



VIRTUAL
**2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT**

“From Stressed to Suppressed: Providing Housing Services to Achieve & Maintain Viral Load Suppression”

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Learning Outcomes



At the conclusion of this activity, participants will be able to:

- Identify eligible individuals and allowable use of funds for housing services according to PCN #16-02
- Recognize the lessons learned, best practices, and challenges experienced with addressing structural barriers for housing for people living with HIV/AIDS
- Examine the positive health outcomes for individuals as a result of experiencing housing stability

The National AIDS Housing Coalition states: “Housing is health care.” Why?

- For people living with HIV, housing is one of the strongest predictors of their access to treatment, their health outcomes, and how long they will live.
- People with HIV/AIDS who are homeless or unstably housed:
 - Are more likely to enter HIV care late
 - Have lower CD4 counts and higher viral loads
 - Are less likely to receive and adhere to antiretroviral therapy
 - Are more likely to be hospitalized and use emergency rooms
 - Experience higher rates of premature death
- Housing status has more impact on health outcomes than demographics, drug and alcohol use, mental health status or receipt of social services.

Source: <http://nationalaidshousing.org/housing-and-health/>

Housing Services Description

- Includes transitional, short-term, or emergency housing assistance
- Enables a client/family to gain or maintain outpatient/ambulatory health services & treatment
- This includes temporary assistance necessary to prevent homelessness, and to gain or maintain access to medical care

Housing Services Activities

- Individualized housing plan, updated annually, to link clients to permanent housing
- Can include core medical and support services
- Housing referrals, assessments, searches, & placements

Housing Services Program Guidance

- Have mechanisms in place to assess and document housing status and housing service needs for new clients, and annually for existing clients
- Strongly encouraged to institute duration limits that align with other housing services (i.e. 24 months for transitional housing)

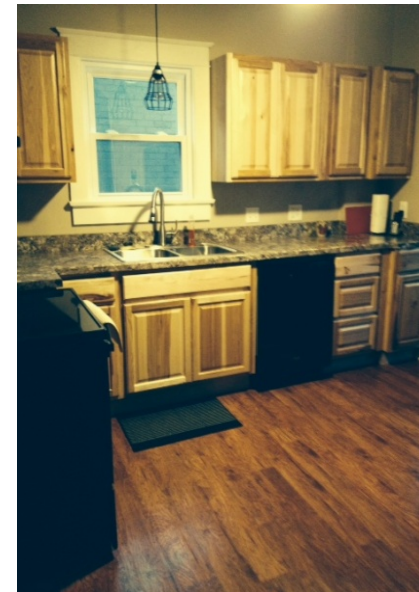
Housing Services Unallowable Costs

- Direct cash payments to clients
- Mortgage or rental deposits



Our Program

- Ursuline Sisters HIV/AIDS Ministry began in 1993 as a support group for those living with HIV/AIDS in the Youngstown community
- Evolved and grown to include:
 - Pantries of personal hygiene products and food
 - Adult and pediatric HIV clinic (Ryan White Part C)
 - Children's program for children living with or affected by HIV/AIDS
 - Housing program for those living with HIV/AIDS who have a history of homelessness



Our Program, Continued



- Currently have 375 clients at our clinic
- In 2014, we began to notice that many clients, especially those not virally suppressed, also had unstable housing issues
- We applied for some grants to begin a permanent supportive housing program
- We opened our first housing site in November 2015

Emergency Shelter



- We began receiving more calls from clients in need of immediate housing
- Only one local emergency shelter; it is privately funded and not LGBTQ friendly
- Decided to also add an emergency shelter to our housing program
- The 3 bedroom shelter opened in December 2016

Our Campus

- Our housing offices are located in the same block as many of our housing units
- This same building has a large room where we can offer gatherings like support groups, a 12 Step Group for those living with HIV/AIDS, and a weekly food distribution
- We are in the process of converting the back room into a food pantry space



Demographics



- In our housing program, we have served:
 - 20 clients total
 - 16 men, 3 women, 1 M-F transgender
 - 10 are African American, 7 are Caucasian, and 3 Latinx
 - 8 are on SSI/SSDI

- “James” is a 59 year old male who has struggled with substance use. In addition to his HIV diagnosis, “James” struggles with cardiac and respiratory issues, is on oxygen, and receives disability benefits. Because of his substance use, “James” was in and out of homelessness. He was not able to maintain housing for long durations because of his failure to pay rent, for using drugs on the premises, and for his failure to maintain sobriety when in recovery homes. “James” applied for housing through our program after leaving rehab and was accepted into our housing program in January 2016.

Case Study, Continued



- Since entering our housing program, “James” ...
 - Attends a weekly 12 step support group offered at our community center
 - Was connected to medical transportation to ensure he kept his medical appointments
 - Enrolled in a rep payee service to ensure that his monthly bills are paid
 - Has applied to become a volunteer with an area agency
 - Has become virally suppressed and has maintained viral load suppression

Case Study #2



- “Thalia” is a 66 year old person who identifies as transgender. She became homeless following a domestic dispute at a place she was renting with a roommate. In addition to being physically assaulted, “Thalia” also had her money stolen. She sought out our local community’s emergency shelter. While at the shelter, “Thalia” was not permitted to be in the “female section” of the shelter. She was placed with the men. Following this placement, “Thalia” was harassed and bullied by the men at the shelter. Following a threat, she asked if we could assist with providing emergency shelter. She came to apply for housing through our program in June 2019.

Case Study #2 continued



- Over the past year, “Thalia” has maintained employment, and has moved into a permanent supportive housing unit. She enjoys living on her own and is currently virally suppressed.

Results



Diagnosis	Number of Clients	Number Suppressed
Substance Use Only	1	1
Mental Health Only	6	6
Mental Health & Substance Use	9	6
No Diagnosis	4	4
TOTALS	20	17

Note:

Of the 20 clients, 3 also have developmental disabilities. All three of these individuals are suppressed.

Of the 3 who did not achieve VLS, all have improved their viral load.

Successes



- 85% of clients in our housing program have achieved viral load suppression
- 100% of clients have improved their viral load or achieved VLS
- For many clients involved in our program, the housing stability provided is a first for them
- Location of our community center/housing offices is accessible for clients

Lessons Learned



- Barriers for those in need of emergency housing
 - Lack transportation
 - Many arrive unemployed, no benefits
- Importance of compassionate staff
 - For some clients, chaos is a defense mechanism
- Importance of case management
 - Housing Plan/Goals
 - Mental health and/or substance use issues
 - Medical appointments/follow up
 - Connect to benefits, employment

Lessons Learned continued



- Importance of building community relationships
 - Consultant for trauma-informed care, veteran social service consultant
 - Relationship with local grocery stores for weekly food donations
 - Building relationship and having contacts at local mental health & recovery board

Learning Outcomes Review



Can you...

- Identify eligible individuals and allowable use of funds for housing services according to PCN #16-02?
- Recognize the lessons learned, best practices, and challenges experienced with addressing structural barriers for housing for people living with HIV/AIDS?
- Examine the positive health outcomes for individuals as a result of experiencing housing stability?

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