
Ryan White HIV/AIDS Program Housing Policy Update

Health Resources and Services Administration

HIV/AIDS Bureau

October 11, 2016

Agenda

- Review the recent housing policy updates in *Policy Clarification Notice #16-02, Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds.*
- Describe different approaches taken by recipients to provide housing services for Ryan White HIV/AIDS Program (RWHAP) clients using RWHAP funds.

Speakers

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Purpose of RWHAP

**RYAN WHITE
HIV/AIDS PROGRAM
MOVING FORWARD
FRAMEWORK**



- Public health approach to provide a comprehensive system of care
- Ensure low-income people living with HIV (PLWH) receive optimal care and treatment

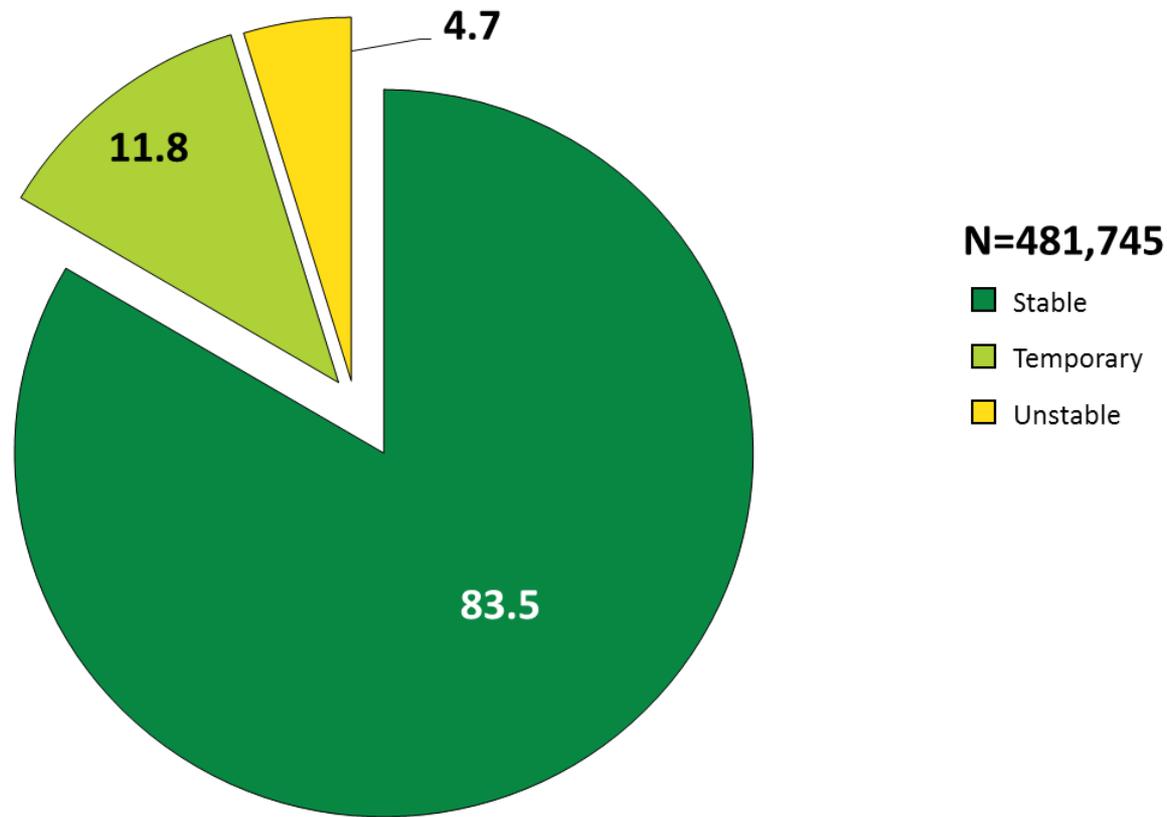
Purpose of RWHAP (cont.)

- Increase access to care and treatment for PLWH
- Only disease-specific discretionary grant program for care and treatment of PLWH
- Payor of last resort – safety net for uninsured and low-income PLWH
- **Funding to support:**
 - Medical services, including medications
 - Support services
 - Provider training
 - Technical assistance
 - Demonstration projects

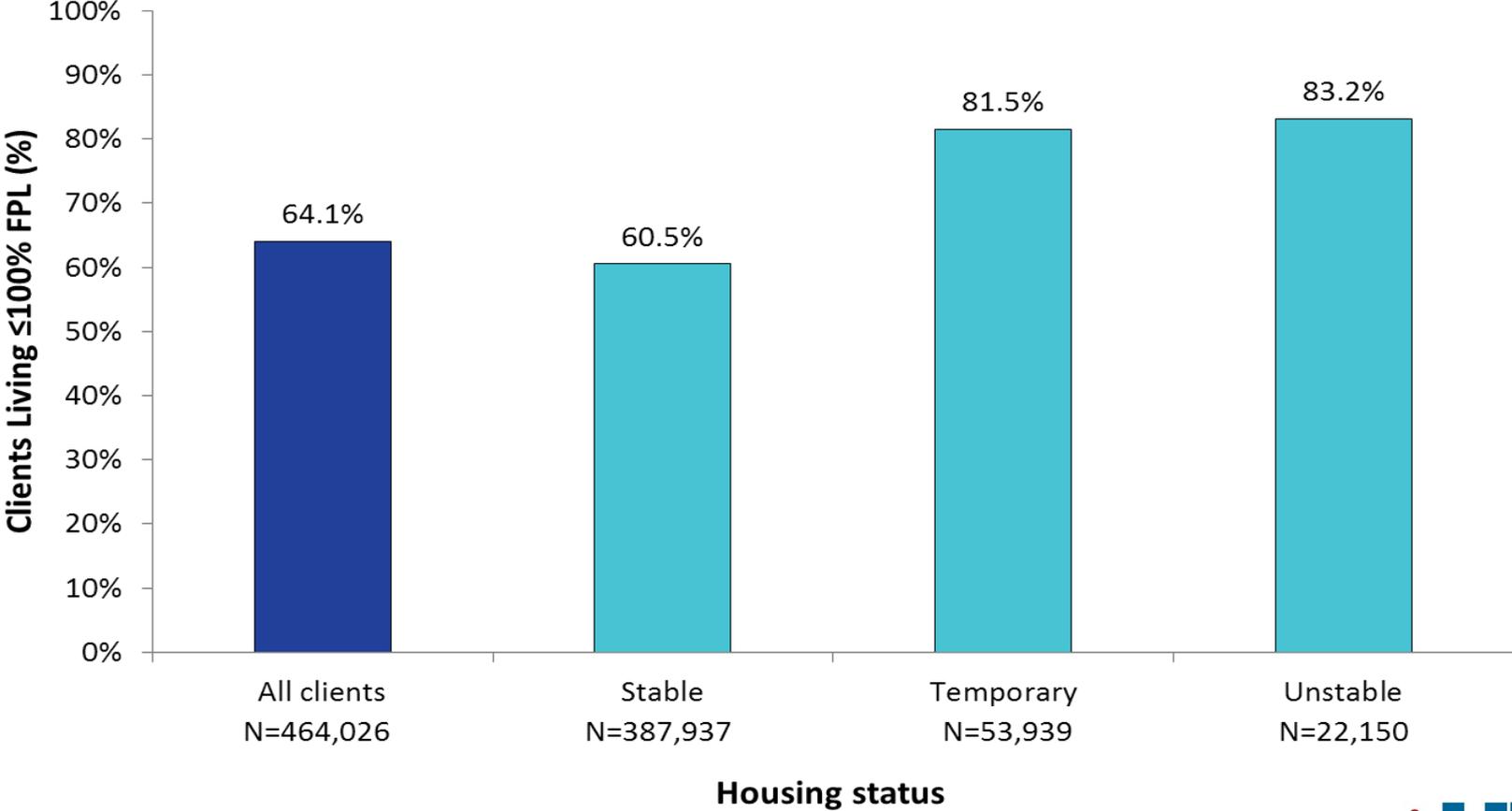
HOUSING AND THE RYAN WHITE HIV/AIDS PROGRAM

Why Housing Services are Important

Ryan White HIV/AIDS Program Clients (non-ADAP), by Housing Status, 2014—United States and 3 Territories

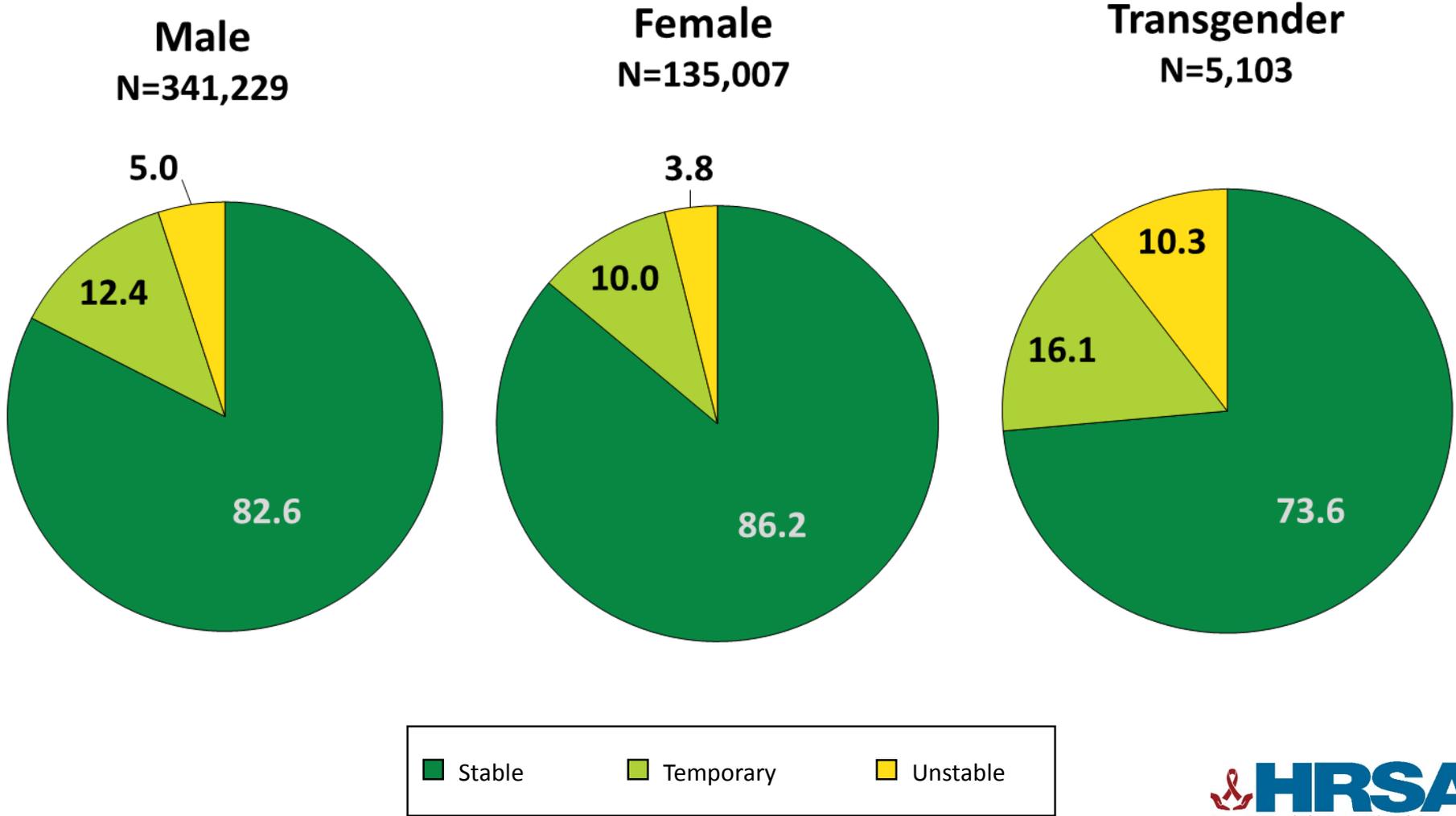


Ryan White HIV/AIDS Program Clients (non-ADAP) Living $\leq 100\%$ of the Federal Poverty Level, by Housing Status, 2014—United States and 3 Territories

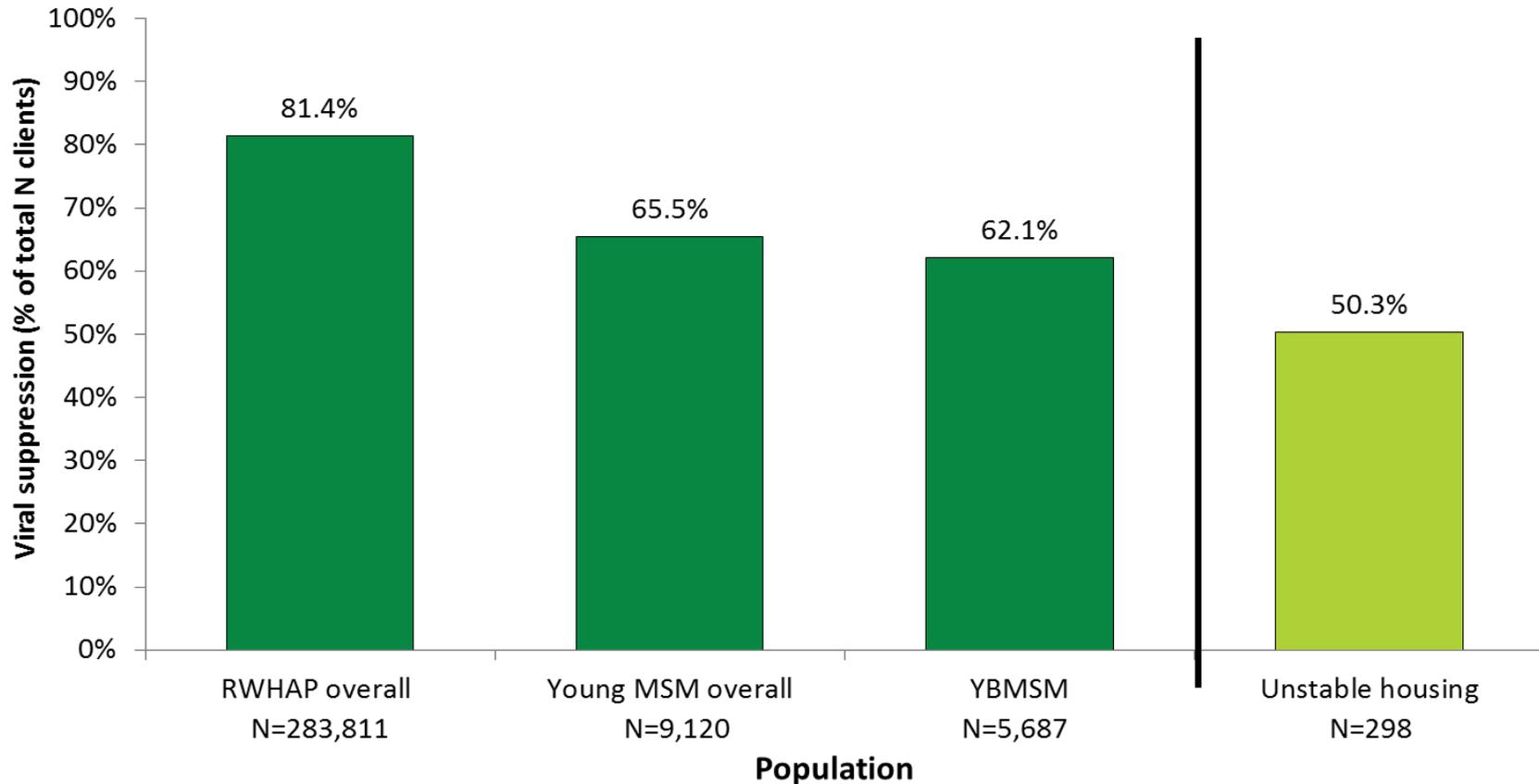


FPL: Federal Poverty Level

Ryan White HIV/AIDS Program Clients (non-ADAP), by Gender and Housing Status, 2014—United States and 3 Territories



Viral Suppression among Young, Black/African American MSM (YBMSM) Aged 13–24 Years Served by the Ryan White HIV/AIDS Program (non-ADAP), 2014—United States and 3 Territories



Note: N represents the total number of clients in the specific subpopulation.

Viral suppression: ≥ 1 outpatient ambulatory medical care visit during the calendar year and ≥ 1 viral load reported, with the last viral load result < 200 copies/mL.

RYAN WHITE HIV/AIDS PROGRAM HOUSING POLICY UPDATE

Housing Service Category

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



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services
Administration

HIV/AIDS Bureau

Rockville, MD 20857

AUG 18 2016

Dear Ryan White HIV/AIDS Program Colleagues:

This letter addresses the use of Ryan White HIV/AIDS Program (RWHAP) funds to support housing services under RWHAP Parts A, B, C, and D of Title XXVI of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009.

The HIV/AIDS Bureau (HAB) recognizes the critical importance of housing services to support improved HIV health outcomes; therefore, HAB is revising this service category to extend to RWHAP Part C recipients. This policy revision is reflected in *Policy Clarification Notice (PCN) #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds*. HAB further revised the housing service category in PCN #16-02 to incorporate certain guidance in PCN #11-01, *The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-Term or Emergency Housing Needs*. The housing service category in PCN #16-02 replaces PCN #11-01 for awards issued on or after October 1, 2016.

Research and practice have demonstrated that safe, stable housing provides the essential foundation for successful management of HIV and other chronic diseases.¹ In the RWHAP, clients who were unstably housed had lower percentages of viral suppression than clients with stable or temporary housing.² Effective systems to treat HIV must take into account the social determinants of health—conditions of peoples' lives that directly or indirectly affect their vulnerability to accessing care and their ability to benefit from HIV treatment.³ HAB understands that housing is a vital component in overcoming social determinants of health and is a proven, cost-effective way to improve HIV health outcomes.

The primary change to the updated PCN #16-02 is that RWHAP Part C recipients may now use RWHAP funds (and program income generated by or earned as a result of RWHAP funding) for housing services. The PCN also clarifies that when funding housing services for a client, recipients must, at least annually, update the client's individualized housing plan. PCN #16-02 will go into effect on October 1, 2016.

Please contact your HAB Project Officer for questions about using RWHAP funds for housing services.

Sincerely,

/Laura W. Cheever/
Laura W. Cheever, M.D., ScM
Associate Administrator
HIV/AIDS Bureau
Health Resources Services Administration

¹ HIV Care Continuum: The Connection Between Housing and Improved Outcomes Along The HIV Care Continuum retrieved from <https://www.hudexchange.info/resources/documents/The-Connection-Between-Housing-and-Improved-Outcomes-Along-the-HIV-Care-Continuum.pdf>. Accessed June 26, 2016

² Health Resources and Services Administration. *Ryan White HIV/AIDS Program Annual Client-Level Data Report 2014*. <http://hub.hrsa.gov/data/servicesdelivered/2014RWHAPDataReport.pdf>. Published December 2015. Accessed June 13, 2016

³ Dean, H.D. & Fenton, K.A. (2010). Addressing Social Determinants of Health in the Prevention and Control of HIV/AIDS, Viral Hepatitis, Sexually Transmitted Infections, and Tuberculosis. *Public Health Rep.* 125(Suppl 4):1-5

- Program letter released August 18, 2016
- RWHAP funds to support housing services under RWHAP Parts A, B, C, and D
- Policy Clarification Notice #16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds
- Replaced Policy Clarification Notice #11-01: The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-Term or Emergency Housing Needs

Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02

Replaces Policy #10-02

Housing

Description:

Housing services provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment. Housing services include housing referral services and transitional, short-term, or emergency housing assistance.

Transitional, short-term, or emergency housing provides temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Housing services must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing services also can include housing referral services: assessment, search, placement, and advocacy services; as well as fees associated with these services.

Eligible housing can include either housing that:

- Provides some type of core medical or support services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services); or
- Does not provide direct core medical or support services, but is essential for a client or family to gain or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment. The necessity of housing services for the purposes of medical care must be documented.

Program Guidance:

RWHAP recipients and subrecipients must have mechanisms in place to allow newly identified clients access to housing services. RWHAP recipients and subrecipients must assess every client's housing needs at least annually to determine the need for new or additional services. In addition, RWHAP recipients and subrecipients must develop an individualized housing plan for each client receiving housing services and update it annually. RWHAP recipients and subrecipients must provide HAB with a copy of the individualized written housing plan upon request.

RWHAP Part A, B, C, and D recipients, subrecipients, and local decision making planning bodies are strongly encouraged to institute duration limits to housing services. The U.S. Department of Housing and Urban Development (HUD) defines transitional housing as up to 24 months and HRSA/HAB recommends that recipients and subrecipients consider using HUD's definition as their standard.

Housing services cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.¹

Housing services, as described here, replaces the guidance provided in PCN 11-01.

¹See sections 2604(i), 2612(f), 2651(b), and 2671(a) of the Public Health Service Act.

HIV/AIDS BUREAU POLICY 16-02

The Ryan White HIV/AIDS Program Housing Service Category At-A-Glance

- **Policy Clarification Notice #16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds**
 - Replaced Policy Clarification Notice #11-01: The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-Term or Emergency Housing Needs
- **Housing services funded under Ryan White HIV/AIDS Program 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)

The Ryan White HIV/AIDS Program Housing Service Category At-A-Glance (cont.)

- **Program Guidelines for Housing Services:**
 - Must be payor of last resort
 - Must ensure that housing is limited to transition, short-term or emergency housing assistance
 - Recommended duration limit up to 24-months
 - Must develop mechanisms to allow new clients access to housing services

The Ryan White HIV/AIDS Program

Housing Service Category At-A-Glance (cont.)

- **Program Guidelines for Housing Services continued:**
 - Must develop long-term housing plans for every client receiving housing services
 - Must be updated annually
 - Eligible housing
 - Provides core medical or support services, or
 - Does not provide a direct core medical or support services, but is essential for compliance with HIV-related outpatient/ambulatory health services and treatment

California's Housing Plus Project: Using Ryan White Funds to Stabilize Housing, Improve Outcomes, and Reduce Disparities

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Ryan White HIV/AIDS Program
Part B

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Housing Opportunities for Persons
With AIDS/Ryan White HIV/AIDS
Program Part B

California - Housing Plus Project

- The Housing Plus Project is a five-year housing demonstration project to stabilize housing as a targeted intervention to engage and retain clients in HIV care and treatment, and achieve and maintain viral suppression.

How was it Developed?

- Determined type of housing assistance project:
 - 30% shallow/partial rent subsidy
 - 24-month subsidy limit
 - % of allocation allowed for implementation
 - Number of contractors desired (2-5)
- Established contractor selection criteria
- Selected 4 contractors

Program Components

- Client eligibility
- Case Managers
- Housing Coordinator
- Individualized housing plans
- Data collection
- State technical assistance

Client Housing Plan Agreement

- *Housing Goals*
 - Establish a stable living environment
 - Improve access to HIV care and treatment
 - Achieve and maintain viral suppression
- Service Participation
- Financial Resources
- Permanent Housing
- Client Compliance Agreement

Client Housing Plan Agreement

Service Participation

Service Participation

I agree to participate in the following low-cost/no-cost services once made available to me and will seek the assistance of my case manager to secure such services or will follow through on referrals made.

Service	Selection
Assistance with benefit applications or insurance documents (e.g., Medi-Cal, Covered CA, ADAP)	
Medical care	
Nutritional services	
Legal services	
Substance abuse treatment	
Mental health services	
Peer support/mentor program	
Utility/phone/internet assistance programs	
Money budgeting skills training	
Vocational training	
Conflict or anger management skills training	
Other (specify):	
Other (specify):	

Client Housing Plan Agreement

Financial Resources

Financial Resources

I agree to take the following action steps to improve my financial status, including seeking or restoring additional forms of income, reducing my monthly expenses, and/or adhering to a new monthly budget.

	Action Step(s)
<u>Measures to Increase Financial Resources</u> For example, apply for additional benefits; take measures to have benefits reinstated; seek employment or vocation/job training	1.
	2.
	3.

Measures to Reduce Monthly Expenses

Ways to save: reduce cable television plan to basic cable; eliminate extra phone charges; reduce debt finance charges, be more frugal with personal spending; seek subsidized transportation and child care; reduce car payments by trading in for less expensive vehicle; participate in discount phone/internet/utility programs.

- 1.
- 2.
- 3.

Monthly Household Budget

	Old Budget	New Budget
Cash Income		
Rent		
Electricity		
Gas		
Telephone		
Water & Sewer		
Transportation		
Food		
Child Care		
Medical Insurance		
Medical Out-of-Pocket		
Car Payment		
Car Insurance		
Auto Fuel/Maintenance		
Credit Care/Debt Payments		
Other (specify):		
Other (specify):		

Client Housing Plan Agreement

Permanent Housing

Permanent Housing

I agree to take the following action steps to obtain permanent housing.

	Action Step(s)
<u>Measures to obtain permanent housing</u> This may include: apply for housing assistance programs, e.g., Housing Choice Voucher, Public Housing Program	1. 2. 3.

Client Housing Plan Agreement

Client Compliance Agreement

In order to receive housing assistance through a monthly rent subsidy from the Ryan White Part B Program, I, _____, agree to all of the above and I understand that I must:

1. Make all efforts toward achieving these goals and completing these action steps to keep my housing assistance I receive from the Ryan White Part B program.
2. Discuss my success(es) and/or difficulty(ies) with achieving any of the above goals or accomplishing any of the above action steps with my Ryan White Case Manager.
3. Provide a copy of a viral load test result at least once a year to my Ryan White Case Manager.
4. Not be receiving HOPWA rental assistance, Housing Choice Voucher (formerly known as Section 8), or other housing assistance.

Client Signature: _____ Date: _____

Print Name: _____

I, _____, have determined that Ryan White housing assistance will be essential for client, _____, to access and maintain HIV-related medical care and treatment for the client listed above.

Case Manager Signature: _____ Date: _____

Print Name: _____

Evaluation Plan

- Process evaluation will examine (a) the number of clients served, (b) the duration of housing assistance, and (c) the client's demographics and household characteristics.
- Outcome evaluation will analyze the degree to which clients who received housing assistance (a) are stably housed, (b) are retained in HIV care, and (c) achieve and maintain viral load suppression.

Lessons Learned & Best Practices

- Take into account time needed to amend and execute contracts
- Coordinate with housing programs to benefit from their experience, resources, and processes/systems
- Establish program parameters that will ensure equity, parity, and appropriate use of funds

Success in Housing

Ryan White HIV/AIDS Program

Part A

Columbus, Ohio

Audrey S. Regan, PhD

Caitlin Kapper, MPH



COLUMBUS
PUBLIC HEALTH

Housing Challenges Before Ryan White



- Inadequate housing resources
- No resources for homelessness prevention
- Barriers for special populations

Success in Housing @



- A Federally Qualified Health Center focused on providing health care for the homeless.
- Other programs administered include:
 - mental health services
 - a men's homeless shelter
 - a housing program for persons leaving incarceration
 - a housing program for persons with mental health conditions

Service Category	Number of Clients Served (FY15)
Housing Services	354
Emergency Financial Assistance	231
Case Management (Non-Medical)	632
UNDUPLICATED TOTAL	635

Service Category	Units of Service (FY15)
Housing Services	557 - Rent Payments 3 - Housing Placement/Emergency Shelter Services
Emergency Financial Assistance	312 - Utility Payments 54 - Housing Application Fees 16 - Moving Expense Fees
Case Management (Non-Medical)	1,897 - Service Orientation/Coordination Units 1,605 - Face-to-Face Units 175 - Non Face-to-Face Units <i>(1 Unit = 15 Minutes)</i>

Clients Served

- A total of 635 clients were served between March 1, 2015 and February 29, 2016
- 70% were male
- 59% were Black/African American
- Average age = 41 years old

Acuity Score

Acuity Scoring →	Self-Management (0)	Basic Need (4)	Moderate Need (6)	Intensive Need (8)
Housing Acuity Criteria	<input type="checkbox"/> Clean, habitable, stable, affordable housing	<input type="checkbox"/> Needs short-term assistance with rent/utilities to maintain stable housing <input type="checkbox"/> Housing is in jeopardy due to projected financial strain <input type="checkbox"/> Housing is marginally habitable <input type="checkbox"/> Formerly independent person temporarily residing with friends or relatives, reasonable stable	<input type="checkbox"/> Eviction imminent <input type="checkbox"/> Home completely uninhabitable due to health and/or safety hazards <input type="checkbox"/> Living in shelter <input type="checkbox"/> Lives in transitional or temporary housing <input type="checkbox"/> Recently or about to be released from incarceration	<input type="checkbox"/> Homeless <input type="checkbox"/> Recently evicted <input type="checkbox"/> Arrangements to stay with friends and family have fallen through <input type="checkbox"/> Not able to live independently and needs referrals
Medical Needs Acuity Criteria	<input type="checkbox"/> Stable health with access to ongoing HIV medical care <input type="checkbox"/> Virally suppressed (Viral Load <40)	<input type="checkbox"/> Needs primary care referral <input type="checkbox"/> Short-term acute condition; receiving medical care <input type="checkbox"/> Chronic, non-HIV related condition under control with medication/treatment <input type="checkbox"/> HIV symptomatic (i.e. nausea, weight loss, night sweats) with one or more conditions that impair overall health <input type="checkbox"/> Detectable viral load (40-1000)	<input type="checkbox"/> Needs referral for treatment or medication for non-HIV related condition <input type="checkbox"/> OI diagnosis or hospitalization within 6 months <input type="checkbox"/> Detectable viral load (>1000) <input type="checkbox"/> History of cognitive impairment- moderately functioning (TBI, Dementia)	<input type="checkbox"/> Client is pregnant <input type="checkbox"/> Client post-partum (within 6 weeks of delivery) <input type="checkbox"/> Needs immediate linkage to medical care due to acute problems related to low body weight, poor appetite, nausea, vomiting, or other urgent health issues that impact nutritional status <input type="checkbox"/> Newly diagnosed within last 6 months <input type="checkbox"/> CD4 < 200 (AIDS diagnosis) and detectable viral load >1000 and inconsistent or refusing meds <input type="checkbox"/> History of cognitive impairment- diminished functioning (TBI, Dementia)

Referral



Success In Housing Referral Form



Through grant funding from the Columbus Public Health (CPH) Ryan White Part A program, Southeast, Inc. provides short-term, emergency financial support for individuals who meet the following eligibility requirements:

- HIV/AIDS diagnosis
- Low-income (less than 300% Federal Poverty Level)
- Uninsured or underinsured
- Living in Delaware, Fairfield, Franklin, Licking, Madison, Morrow, Pickaway or Union County.

Please complete all sections of the referral form and fax it to (614) 252-7643, along with the client's most recent CPH Part A Eligibly Form. Please note, incomplete forms may be returned to the referral source. Following a thorough review of the referral, a housing case manager will be assigned to the client. Success in Housing will contact the client within two business days.

Referral Source Information

Name of Referring Case Manager: _____

Date of Referral: ____/____/____ Agency Name: _____

Phone Number: (____) _____ E-mail Address: _____

By signing this form, I verify that all client eligibility information has been properly reviewed and documented per Columbus Public Health policy and that the client is approved to access Columbus Ryan White Part A services.

Case Manager/Linkage to Care Coordinator Signature (required): _____

Client's Ryan White Part A Eligibility Expiration Date: ____/____/____

Client Contact Information

First Name: _____ Last Name: _____

Preferred Name: _____ Date of Birth: ____/____/____

Gender Identity: Male Female Transgender (MTF) Transgender (FTM)

Home Address (including city, state, and zip code): _____

Phone Number: (____) _____ E-mail Address: _____

Preferred Method(s) of Contact (check all that apply): Mail Phone E-mail

May confidential messages be left on voicemail? Yes No

Additional Client Information

Which financial service assistance does the client need (check all that apply)?

Rent Utility Application Fee Moving Expense

Has the client received an eviction notice? Yes No

Has the client received a utility disconnection notice? Yes No

Is transportation needed for housing services? Yes No

Monthly Income: \$ _____ Source of Income (e.g. SSI, SSDI, employment): _____

Primary Language Spoken: _____ Is an interpreter needed? Yes No

Total Number of Individuals in Household: _____ Total Number of Children in Household: _____

Did the client receive a psychosocial, mental health, and substance abuse screening within the last 6 months?

Yes No If yes, identify any relevant results (e.g., depression, injection drug use): _____

Request Information

Describe the client's circumstances and the reason for the request for emergency financial assistance:

Describe efforts made to utilize other community resources in order to meet the client's emergency financial needs:

Additional Comments/Information:

Success In Housing Office Use Only

Date Referral Received: ____/____/____ Assigned Housing Case Manager: _____

Date of Email Confirmation to Referral Source: ____/____/____

Notes: _____

Intake



Success In Housing Intake Form



New Update/Recertification

Date of Intake: / /

Eligibility Expiration Date: / /

Client Contact Information

First Name: Last Name:

Preferred Name: Date of Birth: / /

Gender Identity: Male Female Transgender (MTF) Transgender (FTM)

Home Address (including city, state, and zip code):

Phone Number: () E-mail Address:

Preferred Method(s) of Contact (check all that apply): Mail Phone E-mail May confidential messages be left on voicemail? Yes No

Requested Service Information: What service assistance does the client need (check all that apply)?

Rent Utility Application Fee Moving Expense Housing Case Management

Housing Status Information: What is the client's current living situation?

Unstable Housing <input type="checkbox"/> Homeless/Street <input type="checkbox"/> Homeless/Emergency Shelter <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other: <input type="text"/>	Temporary Housing <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Living with Relative/Friend <input type="checkbox"/> Hospital/Medical Facility <input type="checkbox"/> Substance Abuse Treatment Facility <input type="checkbox"/> Other: <input type="text"/>	Stable Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Renting Unsubsidized Apartment <input type="checkbox"/> Renting Subsidized Apartment <input type="checkbox"/> Owning House/Apartment <input type="checkbox"/> Other: <input type="text"/>
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Community Resource Assistance Information

Has the client sought emergency financial assistance to meet the emergency financial need? Yes No

If the client has sought emergency financial assistance, complete the chart below.

Agency Name	Service Requested	Service Received	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Vocational Information

What is the client's highest level of education completed?

High School Diploma Associate's Degree GED
 Bachelor's Degree Vocational Training Graduate Degree

Is the client currently: Enrolled in school Yes No Enrolled in job training Yes No
 Employed Yes No Seeking employment Yes No

Average number of hours worked/week:

Client Agreement

I agree that all of the information documented above is accurate and true.

Client Signature: Date:

Housing Case Manager Signature: Date:

Individualized Housing Plan



Success In Housing Housing Plan



Date of Housing Plan: / /

New Update/Recertification

Housing Plan Expiration Date: / /

Client Contact Information

First Name: Last Name: Preferred Name:

Presenting Problem

Describe the client's circumstances and the reason for the request for assistance.

Housing Goals (check all that apply)

Housing Services:

To obtain temporary shelter To obtain permanent housing To obtain emergency financial assistance to maintain current housing

Other:

Emergency Financial Assistance:

To obtain emergency financial assistance with: utility payment application fee moving expenses

Other:

Housing Case Management:

To enroll in: housing assistance programs utility assistance programs To establish and follow a new budget

To establish a payment plan with: landlord utility company To resolve tenant/landlord issues

Other:

Goal	Action Steps		Target Date	Attainment
	Client	Housing Case Manager		
				<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved
				<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved
				<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved

Approved Service Information

What service assistance is the client approved to receive (check all that apply)?

Rent Utility Application Fee Moving Expense Housing Case Management

Amount Approved: \$ Units Approved: 1 2 3 Company Name: Phone Number: ()

Address (including city, state, and zip code):

Amount Approved: \$ Units Approved: 1 2 3 Company Name: Phone Number: ()

Address (including city, state, and zip code):

Budget Information

	Old Budget	New Budget		Old Budget	New Budgets
Rent/Mortgage	\$ <input type="text"/>	\$ <input type="text"/>	Medical Insurance	\$ <input type="text"/>	\$ <input type="text"/>
Home/Rental Insurance	\$ <input type="text"/>	\$ <input type="text"/>	Public Transportation	\$ <input type="text"/>	\$ <input type="text"/>
Electricity	\$ <input type="text"/>	\$ <input type="text"/>	Car Payment	\$ <input type="text"/>	\$ <input type="text"/>
Gas	\$ <input type="text"/>	\$ <input type="text"/>	Car Insurance	\$ <input type="text"/>	\$ <input type="text"/>
Phone	\$ <input type="text"/>	\$ <input type="text"/>	Auto Fuel/Maintenance	\$ <input type="text"/>	\$ <input type="text"/>
Water/Sewer/Trash	\$ <input type="text"/>	\$ <input type="text"/>	Credit Card/Debt Payments	\$ <input type="text"/>	\$ <input type="text"/>
Cable/Internet	\$ <input type="text"/>	\$ <input type="text"/>	Pet Care	\$ <input type="text"/>	\$ <input type="text"/>
Food	\$ <input type="text"/>	\$ <input type="text"/>	Clothing	\$ <input type="text"/>	\$ <input type="text"/>
Child Care	\$ <input type="text"/>	\$ <input type="text"/>	Other: <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Monthly Income: \$ Total Old Budget Expenses: \$ Total New Budget Expenses: \$

Referrals

Agency Name/Address	Agency Phone Number	Agency Hours of Operation	Service(s) Provided

Client Agreement

I acknowledge I have helped make this plan and understand I am responsible for parts of this plan. My housing case manager has explained this plan to me. I agree to follow this plan and to tell my housing case manager if anything changes. I agree to stay in contact with my housing case manager.

Client Signature: Date:

Housing Case Manager Signature: Date:

Funded Service Units

- Housing Case Management interactions
 - Unlimited
 - Units are 15 minutes
- 3 units of service (unless exception) = EFA and Housing
 - 1 unit = 1 payment

Partners

- Landlords
- Utility companies
- Non-profit organizations
- Medical case management agencies



Housing Stabilization

- Budgeting skills
- Transition to long-term housing programs
- Short-term payment is all that is needed



Lessons Learned

- This can be the entry point to medical care
- There is significant administrative burden for sub-recipients
- This program is always helping people in a crisis, yet our general program is designed for a non-crisis environment

Lessons Learned con't...

- Better integration with other housing organizations is needed
- Access to safe, affordable housing is a challenge
- There is a need for a good Information Management System
- Educating MCM and EIS staff is a continuing process



- Address the lessons learned
- Embrace employment training
- Consider, what services and gaps exist that could be tailored to our clients

Thank You

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New Jersey's Transitional Housing Initiative



LORETTA DUTTON, HIV CARE DIRECTOR

SARA WALLACH, PROGRAM
MANAGEMENT OFFICER

Purpose and Vision

- Address the gaps identified in the 2015 epi profile in housing services for HIV-positive young (18-26) gay and bisexual men (YGBM) who are unstably housed, or experiencing homelessness.
- Target population faces homelessness and abandonment, as well as stigma, mental health disorders, substance use disorders, history of sexual abuse, and post traumatic stress disorder.
- Homelessness and lack of access to basic needs impedes the goals set forth by NHAS 2020.
- Stable housing produces tremendous outcomes along each step of the care continuum.
- This initiative serves to address the homeless faced by YGBM, and also the other factors that impede retention in care, viral suppression and thereby prevention.

Program Model

- Start Date: April 1, 2016
- Residential Program: the vision is to create a “home”

This is a place where you don't have to worry about where your next meal is coming from or how you are going to get your clothes washed. Someone is waiting for you to come home at night.

- Transitional Housing: HUD's definition of maximum 24 month stay

Service Elements

Housing	Medical Case Management (with Treatment Adherence)	Mental Health Services	Psychosocial Support (NEW!)	Medical Transportation
<ul style="list-style-type: none"> ● A home that differs from a shelter – “you mean I get to stay”. 	<ul style="list-style-type: none"> ● Encounters with medical case managers ● Encounters with the house nurse (DOT) 	<ul style="list-style-type: none"> ● DBT group and individual sessions ● Talk therapy sessions 	<ul style="list-style-type: none"> ● Support groups ● Health education ● Wellness ● Independent living readiness 	<ul style="list-style-type: none"> ● Trips to medical appointments

This is consistently evolving to “meet the residents where they’re at.”

Multi-phase System



With the exception of the Orientation Phase, Phase movement is dependent on benchmarks predetermined in the treatment plan.



Barriers and Solutions

BARRIERS

First program of its kind

Shelter stigma and implications

**Filling the house to capacity +
having a waitlist**

**Privileges to include overnight
passes**

Miscommunication

SOLUTIONS

Practice, evolve, patience

**Marketing plan, moving the
house**

Marketing plan

**Moving this back in the phase
system**

**Clearly stated goals, consistent
communication, flexibility**

Successes

Viral Load Suppression	Prescription of Antiretroviral Therapy	HIV Medical Visit Frequency	Gap in HIV Medical Visits	Prescribed PCP prophylaxis
71%*	100%	100%	0%	7%

- Opening another house soon
- Pride in the program
- Feels like a family

We anticipate that this program will instill in residents the knowledge and skills they need to not only engage in self-care, independent living, and treatment adherence, but also to be advocates for themselves and others.

Lessons

- These programs are brand new: be patient, be flexible, be clear, be attentive
- Programs: work flexibility into your plans
- Get to know your collaborative partners
- Make trauma-informed care a priority
- Don't neglect staff development and wellness; don't be afraid of staff turn - over



Thank you

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How Can Ryan White HIV/AIDS Program Recipients Better Support Housing?

- Examples of better coordination may include some of the following:
 - Inclusion of housing services in planning processes and procurement
 - Focus on housing for needs assessment studies
 - Co-located housing and care services
 - Targeted adherence programs for PLWH experiencing unstable housing
 - Enhanced strategic relationships with housing providers/experts
 - Inclusion of a housing indicator as a risk for non-adherence and/or medical retention
 - Assessment of housing status as part of a care plan
 - Resource commitment as appropriate

QUESTIONS AND ANSWERS

Part II: Housing Services Webcast for Recipients

October 25, 2016 at 2 PM ET - Recipient webcast
Innovative Strategies for Coordinating Health and Housing for Persons Living with HIV who are Unstably Housed or Experiencing Homelessness

Thank you!

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Follow-up questions, please email AskHAB@hrsa.gov