

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

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Overview

- State Perspective Administering the Housing Plus Project
 - Background
 - Program Components
 - Evaluation Plan
 - Progress-to-Date
 - Best Practices & Lessons Learned
- Local Perspective from 2 contractors participating in the project
 - Decision to participate
 - Implementation
 - Best Practices & Lessons Learned



What is the 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 is it Funded?

In July 2015, the California Legislature redirected \$1.5 million in Ryan White Part B Base Funds from the AIDS Drug Assistance Program (ADAP) to the Ryan White Part B HIV Care Program (HCP) for the purpose of improving the health outcomes of people of color.



Why Housing?

- National HIV/AIDS Strategy (NHAS) goals
- Research supports the importance of addressing housing needs of people living with HIV (PLWH)
- Housing needs exceeded available housing resources for PLWH in California
- Housing has been an underutilized service category in the HCP



How was it Developed?

- Collaborative effort between Office of AIDS staff
- 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



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.



Progress-to-Date

- Clients are receiving rental subsidy assistance
- OA staff developed program documents
- Positive response from HRSA about the demonstration project
- Increased utilization of Housing Services category



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



Orange County Health Care Agency

- Receives Part A, B, and C funding
- Provides Core Medical and Support Services
- Housing services include:
 - Part A: Short-term rent payments, emergency payments for rent/utilities
 - Part B: Short-term rental assistance
 - HOPWA: Short-term rent payments, emergency payments for rent/utilities, transitional housing, housing coordination services
 - Over 500 clients served in Fiscal Year 2015



Orange County's Housing Need

- Cost of living is 42.8% higher than national average
- Average one bedroom rent: \$1,294
- Typical house sharing and overcrowded conditions (Household size is 13% higher than national average)
- Two of the top five needs reported were for Housing services
- In 2015, 8.3% of Ryan White clients were homeless compared to 0.14% of the county's general homeless population
- Orange County 2015 Homeless Count: 2.0% of all persons living with HIV were homeless



Implementing the Housing Plus Project

- Services have yet to be implemented
- Developed: service protocol, housing plan template, referral form, and data entry/tracking requirements
- Solicitation (RFA) was required and conducted
- Waiting list developed: 178 individuals/families on waiting list



Lessons Learned & Best Practices

- Do not under estimate time to initiate a new program
- Use down time wisely (Create protocols, policies, and forms)
- Continuously communicate with stakeholders and potential clients regarding program implementation
- Leverage funds across funding sources
- Utilize other services (Case Management, Benefits Counseling, Legal Services) to address housing needs and increase access



Clinical Sierra Vista

- Federally Qualified Health Center (FQHC) Community Health Center located in California in Kern, Fresno and Inyo Counties.
- Receive Part B and C funding
- Have provided medical, treatment, and care services to Persons Living with HIV/AIDS for 25 years.
- Have provided homeless and housing supportive services for 25 years.



Clinical Sierra Vista

Homeless and housing supportive services include:

- HOPWA: Short-Term Rent, Utilities, Mortgage, and Hotel Assistance
- Part B: Short-Term rental assistance
- HUD's Continuum of Care: permanent and transitional housing programs, housing placement, and case management



Why We Chose to Participate

- CSV believes:
 - Stable housing is essential for people living with HIV
 - Housing is a right
 - The Housing Plus Project will demonstrate improved health outcomes
- Kern County has had:
 - Increase in people reporting homelessness
 - High unemployment rate
 - Significant reduction and loss of jobs



Implementing the Housing Plus Project

- Expertise in housing services allowed for us to quickly:
 - Establish process for screening clients
 - Educate clients and landlords
 - Expand accounts payable to include Housing Plus Project
- Trained existing case managers
- Increased buy-in from staff by getting their feedback on the new forms and modifications of existing forms
- Enrolled clients into Housing Plus + assistance program



Lessons Learned & Best Practices

- CSV has a centralized department called <u>Kern</u> <u>Lifeline</u> for HIV related support services, medical treatment, mental health and housing services. This centralization of services has been very important in being able to link clients most in need to the new Housing Plus + assistance program.
- Further CSV case review meeting have been very helpful in identifying clients most of need of new housing services and connect them with the program. (highly recommended)



Thank you!

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