

The Open Door, Inc.

Our Harm-Reduction Housing Model Thinks Beyond “Housing First”

WE HOPE TO SOLVE HOMELESSNESS FOR THOSE ALREADY ON THE STREETS WITH OUR SUPPORTIVE HOUSING AND PREVENT OTHERS FROM BECOMING HOMELESS WITH OUR REPRESENTATIVE PAYEE SERVICE.



Background

The stages of HIV care, also known as the HIV care continuum, demonstrate significant gaps in HIV services, and efforts are underway at the federal, state, and local levels to develop and implement strategies to improve health outcomes for people living with HIV (PLWH). The HIV care continuum can be described by the following sequential steps: (1) diagnosis of HIV infection, (2) linkage to care, (3) retention in care, (4) receipt of antiretroviral therapy (ART), and (5) achievement of viral suppression (a very low level of HIV in the body). In the United States, there are 1.2 million people living with HIV, and according to the Centers for Disease Control and Prevention (CDC), 30% had achieved viral suppression, which means that only 3 out of 10 people living with HIV had the virus under control. Viral suppression results in significantly improved health outcomes as well as dramatically decreased likelihood of HIV transmission (96% reduced risk of sexual transmission). The challenge of linking and retaining people living with HIV in care and treatment can be demonstrated by CDC data, which reveals that 14% of PLWH remain undiagnosed, and of those diagnosed, only 40% receive and stay in regular HIV medical care.¹ Successful retention in medical care is defined as one medical visit during each six month period of a 24-month interval, spaced more than 60 days apart, and this medical visit frequency improves survival, and allows people to be as healthy as possible.² Thus, the need to improve along the HIV care continuum plays a critical role in both care and prevention.



What Are We Doing?

In our region of Southwestern Pennsylvania, there are approximately 3,000 people living with HIV/AIDS, one-third of whom have unmet medical needs or receive no clinical care at all. People living with HIV are also at an increased risk for homelessness. In 2006, the National Coalition to End Homelessness reported that 3.4% of the homeless population was living with HIV, but also that half of all people living with HIV/AIDS are at risk of homelessness. Homelessness has shown to be a significant barrier to care and homeless populations tend to have lower rates of both antiretroviral use and of using antiretroviral regimens correctly. In order to address this need, The Open Door provides not only housing and representative payee services to increase stability, but also peer support to help guide our clients through the complex health care and social service systems that can often become a barrier to care. The representative payee services help secure housing for our clients by managing their income, paying their rent and bills, providing them with their requested

amount in spending, and helping them save money. We have found that this helps to reduce stress and chaos in our clients' lives and allows them to prioritize their medical care and treatment.

UNIQUE FEATURES OF THE OPEN DOOR

- ▶ **Harm Reduction and Housing First Model** for people who are homeless and living with HIV
- ▶ Money Management: Representative Payee services with a goal of improving HIV clinical outcomes for anyone living with HIV, **free of charge**. We receive referrals from several local HIV providers and AIDS service organizations.
- ▶ Peer resident monitors who help our clients build inroads to **stability**
- ▶ Has assisted with the replication of our **harm-reduction** housing model in two other cities to date (and growing)

¹"HIV/AIDS Care Continuum." AIDS.gov. U.S. Department of Health & Human Services, 6 Mar. 2015. Web. 11 May 2015.

²"HAB HIV Performance Measures." Health Resources and Services Administration. U.S. Department of Health & Human Services, Nov. 2013. Web. 11 May 2015.

Initial Trends of Our Representative Payee Services

The Open Door recently completed a study of recipients of Representative Payee Services, in which 25 participated. While only 39% of participants reported an undetectable viral load at enrollment in the service, 88.9% of them were virally suppressed at the six-month follow up. Additionally, 86% said the representative payee service had helped them to maintain housing. Seventy-seven percent said it helped them to prioritize their medical care. Sixty-five percent agreed that it helped them control their drug or alcohol use, despite the fact that this was not an expectation of the program.

These initial trends indicate that Representative Payee is a promising structural intervention that helps clients reduce the chaos and financial stress they experience,

CLIENT STORY

Since 2003, "Linda" had been a client at a local AIDS service organization (ASO). Since her time as a client of the ASO, Linda has moved 10 times, has faced eviction, has been hospitalized four different times, and struggled to maintain an undetectable HIV viral load. In 2009, Linda joined The Open Door's Representative Payee program in order to achieve the stability in her life needed to improve her health. By reducing financial stressors, Linda attributes the Representative Payee service with helping her to prioritize her health. She no longer had to worry about money orders for rent, paying for postage stamps, facing utility shut-offs, or negotiating repayments with businesses with difficult-to-navigate systems. Since utilizing The Open Door's program, Linda has not moved in over three years, and she is proud to say that she has had an undetectable HIV viral load since 2010.*

**Linda is a pseudonym for a client of The Open Door.*

enabling them to focus their energy on their own health outcomes.

Looking Ahead

Due to the generous support from AIDS United and the M·A·C AIDS Fund, The Open Door's innovative housing model will be replicated in Philadelphia, PA and Youngstown, OH. We have also been able to utilize this support to provide technical assistance for organizations looking to provide Representative Payee services for people who are living with HIV. Our partnering organizations will provide a needed service that is often unavailable for people who are homeless and living with HIV; this support has allowed us to expand our reach to retain more individuals in care.

Agency Overview

The Open Door, Inc. is a non-profit harm reduction housing program committed to helping marginalized individuals living with HIV and AIDS access, engage, and retain HIV clinical care. Founded in 2006 by providers of HIV care in Southwestern Pennsylvania, The Open Door aims to improve the health of the forgotten population of people who are chronically homeless and living with HIV by providing supportive housing and representative payee services. Our housing first program approach is premised on the belief that vulnerable and at-risk homeless individuals are more responsive to clinical interventions if they are stably housed. Our targeted clients are those who have exhausted their housing options and have consequently been unable to make the changes in their lives that will empower them to increase their medical adherence and access life-saving treatment options. The Open Door provides the support and stability necessary to help link and retain our clients in care.



PROGRAM CONTACT

The Open Door, Inc., P.O. Box 99243, Pittsburgh, PA 15233
opendoorhousing.org