



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

HRSA SPNS Initiative: Improving HIV Health Outcomes Through the Coordination of Supportive Employment and Housing Services

The HIV, Housing & Employment Project

Institute Objectives



- Describe the complex needs of people with HIV who experience homelessness/ housing instability and unemployment/underemployment.
- Develop strategies to build staff skills and create external partnerships to facilitate care and services.
- Share strategies, resources, and tools to provide integrated care to people with HIV who are out of care, homeless/unstably housed, and unemployed/underemployed.
- Describe opportunities to leverage partnerships with federally funded housing (HUD), employment (DOL), and other community agencies, to serve people with HIV who are homeless/unstably housed and unemployed/underemployed.



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Leveraging Multisectoral Partnerships to Increase Housing And Employment Support Services for PWH Experiencing Homelessness and Under/Unemployment

The HIV, Housing & Employment Project: Session Three of Three

Presenters



Tom Byrne, MSW, PhD, Co-Principal Investigator

The Evaluation and Technical Assistance Provider, Boston, MA

Jamie Shank, MPH, Quality & Housing Project Coordinator

Kansas City Health Department, Kansas City, MO

Leticia McClure, MA, Program Coordinator

Family Health Centers of San Diego, San Diego, CA

Silvia Moscariello, MBA, Program Director

Liberty Community Services, Inc., New Haven, CT

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Session Three Objectives



- Learn strategies to leverage Ryan White, HUD, DOL, and other public and private resources to provide housing and employment services.
- Describe strategies for scaling up health care, housing, and employment interventions across the Ryan White system.

Making the Most of Funding

Jamie Shank, Kansas City Health Department
City of Kansas City, MO

Building Systems-Level Care:

- Creating the vision: “*Housing is a Necessary Structural Intervention to end the HIV Epidemic*”
- Strategically using funding sources to address gaps in client services
- Integrating data systems and service provider coordination
- Learning from and leveraging information from colleagues



Mixed Funding Sources Create Opportunities

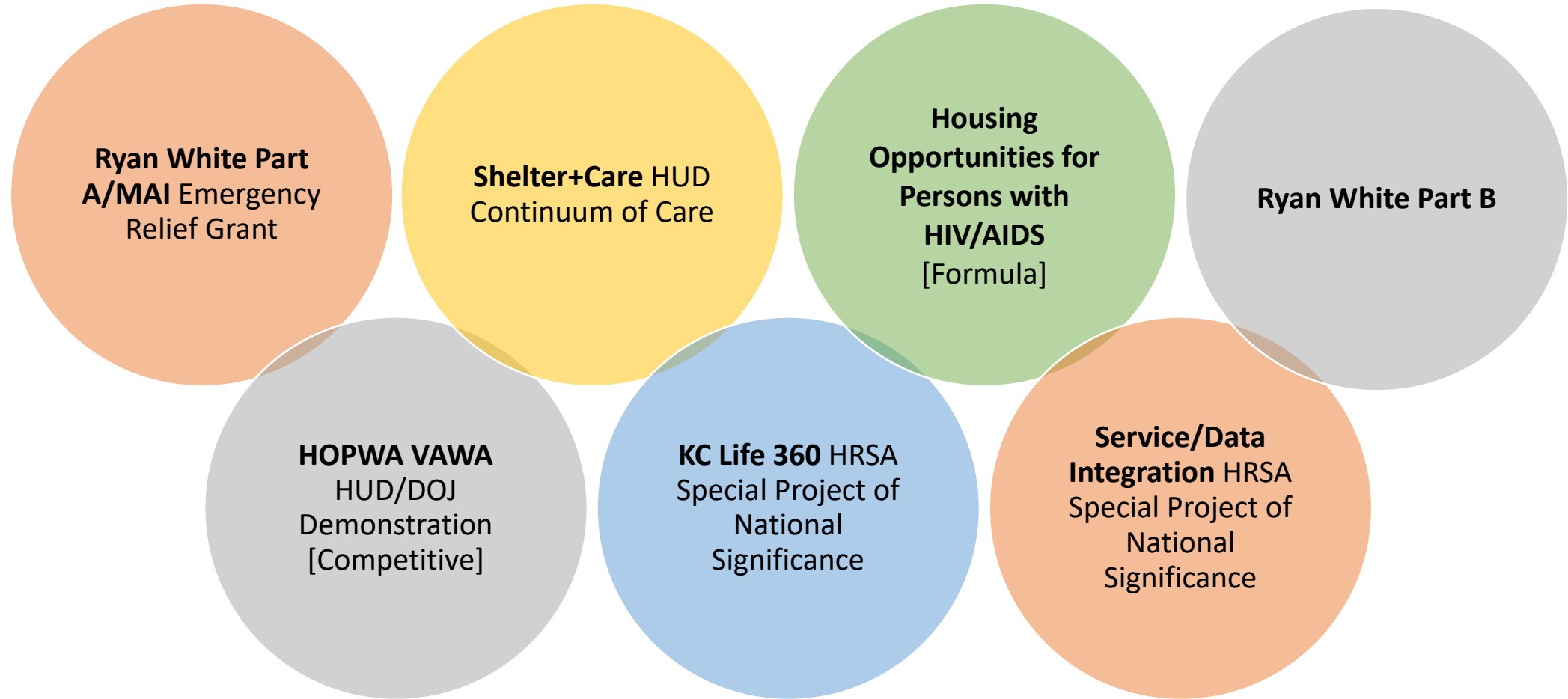


Figure 1: KCHD funding sources

KANSAS CITY, MO Housing Continuum

KCHD Housing Program

v. August 2019

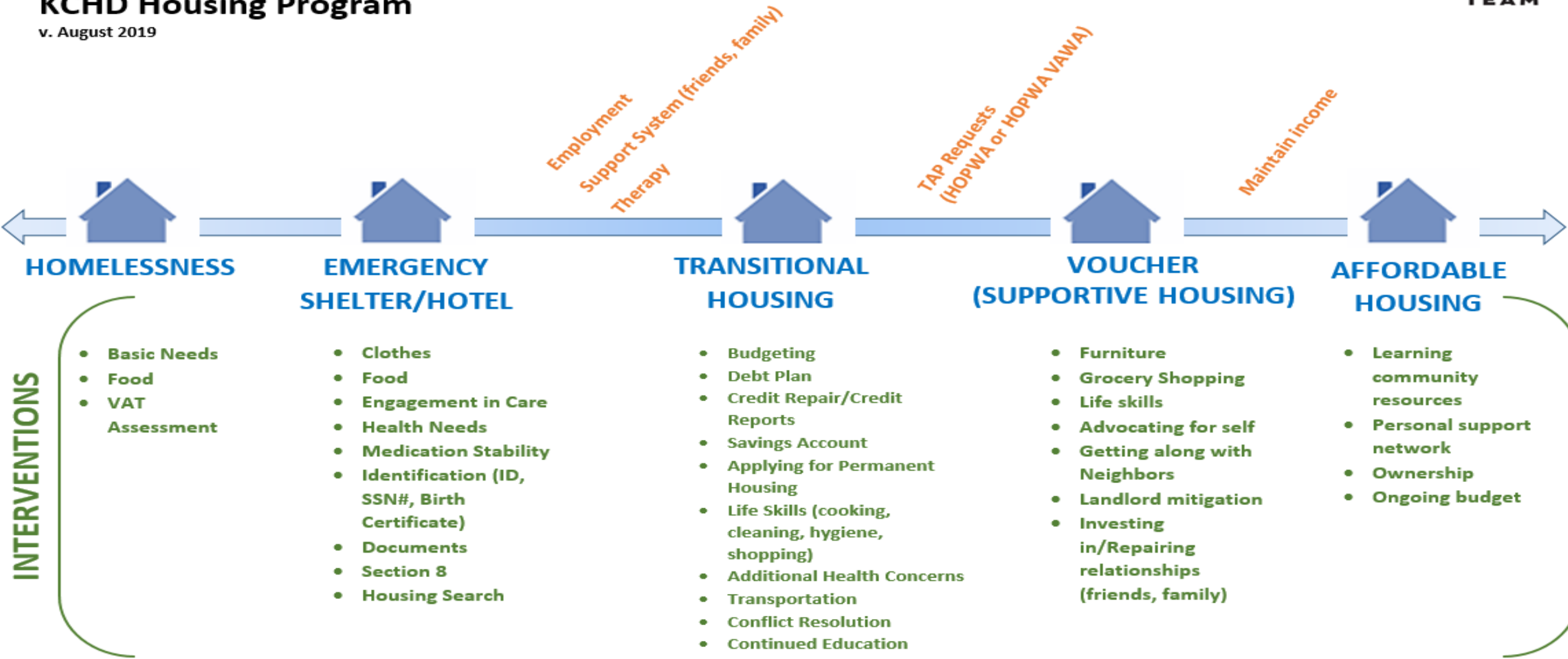


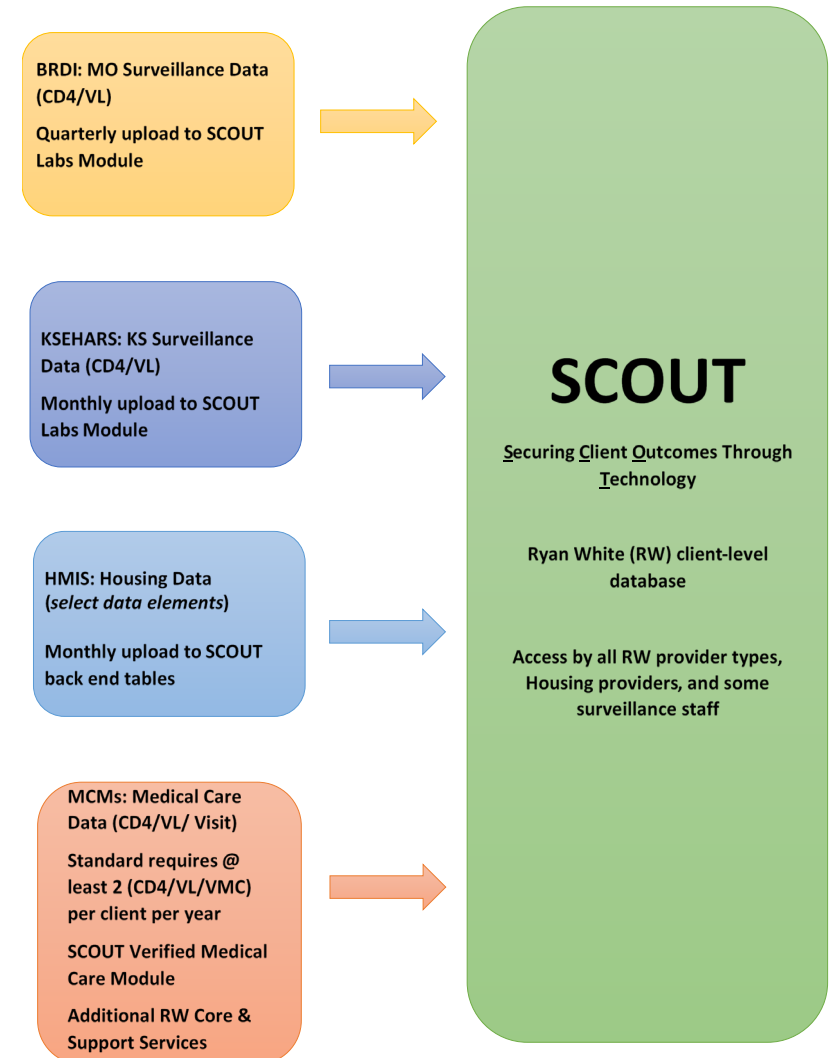
Figure 2: KCHD Housing Continuum

Data & Service Integration

On-going efforts to integrate data into the shared client level data base (SCOUT) has provided tremendous benefits

Providers better understand the “data story” and journey of homeless and housing unstable clients

Intensive cross training program developed in 2018



Learning & Leveraging



Meeting the needs of “hidden homeless” was a challenge (e.g., couch surfing, non-chronically homeless)

KCHD learned from Family Health Centers of San Diego & Positive Impact Health Centers of Atlanta

Launched Gap Lodging Program in July 2019

Incorporated Gap Lodging component into formula HOPWA spring 2020



***“I think this program is great!
Helped get me back on my feet and
find residency as well as a job. 360
has really helped me out!”***

- Homeless father living with 7 year old in car
- Used Gap Lodging; received Permanent Supportive Housing Voucher
- Gained employment with Amazon after moving into apartment
- Last Medical Appointment: April 2020
- Most Recent Viral Load: Undetectable



“I’m so happy I just did not think I would ever get a place that was all mine, that was not my car.”

- Newly diagnosed 20 year old
- Underemployed
- Living in car
- Housed with Gap Lodging, Permanent Housing Voucher (Youth Program)
- Decided to go to school for teaching career
- Last Medical Appointment: April 2020
- Most Recent Viral Load: Undetectable



Sustainability for Kansas City



- HOPWA Formula Funds:
 - Maintain Gap Lodging program; allows to expand scope of those served
 - Maintain Employment Support Specialist position at KCHD
- Continued Leveraging of Part A and HUD funded programs for transitional and permanent housing supports
- Exploring CoC funding and MOUs with referral networks related to employment and earned income supports
- Incorporating lessons learned (bike innovation, use of cell phones, etc.) regarding eligible expenses and client benefit
- Intervention manual, website being developed, & other publication/dissemination efforts

Leveraging HIV-Specific Funding Sources to Provide Emergency Bridge Housing

Leticia McClure, Family Health Centers of San Diego
San Diego, CA

Family Health Centers of San Diego



- Federally Qualified Health Center
- San Diego's largest provider of Ryan White HIV/AIDS Program (RWHAP) care and services
- 24 clinic sites, **seven (7) of which currently provide HIV care**
- Serves approximately *1,500 persons with HIV/AIDS (PWH) per year*. More than half of PWH receive Case Management services at any given time.
- FHCSD is also one of the nation's ten largest providers of safety-net healthcare to uninsured Americans.

PWH Housing Needs in San Diego



- Almost 14,000 people with HIV were living in San Diego County through December 31, 2016, 53% of whom were racial/ethnic minority*.
- Among FHCSD's 1,642 patients and clients with HIV in 2018-19, 29% were homeless.
- Unfortunately, while housing remains the most prevalent need among racial/ethnic minority PWH, *San Diego County lacks sufficient affordable housing units and lacks coordination among providers.***

*County of San Diego, Health and Human Services Agency (2016). HIV/AIDS Epidemiology Report.

**County of San Diego, Department of Housing and Community Development. (July 2009).

Addressing the Need



- Much easier to engage in medical care and employment if housed, regardless of the type of housing
- Identified all possible funding options to get people off the streets ASAP, act as temporary bridge from homeless to housed
- Worked very closely with:
 - Townspeople- Housing Opportunities for Persons With AIDS (HOPWA) funding
 - National Association for Mental Illness (NAMI)- Ryan White Emergency Assistance Resource Pool (EARP) Emergency Housing Assistance (EHA)

HOPWA Voucher Program



- Emergency housing vouchers paired with case management support services.
- Provide vital time-limited assistance as a short-term housing solution (hotel) intended to act as a bridge to long-term housing option.
- Houses individuals up to **28 days** with individuals being housed **one week at a time**.
- Clients will need to be seen by appointment and a case manager will need to come to initial appointment.
- Clients will need to have a very solid **housing plan** that includes housing placement after the housing assistance.

Ryan White EARP EHA



- Client must be in an unexpected emergency that is beyond their control and they have no other means of helping themselves
- Client has to provide valid proof of the qualifying one-time housing emergency* and has no access other subsidized housing, either tenant or project-based
- Client can get up to **two weeks** of assistance (hotel)
- Client is only allowed **24 months of housing assistance in a lifetime**
- All clients are required to work with their case managers to develop a care plan with the goal of eventual self-sufficiency.
- Housing assistance funds can only be used as a **last resort** for complete or partial assistance with housing payments

*SD Planning Group in the process of amending this due to increased EHA need from COVID-19

Hotel Partnerships



- Must accept 3rd party check
- Daily max rate of \$50 (tax included)
- Provide invoice

- Travel Time Motel- Central: daily rate \$50.00/weekly rate \$350.00
- Relax Inn and Suites – East: daily rate \$50.00/weekly rate \$350.00
- Maxscape: Frontier Motel- South: daily rate \$40.00/weekly rate \$280.00

Client Success Story



Celina*

- 49 years old, Latina
- 3 children, domestic violence survivor
- Diagnosed with HIV in 2009

*Name changed for privacy

Client Success Story



- **7/2019-enrolls in SPNS**

- Ready to take her kids and leave abusive relationship, declines a shelter
- Utilizes 30 days HOPWA funding at Travel Time hotel

- **8/2019-12/2019**

- Remains at Travel Time, exhausts 14 days RW EARP hotel funding
- FHCSO SPNS CSI assists client with accessing the SPNS CSI Emergency fund for extra 5 months in hotel
- Client obtains part-time job

- **9/2019- completes VI-SPDAT, qualifies for Rapid Re-Housing**

- Client applies for HOPWA housing, Project Based Voucher Program through the San Diego Housing Commission

- **12/2019- Client eventually acquired permanent housing at TP's new family and veteran housing complex**

- Client qualified for the Project Based Voucher Program which reduces her rent from \$1,420 to \$408



Improving Health, Housing and Employment/Income Outcomes by Breaking Down Silos: Building Community Coalitions

Silvia Moscariello, Liberty Community Services, Inc.
New Haven, CT

The Setting (2017)



- Greater New Haven, while not devoid of employment services, had a relatively stagnant vocational service delivery system for about 15 years.
- Employment programs were not being accessed by AIDS Service Organizations.
- New Haven had both mainstream services and populations specific services (disability, re-entry, etc.).
- Yale University applied for funding to demonstrate strategies to bridge the gap between ASO's/PLH and employment resources.

HERO – Housing and Employment Resources to Improve HIV Outcomes

Yale University AIDS Program
Liberty Community Services, Inc.

Special Project of National Significance: HRSA HIV, Housing and Employment
Demonstration Project H97HA31435

Client Level

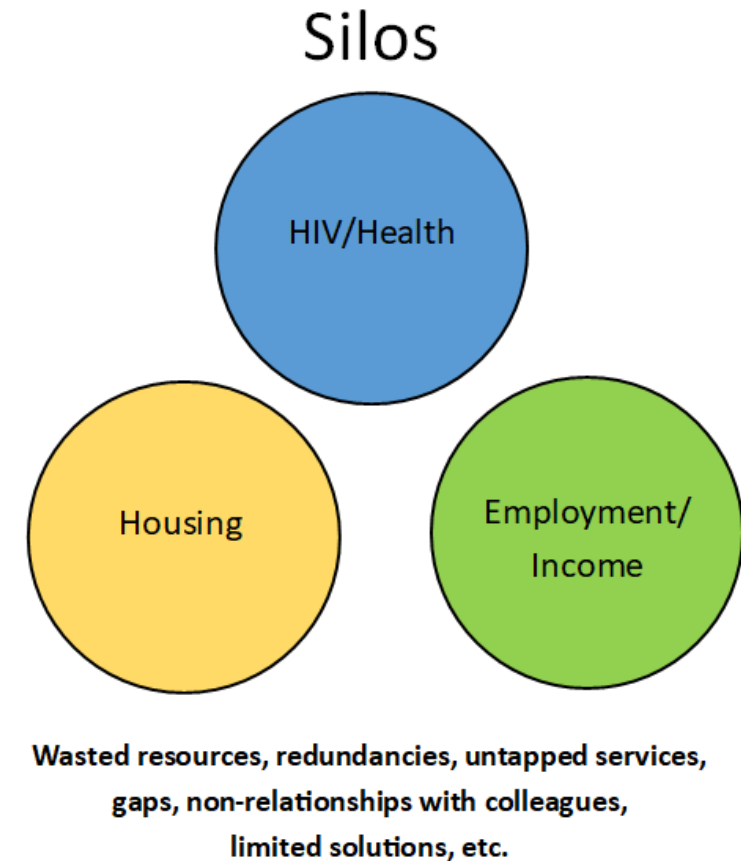
- POWER – Pursuing Opportunities With Employment & Resources
 - Address and assist the people served in removing barriers to success on the Employment Spectrum.

Community Level

- Health, Housing & Employment/Income Coalition
 - Facilitate productive, person-centered relationships between housing, health and employment providers by eliminating silos and increasing productive access.

The Need

- Health/HIV, Housing and Employment/Income Providers work within their sectors
- Communication between providers is limited
- Collaboration on the client level is contingent on “who people know” and how they know them
- There is no cross-sector mechanism to communicate



Our Strategy

Motivate and engage providers to improve employment, housing, and health outcomes through regular forums that promote familiarity with resources and mutual learning.



Putting it Together

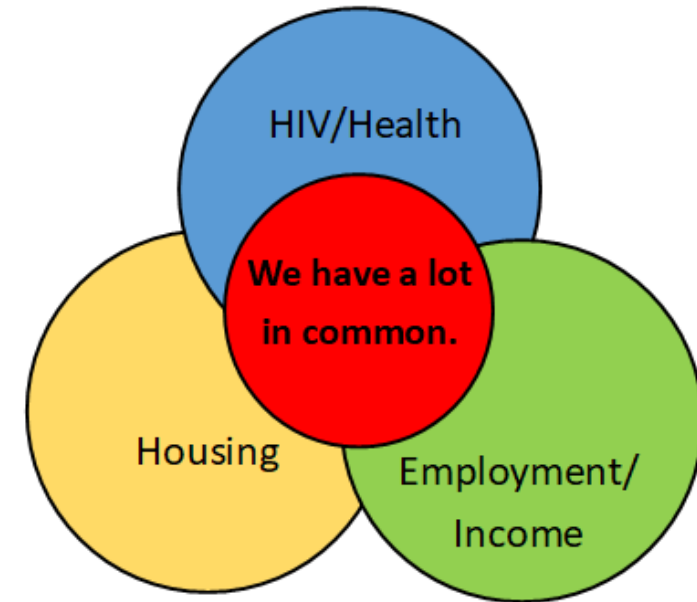


- The forums are created by strategically widening the invitation list from a small group of medical case managers.
- Housing and employment program managers were included in the next round.
- Case managers and employment specialists were invited.
- We continue to expand our participants.
- The first gathering was about 18 people. We now average over 60 per meeting.
- Our invitation list contains 180 people

What Works

- Community Resource Assessment
- Learn who the gatekeepers are, eligibility, services, locations, contacts
- Sharing Resources
- Networking – Make Time
- Keep expanding membership
- Parking, Food, Environment, Structure
- Regular and Timely Communication of Vital Information

Connections



No gaps, regular involvement, people served benefit.

HERO Project

- 2014-2018 Liberty made 4 referrals to the CSN Supported Employment Programs.
- 2018-2019 Liberty made 14 referrals to those programs.
- 2019 Liberty implemented a “job club” program called POWER in response to a “gap” in services. 54% of the participants secured jobs. That’s over the previous rate of 5%.

Community Partners

- HIV providers report that employment outcomes are on the rise.
- Referrals are being made to POWER from other organizations.
- Session evaluation scores average 4.85 out of 5 (positive).
- A planning group has emerged with representation from a range of providers.



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Questions?

Contact information



The Evaluation and Technical Assistance Provider, Boston, MA

- Tom Byrne, MSW, PhD, Co-Principal Investigator, tbyrne@bu.edu

Kansas City Health Department, Kansas City, MO

- Jamie Shank, MPH, Quality & Housing Project Coordinator, Jamie.Shank@kcmo.org

Family Health Centers of San Diego, San Diego, CA

- Leticia McClure, MA, Program Coordinator, leticiam@fhcsd.org

Liberty Community Services Inc., New Haven, CT

- Silvia Moscariello, MBA, Program Director, Silvia.Moscariello@libertycs.org

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Thank you

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