What Works in HIV Care & Services Podcast Transcript

Episode 1 – Housing First to Treat and Prevent HIV

Narrator (00:01): You're listening to What Works in HIV Care & Services, a podcast by the Ryan White HIV/AIDS Program Best Practices Compilation. This podcast and the Best Practices Compilation are supported by the Health Resources and Services Administration's HIV/AIDS Bureau. HRSA's HIV/AIDS Bureau funds the Ryan White HIV/AIDS Program, which provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. Join us to hear success stories from leaders implementing best practices in HIV care and services across the nation.

Ellie (00:45): Hello, everyone, and welcome to today's episode of What Works in HIV Care & Services, improving the health of people with HIV through permanent supportive housing. My name is Ellie Coombs. I'm speaking with you from Colorado. I'm a content developer on the team that brings you The Ryan White HIV/AIDS Program Best Practices Compilation, a free-to-use online collection of established and emerging approaches that work to improve care and services for people with HIV. Today's episode will focus on *Housing First to Treat and Prevent HIV*, a project implemented by Caracole, an AIDS Service Organization in Cincinnati, Ohio. Caracole's comprehensive housing model includes motivational interviewing, which is a strategy that really places the client at the center of decision-making, and a collaborative care team, which includes a housing specialist and medical case manager. Joining me today from Caracole, is Carolyn Yorio. She is the director of housing and has 11 years of experience working with people with HIV. Today, Carolyn will be providing more detail on Caracole's approach and how it has improved client outcomes. And we'll also talk to Carolyn about how our team collaborated with her to spotlight Caracole's work in the Best Practices Compilation. Hi, Carolyn, welcome!

Carolyn (02:08): Hi, Ellie, thanks so much for having me here today.

Ellie (02:11): Thanks so much for joining! And I would love it if you could just start with a little bit of a background of Caracole.

Carolyn (02:18): Sure! Caracole is an AIDS service organization in Cincinnati, Ohio. We were founded in 1987, and at that time it was a home, where people who were living with HIV could come to be cared for when they had no place else to go and ultimately die with dignity when there wasn't any way to manage this disease and when stigma was so incredibly rampant. Since then, as the HIV epidemic has changed, we've changed too, and we now have medical case management, prevention and housing services to support people living with HIV and a wide variety of ways. Our team is, in housing, is about 13 people, but altogether Caracole is about 70 people strong. And yeah, that's all I have to say. [chuckles]

Ellie (03:05): Sounds like an amazing organization. And let's dive into your "housing first" approach. Taking a step back, we all understand that much of the country is facing a housing crisis. Could you talk about the specific challenges that you all are experiencing in the Cincinnati area, especially for people with HIV?

Carolyn (03:28): Sure. So just like every other city across the country, we are facing rising rents, limited housing stock. There is just much more demand than there is supply here. But specifically for people living with HIV, there are a number of reasons why they might be facing housing instability at a greater

rate. So, that can include stigma from a friend's family who they may have been living with. Employment stigma or housing discrimination. Also, the expense and stress of living with HIV and navigating those systems can lead to additional costs or missed time at work, which can put people at risk of housing instability. And back in that market of trying to find a safe, affordable place to live and get another deposit. Our clients often report that they're kind of stuck in that cycle. They get a place, and it's okay for a while, and then they're looking again. And so we're really trying to break that cycle and help people be stably housed for the long-term so they can take care of their HIV health and really their overall wellness and health goals.

Ellie (04:27): Yea, thank you. And let's talk about what we mean by “housing first.” This is definitely a term that I hear. Could you describe what that philosophy is and how it can address some of those challenges that you just mentioned?

Carolyn (04:42): “Housing first” is the idea that housing is a human right, that it is part of human dignity, that we do not withhold housing expecting people to meet certain objectives or what we expect prior to providing them with that basic foundation of a home. I can compare it to the old model, which was “housing ready.” That was the expectation that someone who was experiencing homelessness would demonstrate that they were responsible and ready to be housed by finding employment, engaging in specific services, an amount of time of sobriety, and then they would be given housing. And that didn't work for a few reasons. Number one, it's really hard to work on those important goals while you're experiencing homelessness. If you don't have a place to lay your head at night, to shower, to prepare meals, it can be very difficult to reach any of those other goals. Also, that really neglects that housing is fundamental to the human experience, and whether someone is behaving in the way that you want them to or not should not be contingent on their access to this very basic housing right. So, we literally give people housing first, without those preconditions. We offer them a safe, affordable home where they can rest, and they can hopefully get their feet underneath them and experience some stability. And we do hope that they will become healthier with that support, that being connected to housing will lead them to be able to pursue their goals and be a healthier person. But we do not take away the housing if they do not pursue the goals that we think they should. We continue to provide housing, even if we're aware that substance use is continuing in the home, or they don't find employment. Housing support is continued, and we respect the person and meet with them where they are for them to be as well as possible and to maintain that housing.

Ellie (06:35): Yeah. really helpful. So obviously meeting folks where they're at is an important part of your model and also collaboration across your care team. So could you talk about how members of your team, including that housing specialist and your medical case management, how they work together to address those clients housing needs?

Carolyn (06:53): Caracole offers something really special to our housing clients. So, everyone who's in our permanent supportive housing or long-term housing program has a team with two parts. They have a housing specialist who's committed to those housing-specific needs—finding an apartment, leasing it with the landlord—that person also takes care of all those financials and rent calculations, and utility issues. And then that person is also an educator and an advocate. So, they help the client to develop a good relationship with their landlord, work on being a good neighbor, if that's something that they haven't done before. They work on basic apartment or home maintenance issues, how to keep your home pest-free, how to let your landlord know when you do have a maintenance issue, what to do if you need to get on a payment plan for your utilities. All of these skills that someone who has never lived on their own might not already have. And that can be really a huge barrier to staying housed. So that's what the housing specialist does. But in tandem with that, they have a dedicated case manager, and the case manager focuses on the medical side—access to medication, health insurance, transportation to medical care, understanding your medications, and your lab results so that that person is really empowered in their health and can meet their HIV goals and achieve viral load suppression, hopefully. And those two staff members work together; their home base is in the same office; they meet together regularly to review the caseload that they share, and they go out and meet with the client in the community in a collaborative. So

they go together; they actually share a service plan with one another. So they know what one another is working on and can tag team. This really serves the client well because they know they have support at all times and for a wide range of needs. And housing services are hard. We know that staying in this field is a challenge and that our staff work really, really hard, and that burnout is a real risk. And so they also have a built-in partner to bounce ideas off of, to help come up with solutions when nothing else has worked, and to stick with the work, serving those who are most vulnerable and who really need that team support.

Ellie (09:08): Yea, a couple of things I just want to highlight of what you said, it's not just about connecting folks to housing; it's helping them stay housed by providing those initial supports. And then the collaboration across your team. It helps team members feel supported, so they're less likely to get burned out. Are there any other tips that you would provide folks working in housing to help people stay housed once they're placed?

Carolyn (09:34): Certainly! So housing is, I'd like to say that housing is a little bit magic. It is a little bit of a wonderfully magic intervention to give someone their own home. But it's not magic, as in, providing supportive housing makes all these other issues go away. So, if someone became homeless because there were factors in their lives that were preventing them from being stable long-term, be that a history of trauma, be that chronic illness, long-term living in poverty, low income, mental health, substance use, the whole gamut of things that folks can experience. Providing housing does not make those things vanish. And so, we're going to work with folks to address those needs once they're in their housing. That's where those home visits and that collaborative service plan really come into play. We work hard to link clients with the resources in the community that will meet their needs. We are big believers in practitioners of motivational interviewing, so respecting the client as the expert in what they need as a true partner in that service delivery rather than just a recipient and making sure that we're working with folks on all the goals that they have identified to help them be stable on all these fronts. And a lot of times that means collaborating with our community partners. We can't provide all of that in-house in an agency of our size, and we shouldn't, we shouldn't be all those things. So, we are really good at housing services and HIV services and HIV services. But for everything else, we're linking people with care in the community. We also try to provide some of those basic resources to make a house a home. So, we have a partner that we use for furniture delivery to make sure that folks' homes are furnished. And we also provide some basics, cleaning supplies, and household items so that folks, you know, it's no good to have a lamp if there's no light bulb that works in it. Folks need access to things like dish soap and all sorts of things that food stamps don't cover and there's not a regular community resource for. So, we try to make sure that folks have everything they need to make that housing placement successful for the long-term.

Ellie (11:36): Really helpful in terms of tips for our audience out there, sounds like you're providing a lot of diverse services. How are you leveraging different funding streams to provide these services?

Carolyn (11:50): Yea, sure. So, we receive funding from multiple sources. Of course, there's the big federal funds from HUD that we have received continuum of care funding for permanent supportive housing, as well as HOPWA: Housing Opportunities for People with AIDS. And we also partner that with a lot of funding through the Ryan White Part B Program, through our Ohio Department of Health. In addition to that, we partner with our local United Way and with private grants and foundations and other things from the city in the state level to really patch together funding that can be flexible and nimble and fill in the gaps. Obviously, we develop a budget every year, and we say as soon as the ink is dry on it, it is no longer accurate, right? Because things change so quickly in housing, there is no way to predict exactly how the year is going to go. And sometimes a client may need steel-toed work boots because they got a great job and they can't show up to that job and do it safely without steel-toed work boots, or they might need bedbug treatment because their apartment is infested and they need that support to be able to stay there and continue being there. And that is something that a lot of funders are, those are not eligible expenses. So, we patched together a wide range of government grants and private or local grants to make sure that we can meet client's needs from every angle and that something small doesn't become a big deterrent to staying housed.

Ellie (13:14): Very helpful. You also talked a little bit about staff turnover and burnout, and we know that that can negatively affect our clients. So, tell us a little bit about that and how you try to avoid or keep folks retained in providing services.

Carolyn (13:30): Absolutely. So social services and housing specifically have high rates of turnover. This is challenging work. We never are able to pay as much as I'd want to pay the wonderful people who do this wonderful work and show up for our clients. So, we do try to provide as much support as we can to keep folks in the job. And so, part of that is, as I referenced before, is the team approach that everyone is partnered with between housing and case management, so that there is always a buddy and always a backup. We also encourage flex time and time off and hybrid work and all the flexibility that we can give folks to help them stay in their positions no matter what life is throwing at them at home. We have a strong supervision program that includes both individual supervision and group supervision, small group where we meet in person, and we do both technical skill training and then also case review and problem solving together. And so, we hope that that provides folks with a framework that keeps them in their role and helps address the biggest challenges that they experience in their work and keep them wanting to do this for the long term.

Ellie (14:41): And how has this program affected your clients? What kind of measures do you use to measure impact, and what are you seeing in the data?

Carolyn (14:51): In our long-term programs, we have two major measures. The first is viral load suppression. So, among our permanent supportive housing clients, those who we are serving long-term, we have a 84% viral load suppression rate, which means those folks are able to engage with their medical providers, able to take their medications as prescribed, access those, and achieve that viral load suppression, which really indicates that their HIV health is being managed in a way for them to live what we hope will be long and healthy lives. We also measure the percentage of folks who, at the end of the year, have either maintained in our program, stayed in our program for another year, or graduated to another permanent housing option. So, something else that can be stable, affordable, and long-term. And last year, we achieved 94% in that measure as well. So, we're really proud to say that our clients stay with us while they need us, and then we help them prepare to move on to something that is appropriate and lasting for them that they can sustain so that we can make room to help the next person experiencing homelessness.

Ellie (15:55): Thank you, really helpful information. I kind of want to shift focus now to our second goal of this podcast. Our first is to encourage folks to implement these great practices that Caracole is implementing, but we also want to encourage you all out there to collaborate with the Best Practices Compilation. If you have a best practice, please work with us to get it included. So, Carolyn, talk about how you worked with our team to get the profile highlighted on the Compilation.

Carolyn (16:36): You know, it was really a wonderful process because the team developing these compilations provides the structure and the support to make it easy on the folks providing direct service, which is wonderful because I know that there is not a single person working in an agency across the country who's just sitting out there twiddling their thumbs with nothing to do. So, when the team reached out, they provided instructions on what they were looking for and what criteria would be helpful. They allowed me to send them whatever I wanted, and they helped me sort through to find the information that would be most relevant to pass on to others and to try to share ideas because we're all working towards the same goal to meet the needs of people living with HIV better. And the team made it easy to summarize what I wanted and put it into a format that others could use.

Ellie (17:18): Wonderful plug for the Best Practices Compilation. I hope everyone learned something new today, but before we close out, I just have one final question. So, Carolyn, you make this sound so easy, but we know it's not. What are some of the challenges that you face in implementing this program?

Carolyn (17:35): Well, that is true, it is not easy. And one big challenge for us is to find those safe, affordable apartments, and like I said earlier, there just aren't enough apartments in our community for all

the folks who need housing. And so, of course, lower-income people are often those who are shut out of that process, even when they have the support of a housing subsidy. If they had any evictions on their record or any legal history, they can be really shut out of that market. And so, we work hard to develop strong relationships with our landlords. There is a community-wide subsidized housing database where landlords can post their available units, and that's been a huge help to us. We also work hard to make sure that the landlords we work with understand our program and know that someone will be available if there are bumps in the road in their housing, such as making sure that units pass inspection, and that payment arrives on time. So, we work hard to develop strong landlord relationships and make them understand that the group of people we're serving are wonderful tenants who deserve quality housing just like everyone else.

Ellie (18:43): Yeah, I'm sure the landlords just knowing that this individual has a strong organization behind them, it makes them more likely to agree to rent the apartment out to the individual.

Carolyn (18:55): Absolutely, we have a very person-centered approach where, of course, the primarily relationship is between the landlord and the client, but we are here to support them every step of the way. And worst-case scenario, we do have some resources, such as access to double deposits or damages, coverage, just in case there is a need for additional support in that situation.

Ellie (19:16): Thank you so much again, Carolyn, for joining us today. And thanks to our audience for listening in. Please check out the resources available on the Best Practices Compilation. Thanks again!

Carolyn (19:28): Thank you!

Narrator (19:31): That's it for today's episode of What Works in HIV Care & Services. We encourage you to check out the Best Practices Compilation at TargetHIV.org/bestpractices.