



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

Leveraging HRSA and HUD Funding to Improve Outcomes for People who are Unstably Housed

Lessons Learned from the
HRSA/SPNS HIV Housing & Employment Project

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Learning Objectives



- Describe housing resources that can support people with HIV obtain more stable housing
- Learn strategies to work with HUD programs and Ryan White Planning Councils to leverage resources for people who are unstably housed
- Share tips for setting up coordinated referrals systems between provider agencies to address housing needs

HRSA-Special Projects of National Significance

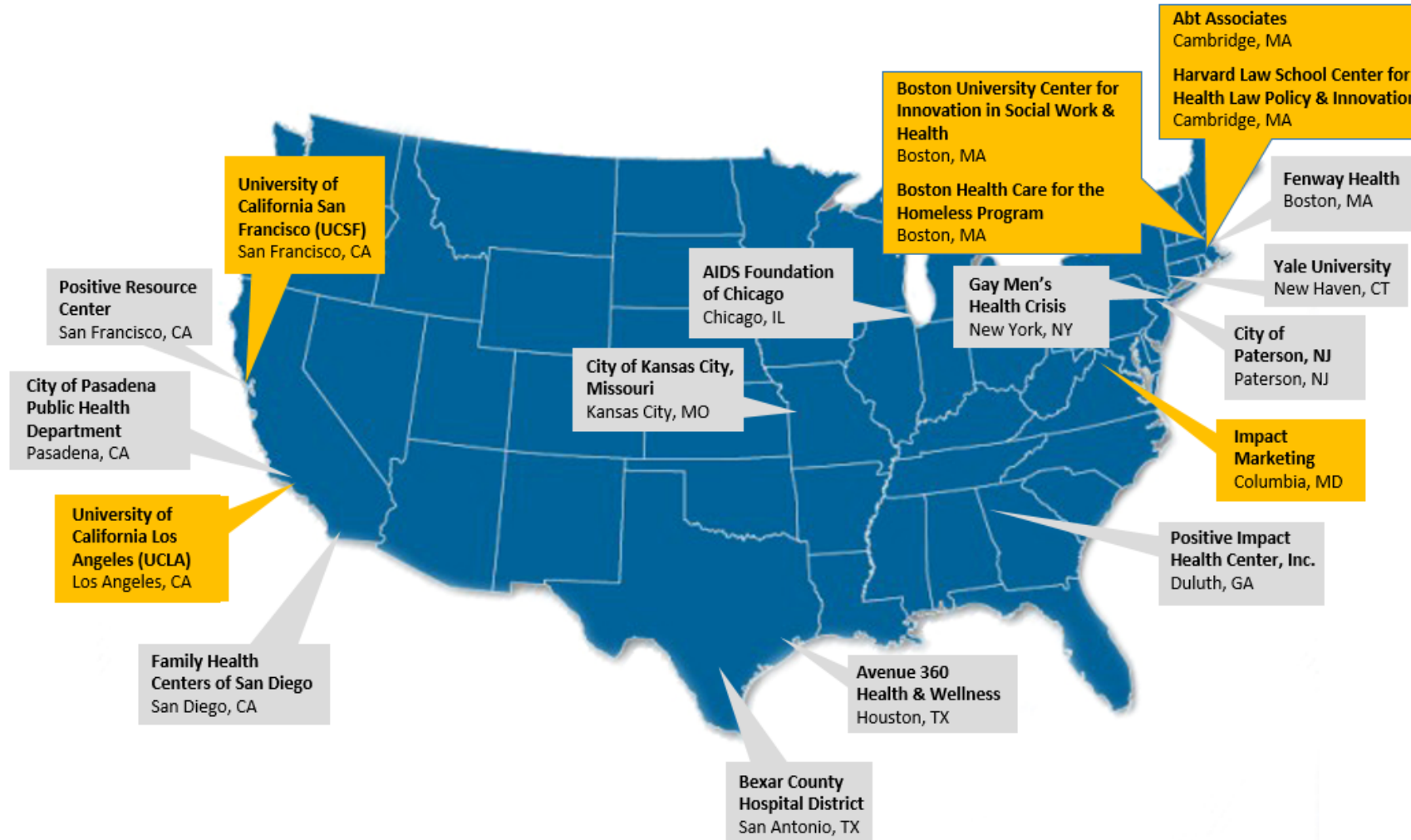
Improving HIV Health Outcomes through the
Coordination of Supportive Housing & Employment
Services

- **Strengthen cross-sector collaboration:** housing, employment, medical and behavioral health systems
- **Improve housing stability**
 - Obtain & maintain safe, affordable housing options
- **Increase employment status**
 - Build skills through vocational rehabilitation programs, education/training programs, achieve temporary, part & full time employment
- **Increase viral suppression**

Demonstration Sites & Partners



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Enrollment Criteria



- **18 years or older**
- **HIV-positive (and meets one of the following criteria)**
 - Newly Diagnosed (within 12 months)
 - Not engaged in HIV primary care
 - At risk of falling out of care
 - Not virally suppressed
- **Homeless or unstably housed**
- **Unemployed or underemployed**

Housing Status n=1083 At Baseline



Self-Described Housing Status	% of Clients Enrolled
Currently Homeless	43.5%
Imminent risk of losing housing	11%
Unstably housed	42.7%
Stably housed	2.7%
Ever Homeless	86%

Data not for quotation or publication

Intervention by Site



Type of Intervention	Number of sites
Care Coordination/Navigation	12
System-wide case management training	3
Internal case management training	3
Streamlining referrals	3
Engaging HOPWA-funded partners	2
Expanding IT capacity	2

HUD related funding



Connection with HOPWA	Number of sites
Lead organization is HOPWA recipient	9
Partner organization is HOPWA recipient	3

Connection with HUD housing	Number of sites
Lead organization is HUD recipient	2
Partner organization is HUD recipient	4
No formal connection to HUD housing	6

Employment strategies

- Partnerships with Department of Labor Workforce Organizations
- Job clubs
- Employment Navigators
- Vocational Training
- Skills building workshops
 - Resume support
 - Job search
 - Interviewing



HUD supported assistance

www.hudexchangeinfo/programs



- **Housing Opportunities for People with HIV (HOPWA)**
 - Assists low income people with HIV and families with housing needs. Assistance includes to pay upfront move in costs to secure new housing or cover rent, utilities to stay in current housing. Grants made to local communities, nonprofits and States.
- **Continuum of Care program**
 - Promotes community wide commitment to the goal of ending the homelessness for individuals and families; funding for efforts by nonprofit providers, state and local governments
- **Tenant based rental assistance (TBRA)**
 - Assists individual households afford the housing costs of market rate units.
- **Rapid Re-Housing**
 - Connects families and individuals experiencing homelessness to permanent housing through a package of financial and supportive services-informed by Housing First model
- **Housing choice vouchers (Section 8)**
 - Assists low income families, elderly, the disabled to afford safe quality housing in private markets; subsidy paid to landlords

Using Ryan White HIV/AIDS Program Funds to Support Housing Services Program



- Policy Clarification Notice #16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds
 - Allows RWHAP funds to support housing services under RWHAP Parts A, B, C, and D
 - Allowable services include
 - Transitional , short-term, or emergency housing assistance
 - Housing referral (i.e., assessment, search, placement, advocacy, and the fees associated with these services)

Health Resources & Services Administration, HIV/AIDS Bureau. Ryan White HIV/AIDS Program Housing Policy Update: October 11, 2016. <https://hab.hrsa.gov/sites/default/files/hab/landscape-webinars/healthcare-landscape/RWHAP-HousingPolicyUpdateWebcastRecipients.pdf>

Fenway Community Health Center

Kristen Lascoe

- Fenway Community Health Center, Inc. (Fenway Health)
 - Federally Qualified Health Center (FQHC)
 - longtime recipient of Ryan White CARE Act funding under Parts A and C
 - largest non-hospital provider of HIV/AIDS medical and behavioral health services in Massachusetts, treating more than twice as many persons living with HIV as all of Boston's other community health centers combined
- Merged with AIDS Action in 2018 after 5 year strategic partnership
- AIDS Action is the public health division of Fenway Health
 - Housing
 - Prevention Programs
 - Community Case Management
 - Legal

SPNS Project: Systems Strengthening



- Fenway Community Health Center: Ryan White Part A funded case management
- AIDS Action: housing services funded in part by HUD, assisting clients to access HUD-funded housing opportunities
- One goal of SPNS project: internal systems strengthening
 - connection and coordination between Case Management and Housing programs
- Barriers include two different data systems and recent merger
- Solutions include staff access to data systems, access to monthly reports, bimonthly meetings including case management and housing supervisors

AIDS Action – Housing Programs



- Total annual budget: \$4M
- Payments for financial assistance (rent, utilities): 40% of overall budget

- 7 funders
- 17 budgets
- 28 staff members
- 60 partner agencies
- 1097 unique clients served in the past year

- Funded by:
 - HOPWA through three sources
 - Ryan White Parts A and B
 - Continuum of Care
 - State of Massachusetts

AIDS Action – Housing Programs



- Housing Search and Advocacy
 - Serves households experiencing homelessness or housing instability
- Rental Assistance Programs, including short term financial assistance and TBRA
 - Serves households earning up to 80% AMI
 - Assists with back rent, short term ongoing assistance, start-up costs, and emergency utility payments
 - Administers ongoing rental assistance for two HOPWA TBRA programs
- Supportive Services, including housing stabilization
 - Provides community case management and housing stabilization
 - Serves households in supportive housing programs, project-based and tenant-based subsidies
 - Subsidies administered by AIDS Action and by external partner agencies

Leveraging funds – client access



- HRSA-funded case management partners with HUD-funded housing assistance and services
- Housing programs serve clients who are Fenway patients and those who receive care elsewhere
 - 103 Fenway patients and 994 patients of external providers
- Housing program rely on partnerships with dozens of health centers, hospitals and community organizations across Massachusetts
- MOAs detailing referral process and ongoing coordination
- Strongest partnerships with agencies with Ryan White case management services
- Case Managers identify client need for rental assistance and housing search services, submit referrals, and partner with AIDS Action housing staff for ongoing coordination

Leveraging funds – program level



- Rental Assistance Programs: short term financial assistance
- 744 households served
- Four funding sources
 - MA Department of Public Health – state funds
 - City of Boston, Suffolk/Norfolk/Plymouth Counties – HOPWA STRMU and PHP
 - Middlesex/Essex Counties – HOPWA STRMU and PHP
 - Boston Public Health Commission, Boston EMA – Ryan White Part A
- Create a cohesive program, with one set of eligibility criteria and single application for all
- Serve clients throughout Massachusetts
- Gather data to satisfy highest level of reporting requirements
- Matrix funding to meet client needs

Leveraging funds – client level



- Assess client need using information provided in the application, conversation with referring case manager and client, and documentation from property owner
- Assess potential funding sources, based on geography and client need
- Example:
 - Client lives in Fall River, MA: within the Boston EMA and outside of our HOPWA catchment area.
 - Client is referred for Rental Assistance by Ryan White case manager.
 - Client moves out of homelessness and into a unit with a Housing Choice Voucher.
 - Ryan White funds cover first month's rent; DPH funds cover the security deposit.

Leveraging funds – program level



- Housing Search and Advocacy program
- 308 clients served
- Three funding sources
 - MA Department of Public Health
 - City of Boston, HOPWA HIS
 - Boston Public Health Commission, Ryan White Part A
- Matrix DPH and HOPWA funding to allow flexibility in caseloads
- Ryan White Part A funds one Housing Navigator
 - Small caseload, 20-25
 - All clients experiencing homelessness
 - Focus on access to HUD-funded housing opportunities for those experiencing homelessness

Leveraging opportunities – client level



- Housing Search and Advocacy program: complete services include assisting clients with applications to a wide variety of HUD and state-aided affordable housing
 - Continuum of Care
 - Housing Choice Voucher Program
 - Public Housing
 - Project-based multifamily and elderly/disabled housing
 - HIV supportive housing, including HOPWA TBRA
 - State-aided public housing and voucher programs
- Assess clients for eligibility across programs, discuss options with client and integrate into individual service plan

Coordinated Access



- City of Boston, Department of Neighborhood Development
- Boston Continuum of Care homeless services agencies have a broad data sharing agreement
- Given confidentiality concerns, Fenway is not a participant in this broad agreement
- CoC housing opportunities include HIV-specific units
- How to connect clients to HIV-specific units and other PSH
- Limited data sharing agreement between Fenway and key person at DND
- Allows for coordination of client access to HIV-specific opportunities, including when clients haven't disclosed status to shelter providers
- Facilitated access to data warehouse and confirmation of clients' documented history of homelessness

Client example



- Client receives care at Fenway Health, working with High Acuity Medical Case Manager funded through **Ryan White Part A**
- Client is experiencing homelessness, staying in shelter at time of assessment
- Medical Case Manager refers client to Housing Search and Advocacy program
- Client is enrolled in services funded by **HOPWA HIS**
- Housing Search Specialist assesses client eligibility, identifies opportunities and assists client with applications
- Medical Case Manager facilitates documentation of disability needed for many applications
- Housing Search Specialist obtains history of homelessness through data warehouse and connects client to HIV-specific PSH unit supported by **CoC** funding
- Housing Search Specialist coordinates move and ensures connection to PSH services provider

COVID-19 Impact



- Increase in demand for Homelessness Prevention assistance
- Increase in per household level of need
- Many households new to accessing our Rental Assistance Programs
- Many households where all or some household members do not have documented immigration status
- Opportunities for flexibility, including use of electronic signatures
- Increased housing instability for clients who are doubled-up, rent burdened and couch surfing
- Delays in inspections for clients with vouchers looking to lease new units
- Access to CARES Act funds to support rental assistance and housing stabilization beyond the typical duration

Pasadena Public Health Department

Guadalupe Martinez

Precious Jackson

Using CES acuity score to leverage housing



- Coordinated Entry System (CES) uses acuity scores to prioritize the most vulnerable for housing.
- (A score of 12 and up)
- HIV clients are pushed at the top especially if they've been sleeping in the elements.

Key Partnership



- Pasadena Public Health Department thought outside of the box by partnering with Union Station Homeless Services who traditionally don't offer specific programs for HIV+ clients
- We partnered with them because they are the lead agency for the Coordinated Entry System (CES) for Service Planning Area 3 (SPA 3) the San Gabriel Valley area. They receive monies from Los Angeles Homeless Authority (LASHA) who receive their funding from HUD and other resources

Housing programs Union Station works with



- Rapid Rehousing Program (partner w/Foothill Unity Center, HUD via LAHSA county)
- Permanent housing through our CES matcher (high acuity match voucher units)
- Alliance housing and healing (HOPWA funded)
- Foothill AIDS Project (HOPWA funded – emergency voucher SROs)
- Single Room Occupancy (City of Pasadena funded SRO)
- Foothill Unity Center (RRH HUD via LAHSA)

Clients Who Have Incarceration History

- Clients who have felonies regarding sales of illicit drugs, manufacturing meth or who have a sex offense. It's hard to find housing for these clients.
- It's important for clients to inform their housing navigator and/or case manager that they have these offenses. So, housing navigator can advocate on their behalf. Especially if they've changed their lifestyles.

Undocumented Clients:

- We find that resources targeting this population are extremely scarce.
- Also providing income verification for client is very challenging.

Barriers/Challenges



Landlords / Property

- Not Taking Subsidies
- Is kind challenging finding landlords that accept vouchers due to the fact rent is more that the voucher is approved for and landlords don't really like the idea of having to go through inspection.
- Unit accessibility

RESOURCES THAT CAN HELP PEOPLE LIVING WITH HIV OBTAIN STABLE HOUSING



- Agencies who are HOPWA funded
- Agencies who offer rapid re-housing
- Agencies that work with Vets
- Agencies that have housing developments that are specific for people who are HIV+ (Project New Hope, Alliance for Housing and Healing)

Client Cases Who Have Been Housed



- Client #1 – Had been homeless for over 2 years in the Pasadena area. Linked client to Foothill Unity Center for rapid-rehousing. Due to his criminal background he didn't find housing right away. It took about a year. With the help of his housing navigator and client working together they were able to find a landlord who was willing to take the housing subsidy and client about his background. Client was housed in May of 2020.

Client #2 – Client was homeless on the streets for three years with several co-morbidities. Due to his poor health the client utilized the emergency room for care. Since he’s been a client of HRSA he was housed through (HUD) funded Single Residency Occupancy (SRO) in Pasadena the Centinel Place.

Client #3 – Client had been referred to Union Station Homeless Services from Huntington Hospital. The client had been homeless for a year after her incarceration. The client was housed in 2018 by our partner agency HOPWA funded Alliance for Housing and Healing.

Lesson learned



- Clients that do not meet housing subsidy eligibility criteria to employment services and assisting/supporting them in increasing their income.
- Adding undocumented clients to flexible subsidies waitlist, managed by our Housing Matcher

HRSA/SPNS Initiative HIV, Housing & Employment Initiative

Preliminary outcomes & lessons learned to promote housing stability

Lessons learned



- Accessing other funding sources prior to HRSA/ SPNS funds
- System level:
 - Meet your HUD-HOPWA partners in your area
 - Have your organization contact your local HUD Care Continuum Committee
 - Encourage case managers to get trained & learn housing policy options
 - Provide training on Housing First options
- Advocacy and collaboration with Coordinated Entry System
- Identify partners for housing appeals
- Provide letters of support for obtaining criminal history report
- Support for addiction recovery & mental health services
- Work with housing landlords directly & private real estate brokers

Lessons learned



- Client level
 - Not turning clients away
 - Maintain communication with clients
 - Not all leasing agencies are Housing First knowledgeable or cultural competent
 - Boundaries & holding clients accountable for their ability to improve their situation
 - Maintain reasonable expectations for the clients
 - Determine clients' readiness for housing
 - Limited supportive housing for non-resident clients (T-Visa & U-Visa asylees)

Thank you & Contact Info



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<https://ciswh.org/project/the-hiv-housing-employment-project/>

Questions?