



MidAtlantic AETC Webinar Wednesday Series:

# Homelessness & HIV

A Housing First, Harm Reduction, Trauma-Informed, Low-Barrier Housing Model

*Presented by Members of The Open Door, Inc. Team  
Pittsburgh, Pennsylvania*

# Today's Objectives

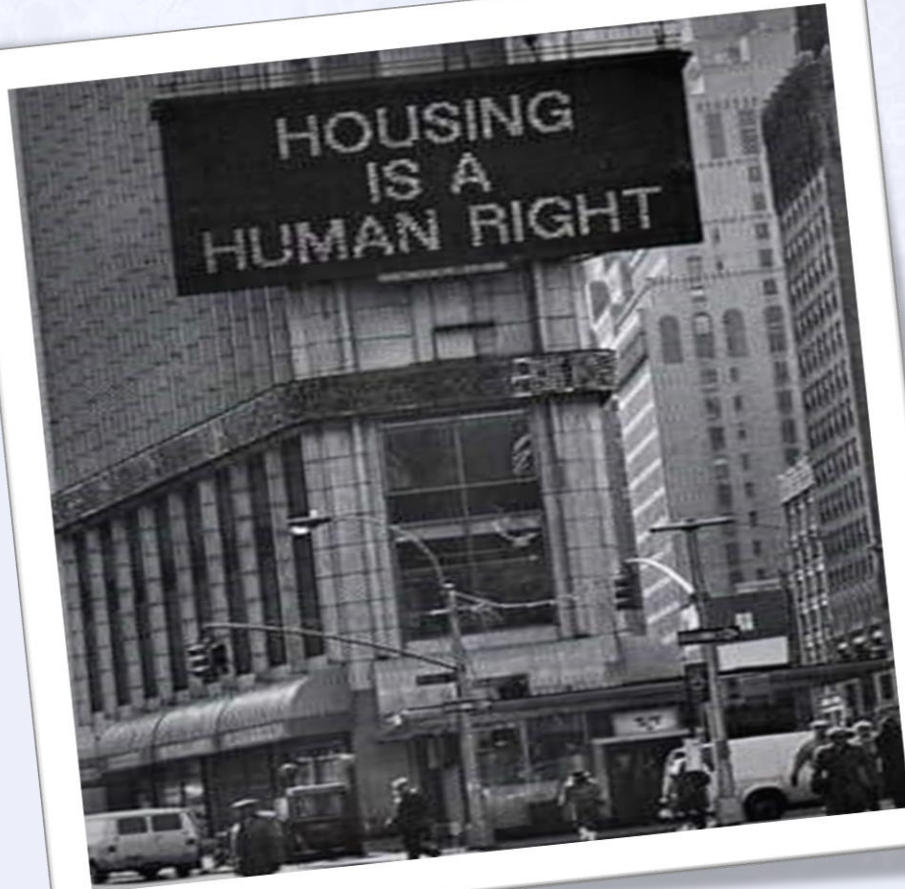
- Describe The Open Door, Inc. as a model for people with HIV facing housing insecurity.
- Identify three key aspects of their approach to secure safe and affordable housing.
- Discuss the terms “housing first,” “harm reduction,” and “trauma-informed low barrier housing.”
- Define what role a peer navigator plays in representing the unstably housed.

# Agenda

- How it started
- How it works
- Toolkit



# WHO WE ARE: The Open Door, Inc. Team



**Crystal Patterson**  
*Executive Director*

**Shawlane Heffern**  
*Director of Programs*

**Mary McKinnon**  
*Rep Payee Supervisor*

**Thomas Whitfield**  
*Expansion and Outreach Coordinator*

**Michael McCarthy**  
*Case Manager*

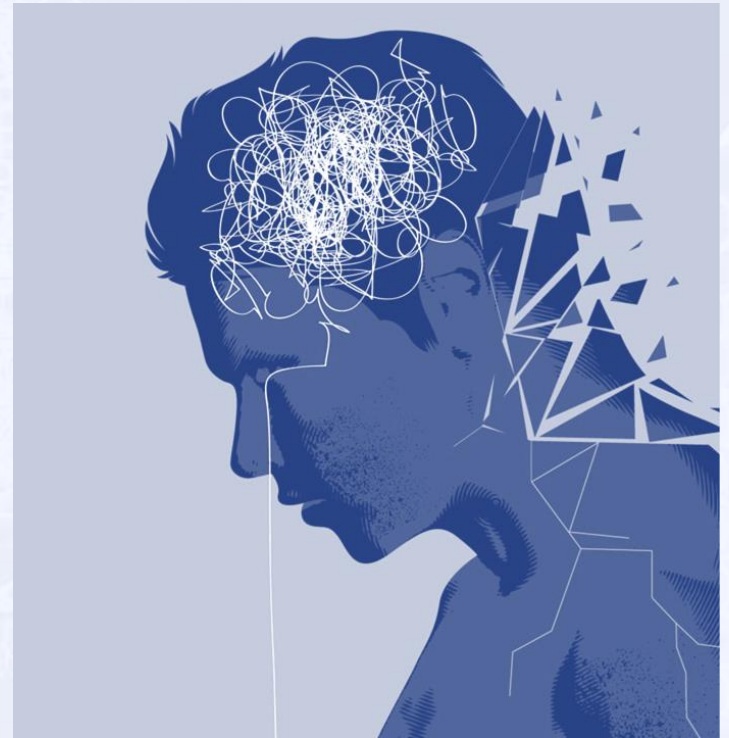
**Yvette Williams**  
*Supervising Service Coordination  
Expert/Trainer*



# HOW IT STARTED

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- Founded in 2006
- Local providers
- Harm reduction
- Housing first
- Trauma-informed care



# OPEN THE DOOR

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- The Open Door, Harm Reduction, Housing First, Trauma Informed and HIV
- The Open Door provides a Housing First model of care—providing housing to those who have HIV and are street homeless and/or considered “chronically homeless.”
- The Open Door also provides strength-based case management and linkage to care.
- We offer housing referrals, CAP/LIHEAP, ACP, rent rebates, and advocacy.
- We are a Ryan White HIV/AIDS Program grantee; we also can provide empowerment counseling, service coordination, medical transportation, individualized care plans, and life skills groups to our participants.



# DEVELOPMENT

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- Ask people what they need
- Build on what works
- Advocacy



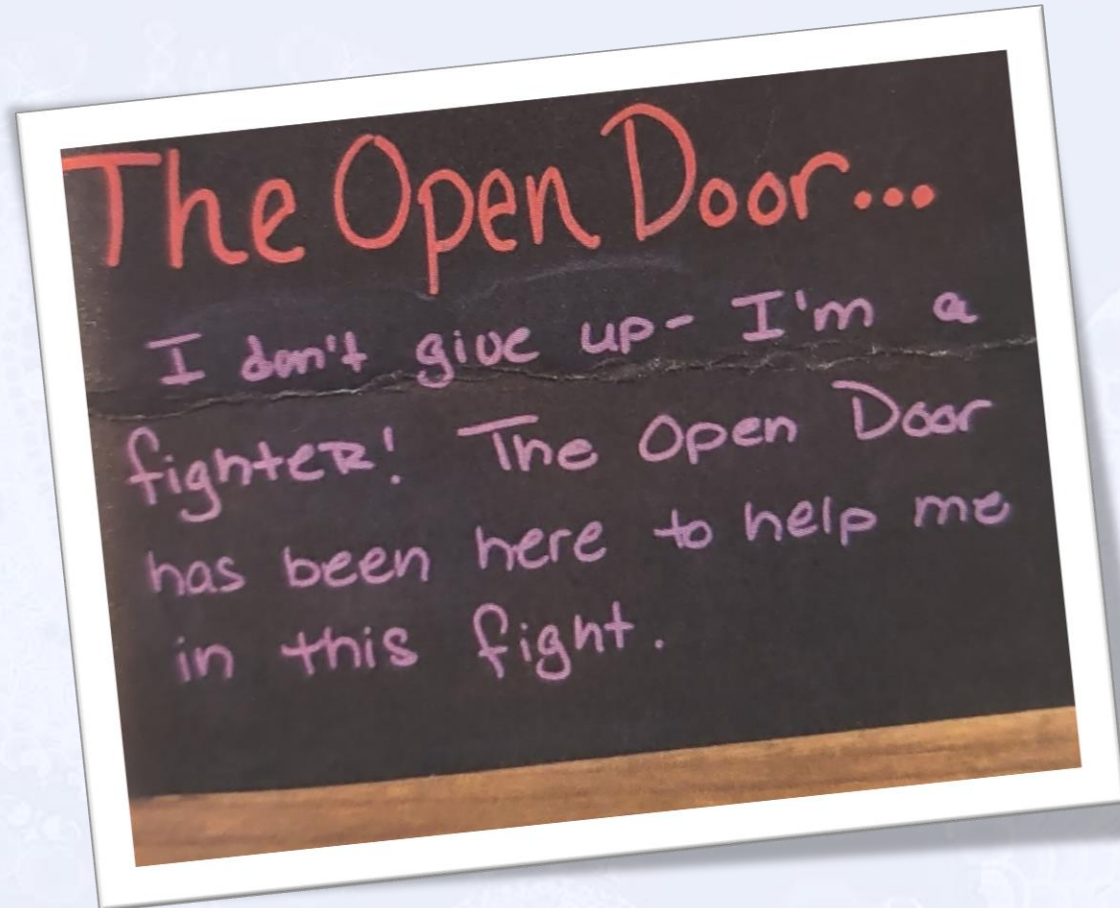
# MISSION STATEMENT

"Building from a harm reduction model, we provide supportive housing and related services that improve the health of the forgotten population of high risk, chronically homeless people with HIV."



# WHAT WE DO

- Housing
- Participant-centered, strength-based service coordination built upon harm reduction principles
- Participant-centered rep payee
- Empowerment counseling
- Advocacy
- Resource and referral
- Medical transportation



**We hear YOU!**

**We see YOU!**

**We value YOU!**

**We love you!**

**We respect you!**

**YOU ARE THE EXPERT ON  
YOU!**





Bridging the gap

Empowering the mind

Reducing the harm

Loving the soul

One human at a time

**Bridging the gap  
Empowering the mind  
Reducing the harm  
Loving the soul....**

**One human at a time**



# CCRP TOOLKIT

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- Based on co-founder's original work, The Open Door (TOD), and Birmingham AIDS Outreach (BAO)
- Harm reduction & participant-centeredness
- Iterative process



## **CLIENT-CENTERED REPRESENTATIVE PAYEE (CCRP) TOOLKIT**

Stephanie Creasy, Joseph Abua, Crystal Patterson, Dana Davis, Mary Hawk  
collaboration with The Open Door, Inc., Birmingham AIDS Outreach, and University of Pittsburgh School of Public Health

# Access the CCRP Toolkit



# WHERE TO FIND US!



**Facebook:** @TheOpenDoorIncPgh

**LinkedIn:** The Open Door, Inc.



**Email:** [Info@opendoorhousing.org](mailto:Info@opendoorhousing.org)



**Website:** [www.opendoorhousing.org](http://www.opendoorhousing.org)



# Undetectable equals Untransmissible:

$$U = U$$

- <sup>1</sup>“Undetectable equals Untransmissible,” or U=U, is an empowering message for people with HIV: It communicates that people taking antiretroviral medications as prescribed and who maintain a durable undetectable viral load will not transmit HIV to their sexual partners.
- <sup>2</sup>A research paper reported an association between health care provider discussions of U=U with people with HIV and favorable health outcomes, based on survey data from 25 countries.
- However, the paper also uncovered an important missed opportunity: A third of people with HIV reported not having any discussion of U=U with their provider.

1. <https://www.nih.gov/news-events/news-releases/science-clear-hiv-undetectable-equals-untransmittable>
2. <https://pubmed.ncbi.nlm.nih.gov/32732335/>

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# HIV AFFECTS EVERYONE AND THE PEOPLE WHO LOVE THEM WHICH IS WHY U=U IS SO IMPORTANT TO REDUCE THE IMPACT

**Table HIV. Human immunodeficiency virus (HIV) diagnoses, by year of diagnosis and selected characteristics: United States, 2015–2019**

Excel version (with more data years and standard errors when available): <https://www.cdc.gov/nchs/hus/contents2020-2021.htm#Table-HIV>

[Data are based on reporting by 50 states and the District of Columbia]

Characteristic	Year of diagnosis <sup>1</sup>				
	2015	2016	2017	2018	2019 <sup>2</sup>
<b>Age at diagnosis</b>	<b>Number of HIV diagnoses</b>				
All ages.....	39,845	39,555	38,393	37,471	36,398
Under 13 years.....	142	128	104	89	61
13–24 years.....	9,070	8,652	8,281	7,835	7,588
13–14 years.....	26	25	26	20	21
15–19 years.....	1,766	1,710	1,777	1,715	1,640
20–24 years.....	7,278	6,917	6,478	6,100	5,927
25–34 years.....	13,010	13,602	13,361	13,382	13,014
25–29 years.....	7,571	7,958	7,717	7,710	7,341
30–34 years.....	5,439	5,644	5,644	5,672	5,673
35–44 years.....	7,607	7,457	7,241	7,181	7,068
35–39 years.....	4,233	4,213	4,274	4,213	4,104
40–44 years.....	3,374	3,244	2,967	2,968	2,964
45–54 years.....	6,288	5,896	5,569	5,233	4,866
45–49 years.....	3,297	3,049	2,929	2,766	2,565
50–54 years.....	2,991	2,847	2,640	2,467	2,301
55 years and over.....	3,728	3,820	3,837	3,751	3,801
55–59 years.....	1,882	1,881	1,873	1,841	1,827
60–64 years.....	995	1,080	1,087	1,040	1,100
65 years and over.....	851	859	877	870	874

<https://www.cdc.gov/nchs/data/hus/2020-2021/HIV.pdf>



# STATE OF PENNSYLVANIA

## HIV Prevalence

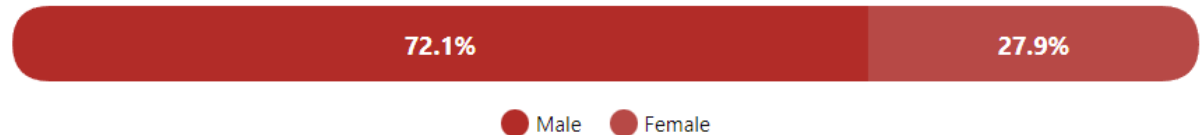
Number of people living with HIV, 2020

**36,613**

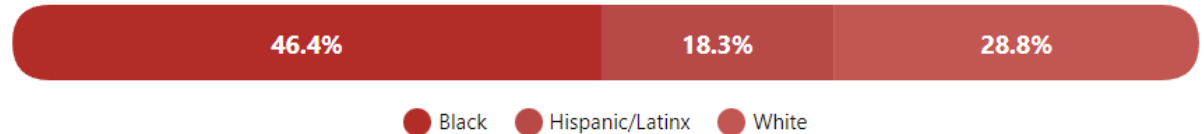
Rate of people living with HIV per 100,000 population, 2020

**335**

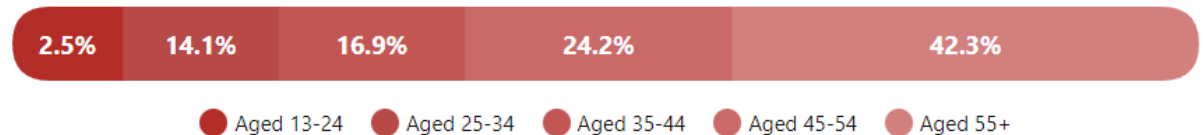
Percent of people living with HIV, by Sex, 2020



Percent of people living with HIV, by Race/Ethnicity, 2020



Percent of people living with HIV, by Age, 2020



<https://aidsvu.org/local-data/united-states/>



# NATION WIDE

## HIV Prevalence

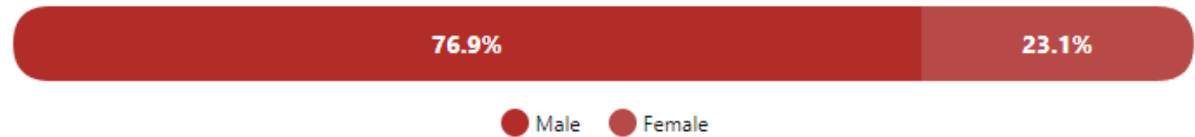
Number of people living with HIV, 2021

**1,086,806**

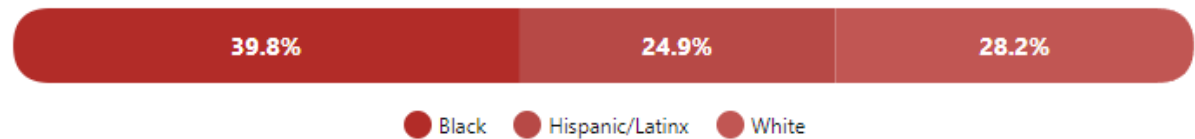
Rate of people living with HIV per 100,000 population, 2021

**384**

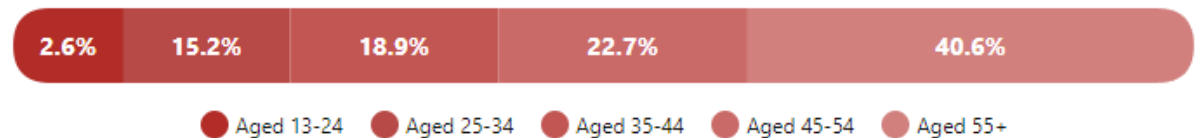
Percent of people living with HIV, by Sex, 2021



Percent of people living with HIV, by Race/Ethnicity, 2021



Percent of people living with HIV, by Age, 2021



<https://aidsvu.org/local-data/united-states/>

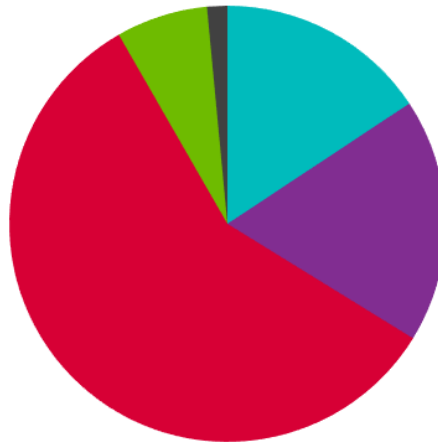


# STATE OF PENNSYLVANIA

## People with HIV, by Transmission Category, 2020

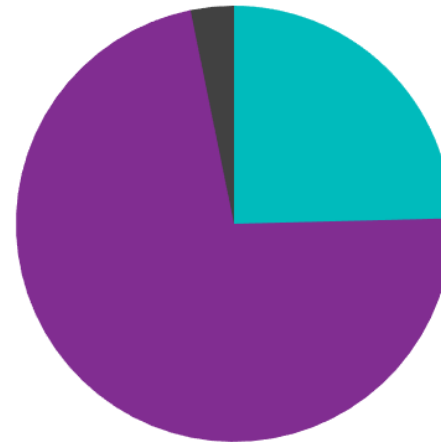
### Percent of People with HIV, by Transmission Category, 2020

#### Male Transmission Categories



- Injection Drug Use (15.7%)
- Heterosexual Contact (18.1%)
- Male-to-Male Sexual Contact (57.9%)
- Male-to-Male Sexual Contact & Injection Drug Use (6.8%)
- Other\* (1.5%)

#### Female Transmission Categories



- Injection Drug Use (24.6%)
- Heterosexual Contact (72.2%)
- Other\* (3.2%)

\*Includes risk factor not reported or identified, along with hemophilia, blood transfusion, perinatal exposure, or missing/suppressed data.

<https://aidsvu.org/local-data/united-states/>

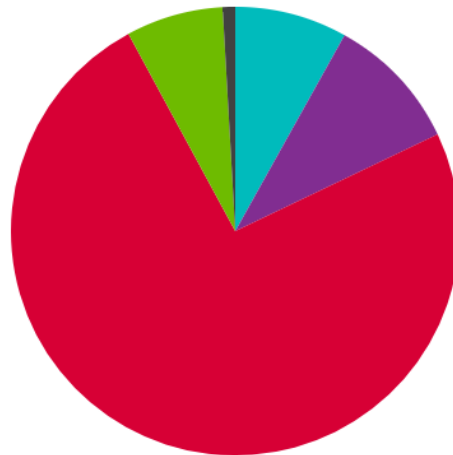


# NATION WIDE

## People with HIV, by Transmission Category, 2021

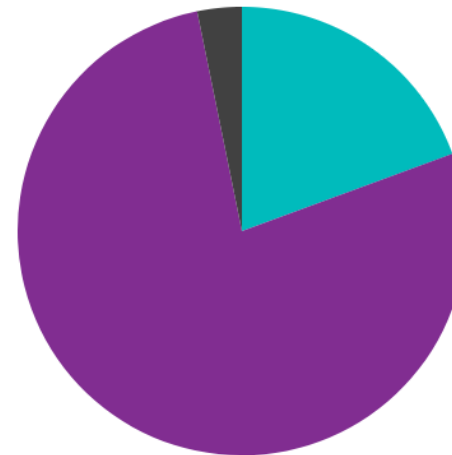
### Percent of People with HIV, by Transmission Category, 2021

#### Male Transmission Categories



- Injection Drug Use (8.1%)
- Heterosexual Contact (9.8%)
- Male-to-Male Sexual Contact (74.2%)
- Male-to-Male Sexual Contact & Injection Drug Use (7.0%)
- Other\* (0.9%)

#### Female Transmission Categories



- Injection Drug Use (19.4%)
- Heterosexual Contact (77.4%)
- Other\* (3.2%)

\*Includes risk factor not reported or identified, along with hemophilia, blood transfusion, perinatal exposure, or missing/suppressed data.

<https://aidsvu.org/local-data/united-states/>



# Factors that Increase the Risk of Homelessness for Persons with HIV/AIDS

- Job loss due to discrimination or fatigue
- History of mental health disorder(s)
- Periodic hospitalization
- Costs of health care
- Substance use disorder
- Domestic violence
- Lack of affordable housing

“There is a shortage of both short-term and long-term affordable housing available throughout the United States. Of the more than one million people who [currently have] HIV in the United States, approximately one-third to one-half are either homeless, unable to afford their housing, or at imminent risk of homelessness (National Coalition for the Homeless, 2009). HIV/AIDS and homelessness are intricately related. The costs of health care and medications for people [with HIV] are often too high for people to keep up with. In addition, [these individuals] are in danger of losing their jobs due to discrimination or as a result of frequent health-related absences.”

“There are other risk factors that are generally understood to be associated with [HIV] transmission; for example, many people who are homeless are at risk because of the prevalence of high risk behaviors including injection drug use, unsafe sex, and ‘survival sex’ (i.e., the exchange of sex for food, shelter, or money) (St. Lawrence, J., Brasfield, T., 1995).”

Above excerpted and adapted from:

<https://www.socialworkers.org/LinkClick.aspx?fileticket=2p326AfQb1A%3D&portalid=0#:~:text=HIV%2FAIDS%20and%20homelessness%20are,of%20frequent%20health%2Drelated%20absences.>

<https://nationalhomeless.org/>

<https://psycnet.apa.org/record/1995-26599-001?doi=1>

National Coalition for the Homeless, 2009  
St. Lawrence, J., Brasfield, T., 1995



“Compelling research findings demonstrate the significance of housing as an intervention to address public and individual health priorities, including disease prevention, health care access and effectiveness, and cost containment. This is especially true of HIV and related conditions. Models of care that include housing status as a key component offer great power, enabling new and more effective approaches to HIV prevention and treatment (The National AIDS Housing Coalition 2005).”



<https://www.socialworkers.org/LinkClick.aspx?fileticket=2p326AfQb1A%3D&portalid=0>



# Nearly 1 in 10 (or 9%) of all people with HIV experienced homelessness in the past 12 months.



“A disproportionate number of homeless individuals in the United States are HIV seropositive and face barriers to care. In a 2010 study, it was estimated that 3.3% of the homeless population in the United States were HIV positive, compared with 1.8% in the stably-housed population. Homelessness has been identified as a predictor of poor physical and mental health, particularly among HIV-infected individuals. Lack of housing has also been identified as a structural barrier to effective combined antiretroviral therapy (cART) in HIV seropositive patients.”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4982659/>

Milloy MJ, Kerr T, Bangsberg DR, et al. Homelessness as a structural barrier to effective antiretroviral therapy among HIV-seropositive illicit drug users in a Canadian setting. *AIDS Patient Care STDS*. 2012 Jan;26(1):60-67. Epub 2011 Nov 22. <http://dx.doi.org/10.1089/apc.2011.0169>. PMID: 22107040 PMCID:PMC3242618. [PMC free article] [PubMed] [Google Scholar]





# The Open Door, Inc.'s Model & Human Resource Culture

- Preventing & beating burnout is accomplished through offering Paid Time Off (PTO), Employee Assistance Program (EAP), fun staff days, etc.
- A focus is on core values and beliefs—NO ONE IS DISPOSABLE!
- The Open Door, Inc. policies reflect our values.
- *Role modeling is key for the staff and to work as a team. We believe what is modeled from staff should reflect so they replicate this modeling with participants.*
- The Open Door is *open* to ideas, team involvement & team approach.
- Providing the space and support to talk about difficult things is prioritized, including addressing personal bias and having difficult conversations—organizational trauma/secondary traumatic stress/vicarious trauma.
- Opportunities for professional development integrated in our model.

# The Open Door, Inc.'s Model & Human Resource Culture, cont'd

- Interviewing & vetting process—we hire candidates aligned with our values and pass on those who do not. Harm reduction must be a candidate's value and belief, although this is often not quite understood by an individual by the harm reduction name, it is easy to discern through simple questions.
- TOD mandates 40 hours of training per year and offers various supportive ongoing trainings to include harm reduction practices for all staff and volunteers in order to ensure that harm reduction is consistently and effectively implemented within the agency.

# Diversity, Equity, & Inclusion (DEI) Policy

A culture of inclusion, love, and acceptance is life at The Open Door, Inc. We hire the best, the most unique, and celebrate diversity at every turn. We give first-class, hands-on training—and respect and cherish individualism—trusting talents and instincts to achieve TOD's primary purpose while discovering and providing opportunity to build individual strengths.

If you are driven to serve others with love and without judgement, while realizing your personal passion and self-autonomy, you will be validated.



# DEI Policy, cont'd

We approach our time at The Open Door compassionately, inclusively, and encourage through our diversity. We strive to improve and learn of ourselves and of each other with constancy. We celebrate the wins of our fellow humans and reflect on our struggles as a team, together with compassion and empathy. Everyone is welcome—as we are an inclusive workplace of diversity in that we embrace individuals of all genders, race, health status, age, ability, ethnicity, sex, and sexual orientation. The Open Door is consistently aware and working toward the betterment and progressive improvement of perfecting communication, participant and staff comfortability, and individual appreciation.



# DEI Policy, cont'd

Our employees and participants are encouraged and supported in bringing their authentic whole selves and we are all driven to inspire this culture, sovereign and diligent in this goal. We are celebrated for expressing exactly who we are, exactly what we believe, in exactly every moment of every single day and this: we value to our core. We prefer, or “cherry pick” no participant, and no employee application over another, considering need and qualification above and before all other information as that is the only criteria for acceptance on to the next step of processing. We come as a team, work as a team and consider participants and potential employees as a team, through democratic process.

Our priorities: participants, the positive community, the organization and its reputation, the team and partner agencies. We celebrate ourselves (participant/team members) no matter where we are at, and above all we celebrate, support, and empower each other as human beings. Be you, be bold, be love.



# Services

The Open Door, Inc. provides a multitude of services to ensure our participants have a successful transition into stable housing and continue to maintain stable housing. The services offered include:

- Permanent & transitional housing
- On-site staff 5 days a week
- Representative Payee Services
- Medication Monitoring
- Harm reduction resources & MAT (medication assisted treatment) services
- Substance abuse treatment referrals
- Life skills groups
- Supportive Housing
- Advocacy
- Support groups
- Mental health referrals
- Homemaker & home health aide services
- Transportation
- Group meals
- Quality of life events (both in house & community)
- Resident Advisory Board
- Primary prevention & education outreach
- Strength-based case management
- Furniture & Goodwill vouchers



# Housing is the First Step

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- Housing First is a model of assistance that believes that housing should come as the first step for participants. Housing First believes that people should not have to deal with their mental health, substance use or health condition FIRST before having stable housing. Does not mandate treatment.
- Housing first is based on participant choice and autonomy.
- Does housing first work?
- A variety of studies have shown that under the housing first mode: between 75 percent and 91 percent of households remain housed a year after being rapidly re-housed.
- <https://endhomelessness.org/resource/housing-first/>



National Alliance to End Homelessness  
1518 K Street NW, 2nd Floor, Washington, DC 20005 2022



# Housing First, Harm Reduction & The Open Door, Inc.

The Open Door owns a 15-unit apartment building that serves 14 residential participants+ at any one time (one apartment serves as our on-site staff office). 13 units are one-bedroom, fully furnished apartments, with one unit a two-bedroom apartment, located within the Pittsburgh city limits.

“Housing first” is crucial to helping our participants’ regain self-confidence and control over their lives, which is key to helping them access life-saving clinical care services. The “housing first” model prioritizes housing before all other goals.

In addition to our “housing first” model of care, we utilize a harm reduction approach. We meet all of those we encounter where they are at, rather than where we want, need or would prefer them to be, and we support them in achieving their goals as they set them, according to their skills, strengths and abilities (STRENGTH BASED CASE MANAGEMENT).





# Trauma Informed Housing & The Open Door Inc.

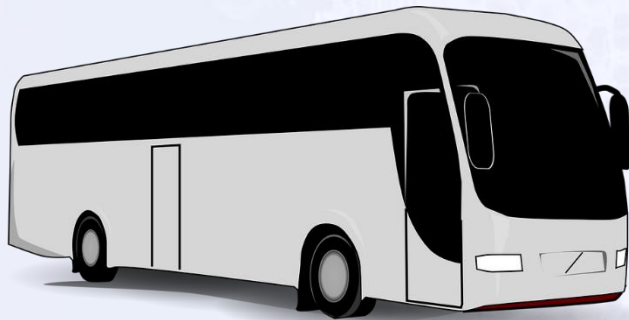
- Safety – Participants are safe, welcome, and free to be exactly who they are. The Open Door is committed to ensuring safety in all interactions and physical space.
- Choice – The team encourages each participant based on their unique, personal journey. We meet people where they are at in life, without judgment, supporting their choices, and respecting their autonomy.
- **Collaboration - Helps The Open Door to understand how we can evaluate & reflect on our practice to avoid re-traumatizing our participants.**
- Trustworthiness – TOD provides participants with rest, love, a supportive community, and individualized services that work at their pace toward goals they set for their future. This helps us to recognize how trauma has impacted our participants in order for TOD to become the best support for that specific individual based on their level of need, history, and trauma.
- Empowerment – TOD embraces positive change—no matter how small; we respect that all paths toward recovery/progress (whatever that looks like and means to a participant) are unique.

# Strength Based Case Management & The Open Door, Inc.

- The Open door provides various services to individuals who are considered most difficult to house due to high barriers to housing. Whether persons have active substance use disorders, mental health issues, past convictions, current involvement with law enforcement, evictions, outstanding utility bills, etc., TOD supports and empowers.
- The Open Door, Inc. provides non-medical case management. This means providing individualized support and care toward any obstacles that are happening in their life. TOD assists by putting a service coordination plan in place for participant goals and a timeframe that they want it to be accomplished by. TOD undoubtedly provides the support and planning to succeed.
- Our program works directly with medical clinics/community-based organizations that provide specialty HIV treatment and care, employment services, educational opportunities, etc. TOD will also work with participants to establish rental assistance programs such as TBRA/SCM/Section 8 to make permanent housing attainable.

# The Open Door, Inc. & Transportation

- TOD provides medical transportation for all participants when transportation to doctors' appointments are needed. Whether bus tickets are needed, Lyfts, or staff transports, we will make sure participants get there and are supported 100%.

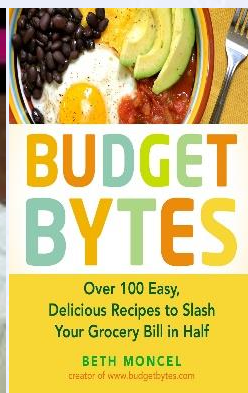


- If a participant has other commitments such as appointments, court appearances, groups, etc., TOD can also accommodate transports to those as well. Either way, we are here for you.

This Photo by Unknown Author is licensed under [CC BY-SA](https://creativecommons.org/licenses/by-sa/4.0/)

# The Open Door, Inc. & Advocacy/Life Skills Groups

- The Open Door provides all participants with advocacy and accompanies all participants to hearings, appointments if requested, and various other activities.
- Life skills classes are provided at The Open Door and all staff are trained and implement trauma-informed care techniques when interacting with participants as trauma is a shared foundation of all participants.
- The Open Door provides weekly support and therapeutic art groups, conflict resolution, and communication groups and implements role playing for real life situations. This provides participants the opportunity to build skills while building connection, self worth, and confidence.



# The Open Door, Inc. & Nutrition Supplementation/Community Meals & Events

- Daily residential meals
- Monthly and holiday residential and community participant meals
- Monthly events for participants
- Supplement nutritional needs throughout the program for participants struggling with food insecurities caused by massive inflation
- Gift card incentives for all participants when participating in any groups, skill classes, community events
- Resource groups/outside speakers come in and hold events and/or giveaways such as a cellphone and Wi-Fi connectivity group where everyone signed up for a free phone and Wi-Fi in building or at their scattered site.

# Harm Reduction

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# Harm Reduction-THEORY

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- Harm reduction prioritizes safety over abstinence.
- Meets a person where they are and accepts without judgement.
- Harm reduction can lessen harms of drug use and reduce infection rates with HIV/AIDS.
- Keys to harm reduction are opioid reversal drugs like Naloxone, safe injection sites, medication-assisted treatment (MAT), fentanyl test strips, and condoms—as well as many other supports.
- Linkage to care is key!
- Visit the Substance Abuse and Mental Health Services Administration (SAMHSA) at <https://www.samhsa.gov/find-help/harm-reduction->

## EXAMPLES OF HARM REDUCTION IN OTHER AREAS



SUN  
SCREEN



SEAT  
BELTS



SPEED  
LIMITS



BIRTH  
CONTROL



CIGARETTE  
FILTERS

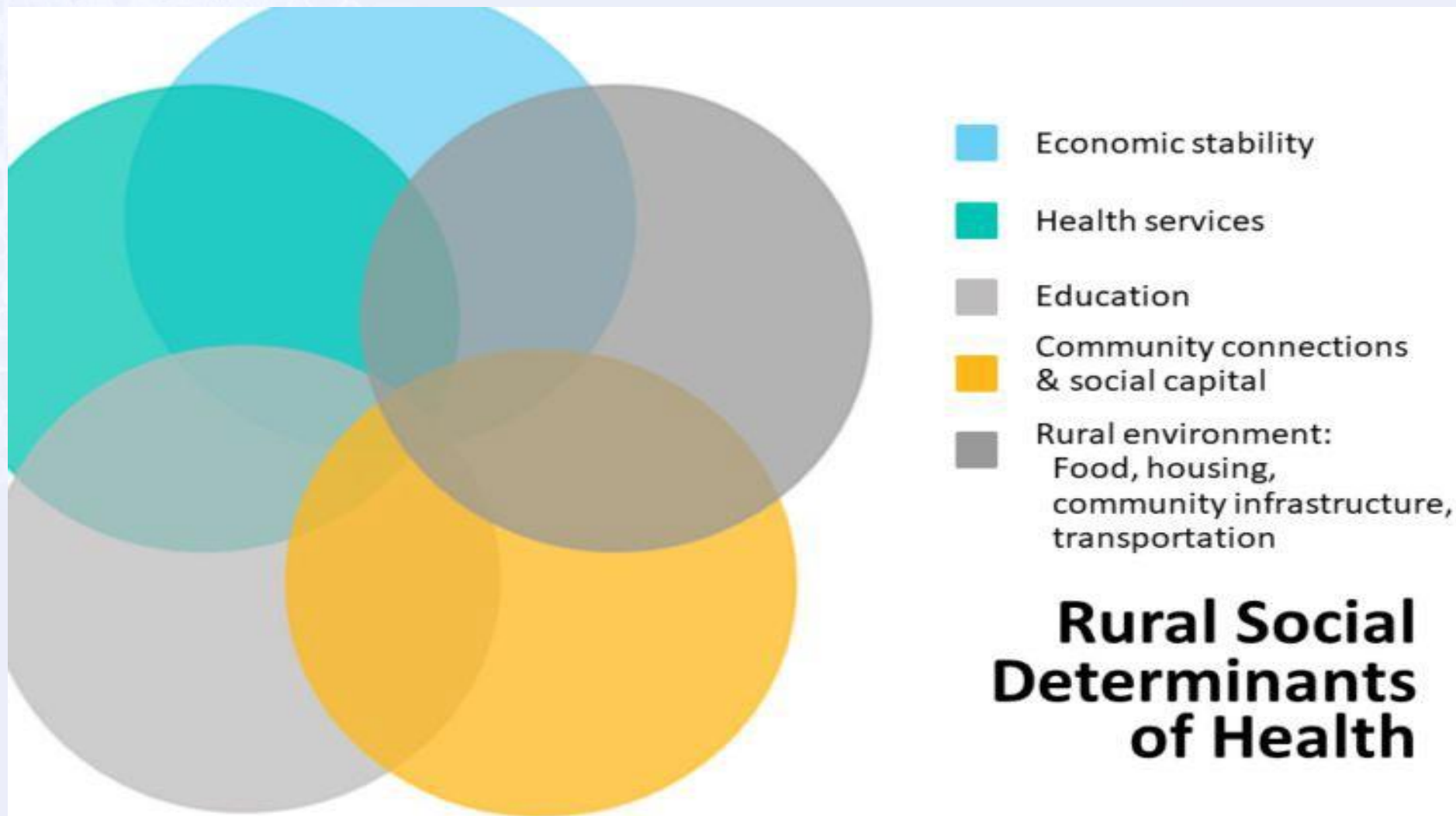
# THE MAIN PRINCIPLES OF HARM REDUCTION INCLUDE:

- **Acceptance and non-judgment:** Recognizing that people engage in risky behaviors for various reasons and meeting them with empathy and understanding rather than stigmatization.
- **Focus on reducing harm:** Instead of demanding immediate abstinence or drastic behavior changes, harm reduction strategies aim to minimize the negative consequences of risky behaviors gradually.
- **Practical strategies:** Providing practical, evidence-based interventions and resources that help individuals make safer choices without ignoring the reality of their circumstances.
- **Respect for autonomy:** Respecting individuals' right to make their own decisions about their health and well-being, even if these decisions may not align with societal norms or expectations.





# Social Determinants of Health in a Rural Area



## Rural Social Determinants of Health

Many factors play together to affect the health of rural communities



# Harm Reduction in a Rural Area

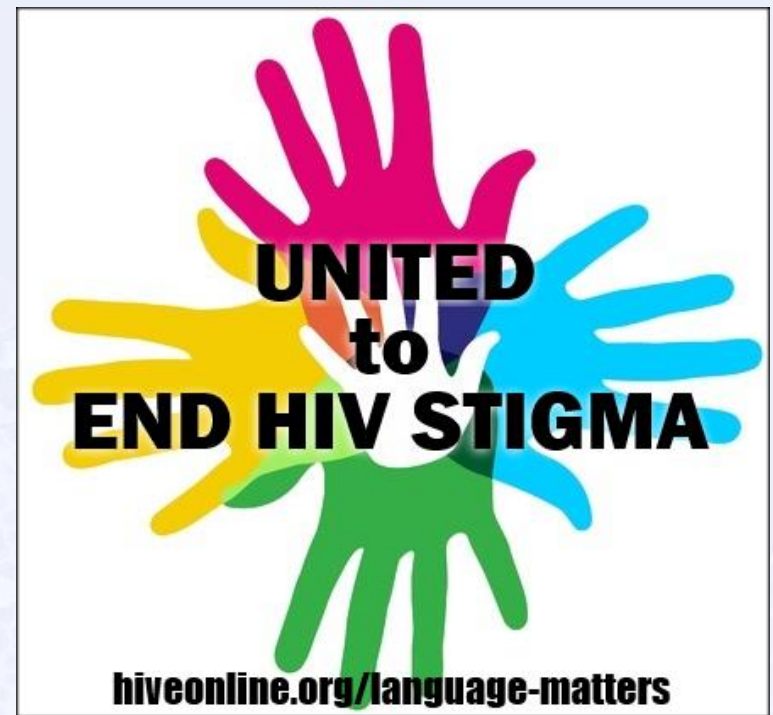
- Differences from urban settings to rural
- How to explain harm reduction/change perceptions
- Teaching harm reduction to the next generation



Image credit: <https://dailyutahchronicle.com/2017/04/14/homeless-people-deserve-empathy/>

# Ways to Help?

- Finding allies in the area
- Being accessible
- Visibility in the community
- TOD tables at a minimum of two health fairs/community events per week to increase visibility and awareness. The purpose is multifaceted in that it increases accessibility to rural individuals' and works toward decreasing stigma.



# Meet People Where They Are At

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- Be compassionate and understanding.
- Don't try to force your beliefs on others.
- <https://www.aamc.org/news/drug-overdoses-soar-more-providers-embrace-harm-reduction>



# REPRESENTATIVE PAYEE SERVICES



# What is a Representative Payee?

A Representative Payee is appointed by the Social Security Administration to manage someone's benefits on their behalf.

In cases where individuals have difficulty making sound financial decisions, having a representative payee allows for a supportive approach to managing their funds. The representative payee can work closely with the person to understand their needs and preferences while still ensuring financial responsibilities are met.

It is essential to note that the appointment of a representative payee should always be done with careful consideration and in the best interest of the individual. It should be a voluntary and supportive arrangement to help the person maintain their housing and financial stability effectively.

**Stability and Continuity:** Homelessness or unstable housing situations can have serious negative impacts on an individual's overall well-being. By having a representative payee to manage their finances, the person is more likely to maintain stable housing conditions, reducing the risk of homelessness and promoting a sense of security and continuity in their life.

**Preventing Financial Exploitation:** Vulnerable individuals may be at risk of financial exploitation or scams if they are unable to manage their finances independently. Having a representative payee provides an extra layer of protection, ensuring that their funds are used appropriately for housing and other essential needs.



PARTICIPANT-CENTERED REPRESENTATIVE PAYEE SERVICES AND HARM REDUCTION ARE TWO DISTINCT CONCEPTS THAT OFTEN INTERSECT IN SOCIAL SERVICES AND HEALTHCARE SETTINGS TO SUPPORT VULNERABLE POPULATIONS.

## Let's break down each concept:

### Participant-Centered Representative Payee Services:

Representative payee services are typically provided by government agencies, non-profit organizations, or individuals appointed to manage the finances of individuals who are unable to do so themselves due to physical or mental impairments. These individuals are often beneficiaries of government benefits or financial assistance programs.



# Participant-Centered Representative Payee Services:

- Participant-centered representative payee services focus on putting the needs, preferences, and interests of the beneficiary (the participant) at the forefront of the financial management process.
- The goal is to ensure that the beneficiary's financial affairs are handled in a manner that respects their autonomy and supports their overall well-being.
- This approach includes involving the beneficiary in decisions whenever possible, providing clear and transparent communication about financial matters, and tailoring the support to meet the unique needs and goals of the individual, this includes budgeting for active substance use.





# Combining Client-Centered Representative Payee (CCRP) Services and Harm Reduction:

In certain cases, individuals receiving representative payee services may also struggle with issues like substance abuse, mental health challenges, or homelessness. Integrating harm reduction principles into the support provided by representative payees can lead to more compassionate and effective outcomes.



# EXAMPLE OF REP PAYEE AND HARM REDUCTION WORKING TOGETHER

- For example, a representative payee employing harm reduction work collaboratively with the beneficiary to develop a financial plan that accounts for their unique challenges and vulnerabilities. This involves budgeting for essential needs, setting aside savings, and providing a small, manageable allowance for discretionary spending, which could be used for personal choices without endangering their overall financial stability.



# EXAMPLE OF REP PAYEE AND HARM REDUCTION WORKING TOGETHER, CONT'D

- Regarding the connection between participant-centered representative payee services and HIV, individuals living with HIV may face various challenges in managing their finances due to the complex nature of the disease and its impact on physical and mental health. Many individuals with HIV may experience financial difficulties, cognitive impairments, or mental health issues that make it challenging to handle their benefits effectively.
- By adopting a participant-centered approach, representative payees can better understand the specific needs and challenges faced by individuals living positive. We can work collaboratively with the beneficiaries to develop a financial plan that aligns with their goals, covers essential expenses such as healthcare, housing, and medication, and promotes their overall financial stability and independence to the extent possible.
- A participant-centered approach is generally considered more supportive and person-centered than a purely bureaucratic or transactional approach. The ultimate goal is to empower individuals with HIV maintain control over their finances and improve their quality of life.



# Peer Model & The Open Door, Inc.

Peer navigators are key to connection, empowerment, and hope.

Helping our participants build inroads to stability, peer navigators are critical team members with lived experience and are directly aligned with the health care and social service systems that participants need. This role is likely the most important role to building connection and trust.



# Peer Navigation Story

By Yvette



*Our stories help to end HIV and AIDS stigma.*



# Services

The Open Door, Inc. provides a multitude of services to ensure our participants have a successful transition into stable housing and continue to maintain stable housing. The services offered include:

- Permanent & transitional housing
- On site staff 5 days a week
- Representative Payee Services
- Medication Monitoring
- Harm reduction resources & MAT (medication assisted treatment) services
- Substance abuse treatment referrals
- Life-skill groups
- Supportive Housing
- Advocacy
- Support groups
- Mental health referrals
- Homemaker & home health aide services
- Transportation
- Group meals
- Quality of life events (both in house & community)
- Resident Advisory Board
- Primary prevention & education outreach
- Strength-based case management
- Furniture & Goodwill vouchers



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