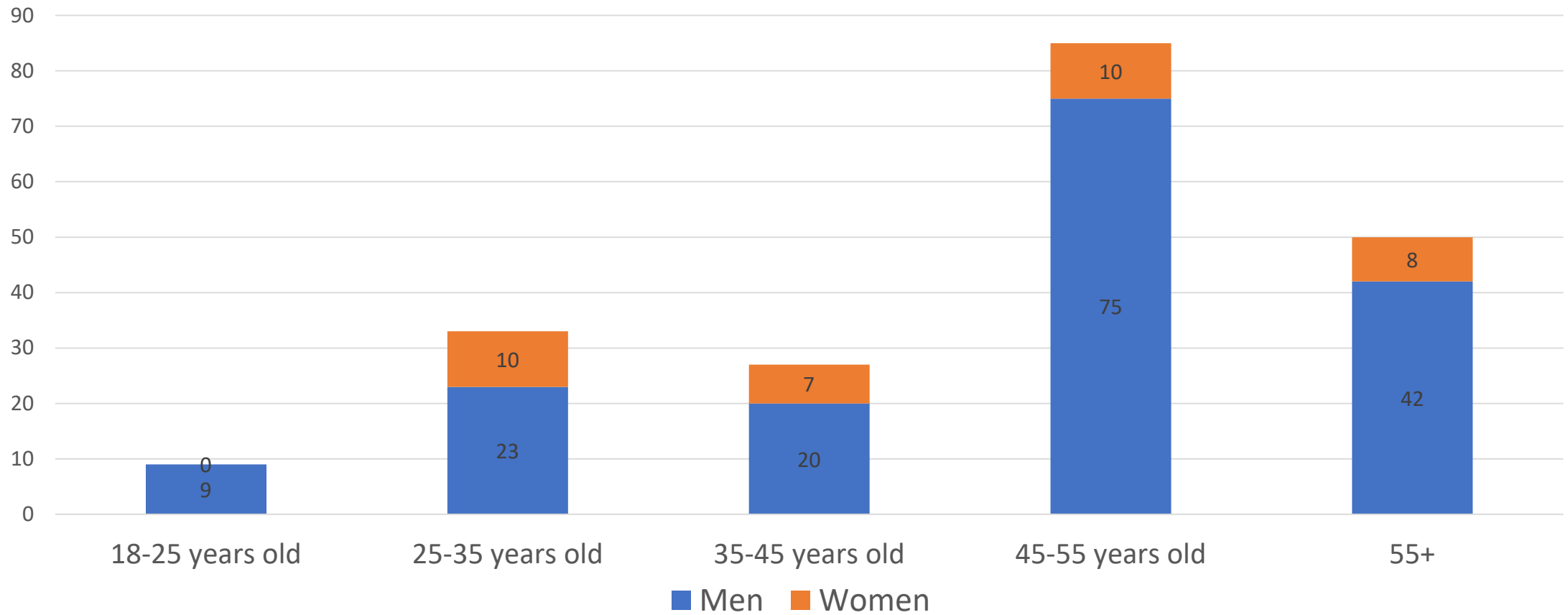


2017 Demographics: Income

Household's Primary Income
Average Income: \$568/month



2017 Demographics: Age



2017 Drug & Alcohol Use Prevalence

(Staff Observation/Resident Report/Lab Report)

Program/Site	Alcohol	Crack	Meth	Heroin/Opioids	Sober > 1yr
Community Care Homes	2	1	0	0	2
Clare Apartments	12	2	3	0	2
Clare Midtown	10	8	1	2	3
Clare Terrace	5	6	11	0	1
Scattered Site Housing	1	1	3	0	5
Total	30	18	18	2	13

Diagnosed Mental Illness: ICD-10 Codes

Program	Prevalence	Percentage
Care Homes	15 of 16	94%
Homecare Programs	18 of 28	64%
Total	33 of 44	75%

Although we do not receive diagnostic information from our other residents, we can provide an informed estimate that up to 51% of those remaining clients also have mental health issues (treated or untreated).

Clare Housing Program Philosophy

Program Philosophy: Housing First

- Based on the concept that a homeless individual's **first and primary need** is to obtain stable housing (not treatment, not therapy, etc.)



- Once housed, the provider should offer robust services in order to address other issues and help ensure long-term success in housing. (on site or coordinated)

Why Housing First for People Living with HIV?

- Compassionate
- Good public health approach
- Effective for the greater community
- Leads to positive health outcomes
- Assists with HIV prevention





Program Philosophy: Harm Reduction



- A belief that substance abuse is a regular part of society and human existence
- Acknowledges that drug/alcohol abuse is harmful, yet there are ways to **reduce the harm** to individual and to the community.
- A purposeful choice to try to reduce negative outcomes of substance abuse instead of condemning the behavior altogether (nonjudgmental approach)
- A solid understanding that there are safer ways to use drugs (and safer ways to drink, to have sex, etc.)
- Focus on a safer, optimal quality of life for the client rather than demanding abstinence

Why Harm Reduction for People Living with HIV?

- Keeps people housed, who may otherwise lose their housing due to inability to stay sober.
- Housed residents may still use drugs & alcohol but most still achieve excellent HIV medication adherence and reach “undetectable” levels.
- Housing First/Harm Reduction approach is cost effective. Lower public costs than expensive ER/hospitalizations/nursing home stays.





Program Interventions

- Utilize “Critical Time Intervention” Strategies
 - C.T.I. model builds the relationship between service provider and homeless client as early as possible before placement;
 - Understands that formerly homeless persons need intensive, tiered support during their first year in housing.
 - C.T.I. workers need to be a trustworthy, consistent presence in newly housed person’s living space to “get them off to a good start.” Assist with everything from housekeeping to maintaining lease obligations.

Program Interventions

- Understand Trauma & Generational Trauma
 - Understand and tolerate behavioral issues and disruptions
 - Utilize A.C.E. and other trauma assessments
 - Try Behavioral Plans among staff (RN, social worker, direct line staff)
 - Expectations clear, but high tolerance for issues
 - Roles of racism, classism





Program Interventions



- Work with a property management company that understands a supportive housing model:
 - More long-term success in housing difficult clients when the property management company is on board with mission.
 - “Good Cop vs. Bad Cop” (PMD & Services)
 - Weekly planning sessions
 - Collaborative Eviction Prevention Plans



Program Interventions

- Make robust supportive services available on site (and yet voluntary):
 - Mental Health Services (Clare Housing contracts with provider);
 - Licensed Alcohol & Drug Counselor (For Rule 25 assessments and on-site support)
 - “Project Undetectable” (RN can meet with residents)
 - Activities and Social Opportunities (yoga, acupuncture, bingo!)
 - Walk-in Supportive Services





Program Interventions

- Recognize that we don't have all the answers:
 - Work closely with outside case managers, clinic social workers, mental health professionals. Care conferences. Brainstorming sessions.
 - Be open to **creative ideas** in keeping persons housed (*e.g. allow client to set up tent inside apartment...*) or to achieve adherence (*celebration, gift cards*).
 - Housing Stability Specialist: takes our toughest cases. (Hoarding, non-payment of rent, hands-on help, skills building, etc.)



Challenges for Clare Housing



- Serving individuals with histories of trauma can lead to increased behavioral issues/outbursts from our clients.
- Serving individuals who have engaged in violence in the past makes it possible that they will engage in violence in our housing setting.
- Emotional toll on direct-line staff and managers, including increased staff turn over. Self-care and supportive work environment is imperative.



Challenges for Clare Housing



- Increased turnover is likely to be at a higher rate than other affordable housing buildings. This creates cash flow implications.
- Need for 24/7 services and heightened security services on occasion.
- Potential damages to unit/building and increased insurance claims for repairs.
- Clients may be at risk of non-payment of rent due.

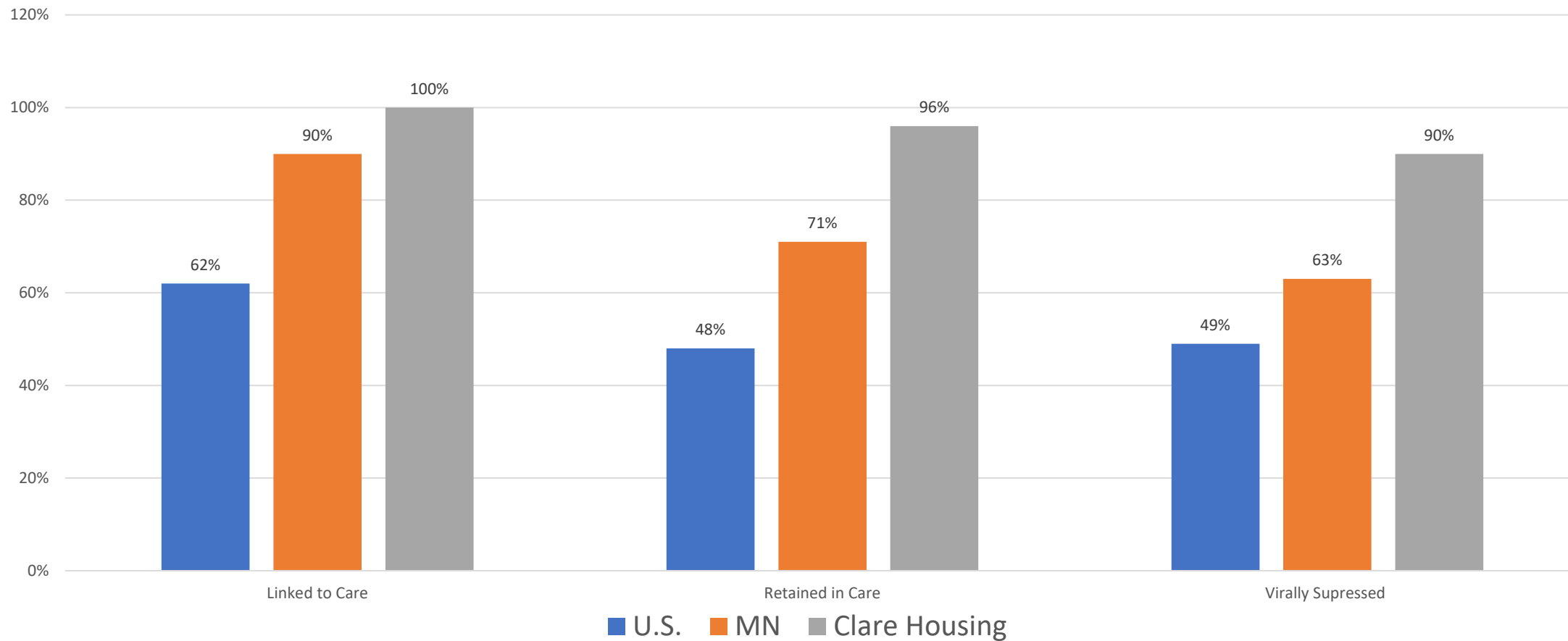


2017 Program Outcomes: Housing Stability



- In 2017, when counting all current residents and discharged residents;
 - 93% of our residents stayed in their housing one year or longer.
 - Average length of housing is 4 years
 - Average length of housing for those discharged – 1.7 years

2017 Program Outcomes: HIV Health



2017 Program Outcomes: HIV Health

- On 12/29/2017, 69 of 163 residents in housing engaged in problematic/heavy use of drugs or alcohol (42%) and many (estimated at 51%) are living with a mental illness...
- None-the-less, 90% of all of Clare Housing's current clients are virally suppressed!



2017 Program Outcomes: Employment



- As of 12.31.17, 40 (17%) of Clare Housing residents had a part-time job supplementing their monthly income.
- Another 17 clients had a job during the past year, but were not currently working as of 12.31.17.



Lessons Learned in 2017



- Having an on-site Licensed Alcohol and Drug Counselor at Midtown, Terrace, and Clare NE was a well-utilized resource. However, whether this service will lead to fewer disruptions and lease terminations remains to be seen.
- The high prevalence of methamphetamine abuse is resulting in decreased housing stability. There is a need for creative or non-traditional interventions to help this population succeed in maintaining their housing.

2017 Lessons Learned

- Trauma and generational trauma issues are present in many of our clients and deepening staff understanding and training will continue to be important moving forward.

Harm
Reduction
Saves
Lives





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