

The Dr. Peter Centre 24-hour Specialized Nursing Care Residence and Enhanced Supported Housing for Adults Living with HIV/AIDS and Complex Health Issues Including Mental Illness and Addiction

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LEARNING OUTCOME

Determining appropriate research and evaluation measures and indicators for a unique HIV/AIDS housing care model.

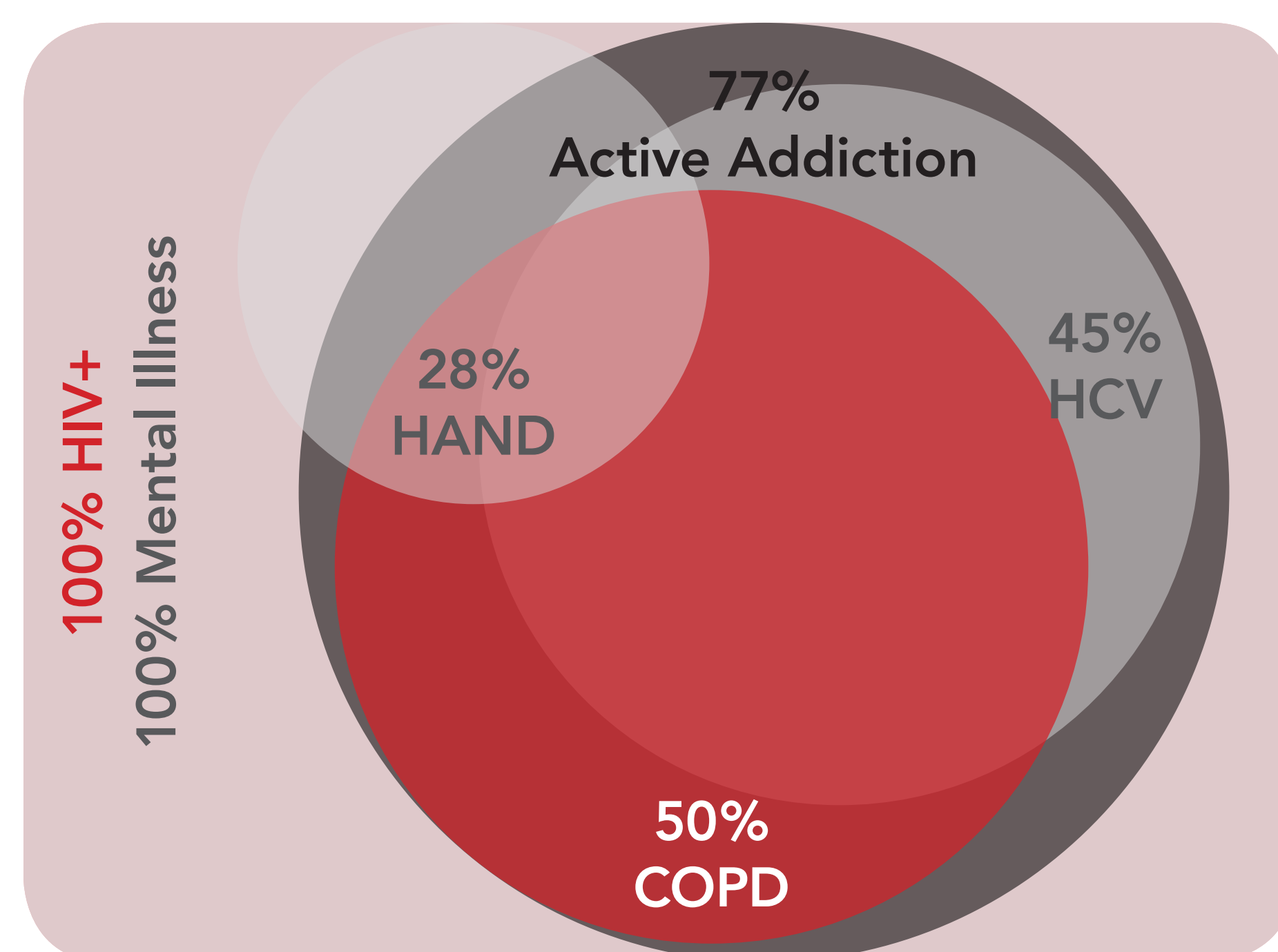
ISSUE

Located in Vancouver, BC, the Dr. Peter Centre provides support to 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.
- A 24-hour Specialized Nursing Care Residence providing care to up to 43 adults a year living with HIV/AIDS and complex health issues including mental health illness and active addiction.

While some 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 illness and other health issues (please see below). Without adequate housing support, these individuals are at a very high risk for deterioration of physical and mental health.

Dr. Peter Centre 24-hour Specialized Nursing Care Residence Long Stay Resident Profile (snapshot August 2013 [n=22])



While 100% of the Dr. Peter Centre Residents are HIV-positive, co-occurring health issues are as follows:

- 100% have a mental illness
- 77% have active addiction
- 45% have hepatitis C virus (HCV)
- 50% have chronic obstructive pulmonary disease (COPD)
- 28% have HIV-associated neurocognitive disorder (HAND) symptoms

Additionally, 55% of these same Residents were homeless prior to admission to the 24-hour Specialized Nursing Care Residence.

SOLUTION

In 2011, the Dr. Peter Centre and other community partners started the Enhanced Supported Housing (ESH) program for adults living with HIV/AIDS and complex health issues including mental illness and addiction. 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.

ESH Population Profile

The population is Residents who are ready to transition from the 24-hour Specialized Nursing Care Residence. They are assessed as able to safely live independently but who require regular structured support for physical and mental health needs, and assistance in maintaining a healthy physical environment. ESH Residents are able to follow tenant rules (e.g., noise, visitors, property) and can take responsibility for basic rent.

ESH Description

As of August 2013, the ESH program had five individual furnished suites in close proximity to the Dr. Peter Centre. A case manager provides support for community living and adherence to HIV and health treatment as outlined in individual care plans (developed with the multi-disciplinary team), care aides provide individualized living skills support and a housekeeping team provides environmental support.

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.

Examples of Care Components

- Support for transition to community independent living including assistance with IADL's (instrumental activities of daily living) such as, home management, appointment scheduling, meal preparation skills and budgeting.
- Consultation with the dietician to meet dietary and ongoing monitoring by the nurse practitioner.
- Social skill building and community integration support with the recreation therapist.

FINDINGS

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.

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.

However, the data provides limited insight into the effectiveness of the specific interventions for this unique population. Developing a set of more expressive common measures for the interventions is complicated by the fact that each of the residents face unique mental health, addiction and daily living challenges.

Testimonials from a care aide and two ESH Residents offer some additional insight into the impact of the ESH program, and the limitations of the above data measures:

"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

"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 #1

"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 #2

CHALLENGES

Data demonstrate that the ESH program provides a housing environment that is conducive to adherence to HIV treatment, and a general engagement in health care (through continued participation in the Dr. Peter Centre's other two programs). However due to the uniqueness of the model of care and the health challenges that the population faces, it is challenging to find appropriate measures for the ESH program.