

Enhanced Supported Housing for people living with HIV/AIDS who use illicit drugs and face other physical and mental health challenges

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ISSUE

In 2011, the Dr. Peter Centre and other community partners started the Enhanced Supported Housing (ESH) program for people living with HIV/AIDS and other complex care issues. The program was started as a cost-effective and care-efficient response to a particular gap in the continuum of HIV/AIDS supported housing care in Vancouver, British Columbia.

The Dr. Peter Centre provides support to some of British Columbia's most vulnerable citizens who face poverty, homelessness, and mental health and addiction issues in addition to HIV/AIDS. By 2010, the Centre was operating two core programs: A seven-day-a-week Day Health Program providing service to more than 400 individuals, and a 24-hour specialized nursing care Residence providing care to up to 43 individuals a year.

The Residence is a licensed complex care facility for adults living with HIV/AIDS and complex health issues including mental health illness and active addiction. The service includes stabilization, transition care, long stay and palliation. While many residents can transition out of the Dr. Peter Centre Residence into traditional supported housing supports, others cannot due to the intersection of HIV, active addiction as well as mental and other health issues.

Without adequate housing support, these individuals are at a very high risk for deterioration of physical and mental health. The lack of an adequate supported housing continuum for these individuals has meant that they could not transition out of the Dr. Peter Centre Residence without being at-risk, and this has limited the number of new residents that could enter in to the Residence.

"I enjoy helping them help themselves. They're fostering their own independence with support from the ESH team. They're definitely more pleased with themselves and their ability to cope and manage their own lives."

– Brenda Hooper, ESH Care Staff

DESCRIPTION

The Dr. Peter Centre's ESH program currently has four individual furnished apartment suites in close proximity to the Centre, and provides customized support for each individual. A case manager provides support for community living and adherence to HIV and health treatment as outlined in individual care plans, care aides provide individualized living skills support and a housekeeping team provides environmental support. ESH residents have seven-day-a-week nursing support for medication adherence, and therapeutic support (including meals) through the Dr. Peter Centre Day Health Program, and after hours support by nursing staff (including an evening meal) in the Dr. Peter Centre 24-hour Specialized Nursing Care Residence.

POPULATION PROFILE & PERSPECTIVES

Adults who can safely live independently but who require regular structured support for physical and mental health needs, and assistance in maintaining a healthy physical environment. Individuals are responsible for being an active participant in the case management plan.

Enhanced Supported Housing – Demographics & Usage	April – June, 2013
Median Age	50
Total # of residents	4
Occupancy % for ESH	100%
Males	4
Females	0
# of days in hospital	0

"It gives me more freedom. I'm grateful for the supports that are in place for me so that I can live independently. You know, I feel safe."

– ESH Resident

"I like my freedom. I feel more sane, like a normal person. I'm happy to have the people who help me from the Centre and the Residence."

– ESH Resident

LESSON LEARNED

A snapshot of the data from April to June 2013 suggests that the four individuals who were in the ESH program during that time period engaged in the program and maintained adherence to ARV treatment:

- Individuals continued to engage with Dr. Peter Centre services: average attendance or participation in clinical services occurred on 99% of days available.
- When individuals used the Dr. Peter Centre they connected with a number of clinical services: each individual registered an average of four clinical contacts per day attended, and attended for an average of 29 minutes per contact.
- The individuals continued to connect with the Dr. Peter Centre Residence: average attendance to the Dr. Peter Centre Residence for evening medication support and evening meals was 93%.
- The average adherence to ARVs for the four individuals was 99%.

Enhanced Supported Housing – Clinical Engagement	April – June, 2013
Clinical support minutes	46,405
Total clinical contacts	1,609
Average # of contacts/day attended for each individual	4
Average # of minutes/contact for each individual	29
Average # of minutes/days attended	129
% of Visits per Days Available	99%
Average ARV Adherence	99%
Average % of Evening Medication Support & Evening Meals in the 24-hour Specialized Nursing Care Residence	93%

*Clinical contacts are the total number of contacts made by case managers, nursing staff, care aides, and Day Health Program clinicians. These contacts may include basic support, brief engagement, counselling, music, art and recreation therapy, medication management, treatment, health care adherence support, or self care support.

RECOMMENDATIONS

The continuum of housing support for this vulnerable population needs to include models like the Dr. Peter Centre's ESH program. Key ingredients for this model include specific and designated supports for the individual's health, social and environmental needs. By utilizing the existing Dr. Peter Centre programs, ESH becomes a cost-effective program that is responsive to the housing and support needs of the individuals in the program.