



Housing First to Treat and Prevent HIV

This fact sheet contains highlights from a Ryan White HIV/AIDS Program (RWHAP) subrecipient on the Housing First to Treat and Prevent HIV (HFTPH) intervention, designed to connect individuals to housing and address barriers to maintaining housing.

INTERVENTION OVERVIEW: This intervention uses three interconnected approaches to improve retention in HIV care: housing first, harm reduction, and Motivational Interviewing.

PRIORITY POPULATION: People experiencing unstable housing

ORGANIZATIONAL SETTING: AIDS Service Organization (ASO) (Cincinnati, OH)

FUNDING SOURCE(S): The U.S. Department of Housing and Urban Development (HUD) and funds allocated towards this project from the State through the Health Resources and Services Administration's (HRSA) RWHAP Part B.

INTERVENTION PURPOSE/GOAL: This intervention aims to quickly connect individuals with HIV experiencing homelessness to housing and address barriers they may face in maintaining housing.

INTERVENTION SUCCESSES: In 2021, Caracole housing served 216 people in 167 households. At the end of the year:

- 94 percent remained in permanent supportive housing or exited to permanent housing
- 84 percent reached viral load suppression
- 98 percent established a usual and appropriate place for healthcare

SUSTAINABILITY: Caracole relies on steady Department of Housing and Urban Development (HUD) funding for housing subsidies including Housing Opportunities for People with AIDS (HOPWA) grants and HIV Continuum of Care funds for permanent supportive housing. Caracole also receives funds from the United Way, the City of Cincinnati, and Ohio Development Services Agency.

Programs need to invest in staff retention through education, compensation, and support. Programs also need strong community relationships with property managers. When behavioral issues lead to lease violations,

Housing Specialists with strong relationships with the property managers can help the parties involved find a solution rather than resorting to eviction.



INTERVENTION CORE ELEMENTS:

Assess community and organizational resources. Assess your service offerings and strengths along with the needs of the community, prioritizing clients most at risk.

Bring stakeholders and partners together. Develop relationships within the community on both the medical and housing side. Coordinate stakeholder meetings to provide details on the intervention and secure buy-in from referral agencies.

Hire and train staff. Hire key staff and conduct trainings on Motivational Interviewing, harm reduction, trauma-informed care, and cultural competency.

Set up a collaborative care model. Provide a collaborative work environment where a housing team

and clinical case management team will work together to provide for client needs.

Review and engage client referrals from community partners. Review and accept referrals or be matched with eligible clients based on funding requirements and program structure.

Enroll clients and conduct assessments. Explain intervention activities, explain confidentiality components, screen for eligibility, and enlist clients into the intervention. Conduct an initial assessment and build rapport with each client.

Develop care plan. Talk to clients about where they have been, where they are now, and what is next. Develop individualized goals in anticipation of graduation.

Secure housing and provide independent living skills training. Identify appropriate housing for clients and work with both clients and systems to secure housing and help support clients in the transition by providing independent living skills training.

Provide clinical case management. Provide case management services; help reduce barriers to care; and support access to applicable HIV care, substance use treatment, mental health treatment, adherence counseling, benefits programs, and health insurance.

Graduate clients. As clients progress through their care plan and develop increased autonomy, support their “step down” to a lower-intensity level program.



INTERVENTION STAFFING:

- **Project Manager:** Provides oversight of the HFTPH intervention and oversees quality improvement efforts. Builds and implements project management tools; creates and implements intervention protocols; and organizes and convenes administrative and community stakeholder meetings.
- **Clinical Case Managers:** Work in tandem with the housing specialist to develop a collaborative care plan for each client. Promote HIV medication and care adherence and provide support in obtaining health insurance. Accompany clients to medical appointments; advocate for clients with other service providers; conduct field-based assessments of client needs; provide referrals.
- **Housing Specialists:** Work in tandem with clinical case managers to develop a collaborative care plan for each client. Provide housing case management and housing-related counseling to clients. Connect clients to permanent supportive housing. Engage clients to increase independent living skills and/or income. Build and maintain positive relationships with landlords, advocates, and other community providers.
- **Housing Property Relations Coordinator:** Pursues and maintains relationships with community property

owners and managers to secure and maintain safe and affordable housing. Maintains current lists of available units. Mediates issues with landlords in collaboration with housing staff and clients. Assists program participants in building independent living/tenancy skills.

- **Housing Quality Coordinator:** Ensures clean, safe, secure living environments for housing clients. Conducts inspections, tracks and communicates needed maintenance to property management, clients and staff. Maintains relationship with property owners to ensure maintenance, unit turnover, and a positive living environment.
- **Clinical Supervisor:** Supervises the clinical case management team members. Provides training and guidance on HIV-related health issues, mental health, substance use, and medical benefits issues.



IMPLEMENTATION CHALLENGES:

Difficulty maintaining independent housing. Caracole coordinates a monthly tenant meeting to improve housing outcomes which focuses on topics such as paying rent, understanding the terms of a lease, making a maintenance request, and conflict resolution.

Limited amount of available housing. Some landlords are hesitant to work with subsidies, and some are hesitant to take clients with experience of incarceration or substance use. Caracole has addressed that through paying double deposits at times, and recently hiring a Property Relations Coordinator to work with landlords.

Working in a collaborative care model. Many organizations are siloed between departments and many offer staff the flexibility to work remotely, necessitating a great deal of collaboration to offer wraparound services. Requiring team members to be in the same location one to two days a week has helped Caracole staff develop strong working relationships and have the space to collaborate.

Limited staff time. As with many intensive interventions, key staff's time is typically spread thin. Providing smaller caseloads by leveraging additional funding streams will help promote collaboration as well as provide the structure for a collaborative care model.

RESOURCES:

Permanent Supportive Housing and Viral Load Suppression Presentation: https://targethiv.org/sites/default/files/media/documents/2021-08/Permanent_Supportive_Housing_and_Viral_Load_Suppression_9.2020_508.pdf

HRSA IHIP Housing First to Treat and Prevent HIV Intervention Implementation Guide: <https://targethiv.org/ihip/housingfirst>