

HOPWA

20

Housing ***Innovations***
in HIV Care



Strategic Vision

The United States will become a place where new infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

The National HIV/AIDS Strategy of the United States, July 2010

Stable housing made possible with HUD support, provides an ideal platform for delivering a wide variety of health and social services to improve health, education, and economic outcomes. Through partnerships at the federal, state and local levels, HUD will utilize its housing platform... to improve the quality of life of its residents (and) utilize HUD assistance to improve housing stability through supportive services for vulnerable populations, including the elderly, people with disabilities, homeless people, and those individuals and families at risk of becoming homeless.

Promoting Partnerships to Utilize Housing as a Platform for Improving Quality of Life, HUD Notice, September 2011

“Utilizing Housing as a Platform to Improve Quality of Life”

HUD Strategic Plan FY 2010-2015, May 2010

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Introduction

The Housing Opportunities for Persons With AIDS

(HOPWA) program was established by the AIDS Housing Opportunity Act to address the critical housing needs of low-income Americans living with HIV infection and their families. For twenty years, HOPWA has funded States, municipalities, and community organizations to plan, develop, and fund housing and supportive services for low-income persons living with HIV/AIDS (PLWHA) who are homeless or unstably housed. Flexibility of HOPWA funding and the wide range of eligible housing activities and support services have enabled grantees to customize programs based on community housing and service needs, special subpopulations served, and other available public and private resources. This resource, in coordination with other leveraged resources, has helped HOPWA recipients to achieve housing stability and to access health care and other support. HIV providers and consumer testimony affirms that this has led to improved health outcomes and quality of life.

To commemorate twenty years of HOPWA, the Office of HIV/AIDS Housing is pleased to issue **HOPWA 20, Housing Innovations in HIV Care**. This publication highlights a few of the many successful strategies, models, and collaborations that HOPWA programs have developed to increase housing stability and quality of life for PLWHA.

This booklet:

- Gives an **overview of the HOPWA program**.
- Shows how HOPWA funds have been used to **work with diverse populations**.
- Demonstrates the **flexibility of HOPWA funds to create innovative partnerships**.
- Highlights the program's **accomplishments and results** since 1992.
- Provides **references and links** for additional information.



The HOPWA program is the Federal program dedicated to address the housing needs of persons living with HIV/AIDS and their families.

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HOPWA Funding

> ABOUT HOPWA

DIVERSE POPULATIONS

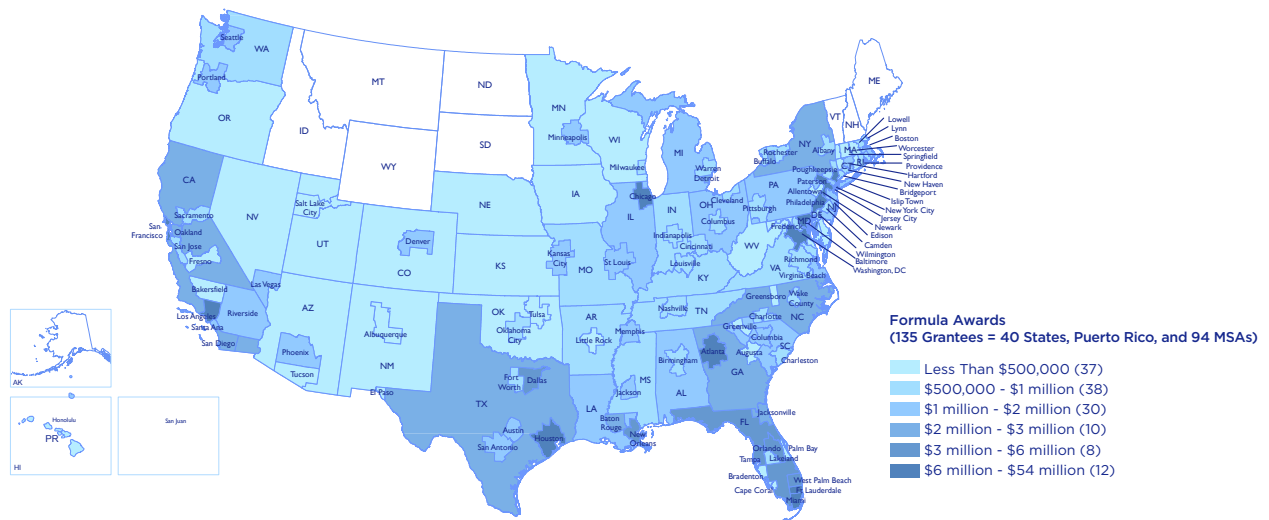
WORKING TOGETHER

GETTING RESULTS

“Implementation of the National HIV/AIDS Strategy must entail integrating efforts to increase housing security for people living with HIV”

— National HIV/AIDS Strategy Federal Implementation Plan, 2010.

HOPWA FY 2012 Formula Jurisdictions and Awards



HOPWA Program Goals:

1. Increase Housing Stability
2. Reduce Risk of Homelessness
3. Increase Access to Care & Support

The HOPWA program funds housing assistance and supportive services for low-income persons with HIV and their families who are homeless, at risk of homelessness, or unstably housed in all 50 States, the District of Columbia, and the Commonwealth of Puerto Rico. In FY 2012, \$332 million was provided to these areas through either a formula or competitive process.

Formula Funding. Ninety percent of HOPWA funding is awarded to States and cities according to a statutory formula based on AIDS cases, and for municipal areas, on total population. In 2012, 135 States and municipalities were funded as part of a community Consolidated Plan that addresses affordable housing and community development needs.

Find out more on HOPWA formula funding here:

www.hudhre.info/index.cfm?do=viewHOPWAFormulaPrgrm.

Competitive Funding. Ten percent of funds are awarded as competitive grants to areas that are not eligible for formula funding and to innovative, model projects that address special issues or populations, such as youth, reentering ex-offenders, women and children, and multiply diagnosed persons. To learn more, go to:

www.hudhre.info/index.cfm?do=viewHOPWACompetitivePrgrm.

To find a HOPWA funded program anywhere across the U.S., go to:

www.hudhre.info/index.cfm?do=viewLocalHOPWAPrgm.

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Why We Need AIDS Housing

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Safe, decent, and affordable housing is a daily necessity. Many PLWHA face multiple life challenges that present unique barriers to accessing housing, care, and services. These challenges, especially if compounded by experiences of housing discrimination, stigma, or limited local affordable housing options, often jeopardize individuals' chances of remaining stably housed. Findings from the Center for Disease Control and Prevention's (CDC) Medical Monitoring Project, released in 2011, indicated that among interviewed participants engaged in HIV care 8 percent had been homeless and another 15 percent had housing issues.

Research consistently shows that housing is a critical component of HIV care and prevention systems. By providing assistance with housing and related services, the HOPWA program helps PLWHA enter into housing, access and remain in care, and adhere to complex treatment regimens, which results in reduced use of emergency care and hospital services.

For a searchable database of over 300 peer-reviewed articles on HIV and housing research, see www.hudhre.info.

No one should
be without a safe,
stable place to
call home.

*Opening Doors:
Federal Strategic Plan
to Prevent and End
Homelessness, 2010*

Top Six Evidence-Based Reasons for HIV Housing:

- 1. Need:** PLWHA are significantly more vulnerable to becoming homeless during their lifetime.
- 2. HIV Prevention:** Housing stabilization can lead to reduced risk behaviors and transmission.
- 3. Improved treatment adherence and health:** Homeless PLWHA provided HOPWA housing support demonstrated improved medication adherence and health outcomes.
- 4. Reduction in HIV transmission:** Stably housed PLWHA demonstrated reduced viral loads resulting in significant reduction in HIV transmission.
- 5. Cost savings:** Homeless or unstably housed PLWHA are more frequent users of high-cost hospital-based emergency or inpatient service, shelters, and criminal justice system.
- 6. Discrimination and stigma:** AIDS-related stigma and discrimination add to barriers and disparities in access to appropriate housing and care along with adherence to HIV treatment.

Housing is predictor of improved health outcomes.

HUD & CDC: Housing & Health Study

For persons with HIV who were homeless or had severe risks of homelessness, this study looked at how health improved dramatically from stable housing, such as:

- 34% reduction in emergency room visits.
- 21% reduction in hospitalizations.
- 44% reduction in self-reported opportunistic infections.
- Significantly improved mental health status.

Wolitsky, et al, AIDS and Behavior 2007



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Who HOPWA Serves

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The HOPWA delivery system is a network of nearly 1,000 HIV providers with expertise in client outreach, housing operations, case management, and other services to address the complex needs of PLWHA including histories of substance use, mental health issues, poverty, stigma, and discrimination. In 2011, these providers reached 60,234 households who benefited from HOPWA housing assistance. Providers reached nearly 124,000 households with supportive services funded through HOPWA. An additional 30,793 households were assisted with leveraged housing funds and for every HOPWA dollar spent, an additional \$2.36 of leveraged funds was used to benefit this vulnerable population.

HOPWA Supportive Services provide a dynamic resource to meet varied needs.

 **Case Management**

 **Behavioral Health**

 **Housing Information**

 **Meals and Nutrition**

 **Transportation**

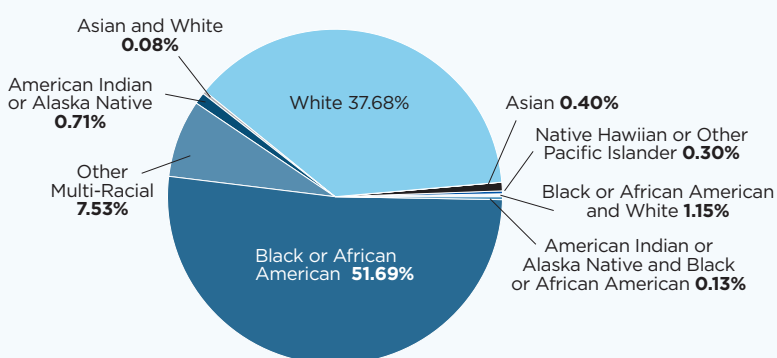
 **Employment Services**

 **Benefits Assistance**

HOPWA reaches a diversity of beneficiaries

The racial and ethnic composition of HOPWA housing recipients is reflective of the disparate impact of HIV on minorities: over 62% of persons receiving HOPWA housing identify as Black or African American or other racial/multiracial minorities; nearly one-fifth of households identify as having Hispanic/Latino ethnicity; over 40% of beneficiaries are female; and, almost one-fifth are under 18 years of age.

Housing Subsidy Beneficiaries



HOPWA reaches households with worst case housing needs

Nine out of ten households receiving HOPWA housing assistance have extremely low or very low incomes. Eleven percent of persons entering the program (6,637) were chronically homeless prior to entry and 4.6 percent (2,775) of HOPWA housing recipients were veterans.

HOPWA funds are spent on direct housing assistance and related services

HOPWA housing assistance makes available housing that is affordable and appropriate for client needs. HOPWA housing assistance includes rental assistance payments for permanent housing, operating costs for permanent, transitional and short-term housing facilities, and short-term rent, mortgage, and utility assistance to prevent homelessness. Supportive services, provided on-site or by referral through case managers, link clients to other support critical to client stabilization.

Data based on annual performance reports for the 2010-2011 Program Year.

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Increasing Access to Housing and Health Care

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HOPWA providers report annually on various program achievements such as the type of housing assistance provided, the number of households served, and measurements of how connected households are to care. Performance reports show that program goals are being achieved – households are achieving stability, homelessness is being prevented, and households are better connected to care.

**HOPWA reaches
60,234
households**

In 2011, HOPWA assisted low-income households through a wide range of housing support including rental assistance payments for permanent housing, operating costs for permanent, transitional, and short-term facility-based housing as well as short-term rent, mortgage, and utility assistance designed to reduce risk of homelessness.

HOPWA providers also reported high levels of participation in and access to care. These households with complex needs achieved the following outcomes:

- 87 percent of households had contact with a health care provider consistent with their care plan.
- 86 percent accessed and maintained medical insurance or assistance.

HOPWA achieves high rates of housing stability

95%

of households receiving permanent housing assistance remained stably housed

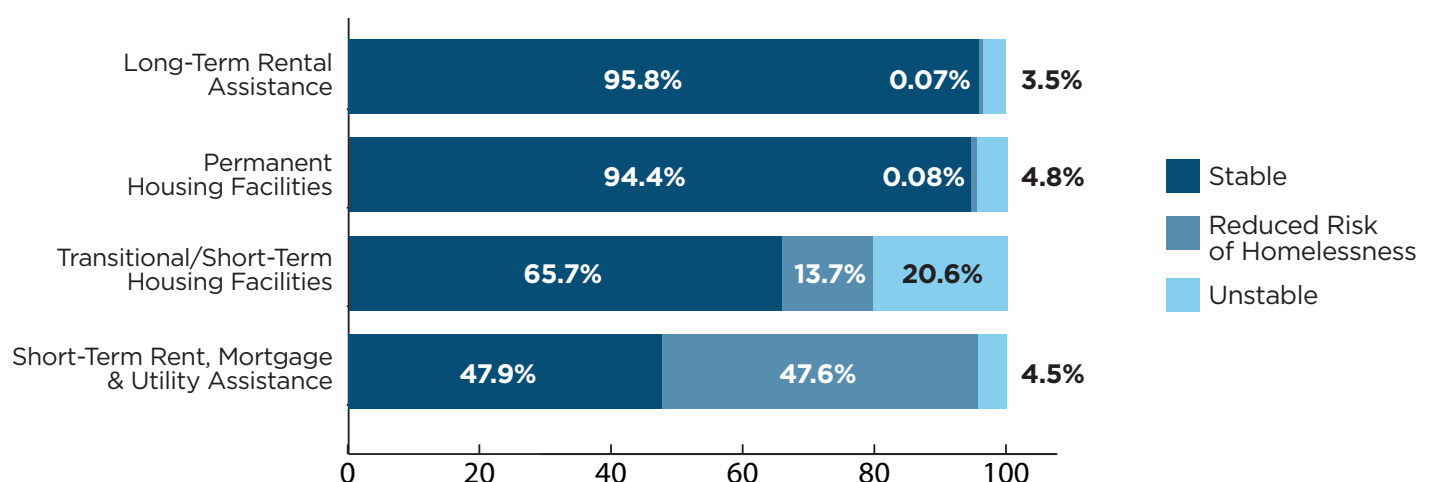
96%

of households receiving short-term rent, mortgage, and utility assistance were stable or had reduced risk of homelessness

79%

of those receiving other short-term or transitional support were stable or had reduced risk of homelessness

Outcomes by Type of Housing Assistance



Data based on annual performance reports for the 2010-2011 Program Year.

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Targeting Homeless Households

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The complexity of needs of homeless persons requires that HIV providers serving this population develop new strategies to create or bridge connections across multiple service systems. A study by Wolitski (2010) found that homeless and unstably housed PLWHA are a vulnerable population at increased risk for multiple health threats including substance abuse, mental illness, violence, poor access and adherence to HIV medical care, and high-risk sexual practices.

Health Care for the Homeless, Inc. (HCH), based in Baltimore, MD, offers a wide variety of programs in an effort to meet the diverse set of needs of those experiencing homelessness. One of their HOPWA-funded programs is the “Connect Project” which provides permanent housing assistance and intensive case management to medically fragile, multiply diagnosed, HIV+ homeless individuals. A major part of HCH’s success in serving this population has been through the establishment of innovative partnerships to provide wrap around services for their clients. HCH’s newly opened downtown facility serves as a base for all activities and hosts a dental facility, a pediatric clinic, vision screening, and a pharmacy.

The Connect Project by the numbers:

- 60 medically fragile, multiply diagnosed clients were served over 3 years.
- 90% of individuals were stable, living in permanent housing.
- 9% of individuals were stable in transitional or short-term units.

For more information, visit HCH’s website: www.hchmd.org.

“No one should experience homelessness.”

Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, 2010

DESC, located in Seattle, WA, is another agency which implements a successful model for serving homeless PLWHA. DESC’s “Housing First” model was featured in the HOPWA program’s eLearning Best Practices Series. They utilize multiple service partnerships and receive a wide range of funding, including Seattle HOPWA formula funding and a HOPWA competitive grant to provide over 40 units of HIV/AIDS-dedicated housing.

Results from a recent study looking at outcomes for housing and healthcare in one of their properties indicates:

- \$4 million reduction in costs for crisis-institution use; and
- 30% reduction in alcohol consumption.

To view the Best Practices webinar featuring this model, go to: www.vpi.org/tap/webinars.

Major Principles of DESC’s Housing First Model

- Abandon the concept of housing readiness – no preconditions, treatment or compliance necessary for housing.
- Target most vulnerable homeless.
- Provide robust on-site services.
- Use assertive engagement, not coercion.
- Harm reduction approach to addictions.
- Adhere to fair housing law; acknowledge clients’ tenancies and protections under the law.

Keep informed on Efforts to End Homelessness

Subscribe to the eNews for the U.S. Interagency Council on Homelessness: www.usich.gov.

Homeless Resource Exchange (HRE) www.hudhre.info.

Learn more about the strategic plan to prevent and end homelessness and information on webinars and other support to help end all types of homelessness.

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Addressing the Needs of Youth and Families

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CDC reports about half of all new HIV infected people are **under age 25**

YOUTH: Many young PLWHA report histories of homelessness, physical, emotional, or sexual abuse, suicidal ideation, disrupted schooling, lack of basic skills, parents who are unable or unwilling to care, and difficulties linking to care.

FAMILIES: Families today face a myriad of challenges: financial literacy, economic stability, health care, access to education, and child care and development, which are compounded by their HIV/AIDS related needs. Adequate housing and services are crucial to address the increased health needs facing families at risk of homelessness who are affected by HIV/AIDS.

Successful Approaches for Serving Youth:

- Foster trust.
- Offer psychosocial support.
- Provide education and information.
- Facilitate positive peer support.
- Use age-appropriate behavior change strategies.
- Build continuum for transition to adult services.
- Be inclusive of differences across cultures, language, sexuality, education and familial status.

“There were points I would go without eating just to feed my 2 year old but now I don’t have to do that. This is really taking a lot of stress off me, I am able to regain hope on life and be in a comfortable living environment.” -Mother living with HIV/AIDS in HOPWA-assisted housing

Larkin Street Youth Services (LSYS) in the San Francisco Bay Area has provided effective services to HIV positive youth since 1984 with HOPWA support from the City of San Francisco. LSYS involves 13 different sites offering a range of support including transitional care, after care, independent living, and supportive housing combined with intensive case management, healthcare, and life skills and job training for those under the age of 24. A key piece of LSYS’s success is the youth peer mentoring and support giving youth more than just temporary respite from street life by providing tools needed to permanently reclaim their lives through the shared experiences of others their age. For more information: www.larkinstreetyouth.org.

Salvation Army Alegria, a Los Angeles based program, uses HOPWA funds to support health, housing, and child development services to homeless families living with HIV and other special needs. The provision of centrally located services—including healthcare, case management, housing, and child services – allows families to stay together and easily access stabilizing services. In this community, they can reside in a safe, supportive, health community, without the stigma of homelessness and HIV/AIDS, and work towards economic strength and housing stability. For more information: www.salvationarmy-alegria.org.



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Serving Rural Communities

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Unique barriers impact adequate care for persons living in rural areas, such as stigma and discrimination, limited service delivery systems, and large geographic distances to HIV care of over 200 miles.



Tri-State Housing Environments for Living Positively (TS HELP)

is a unique partnership between one state agency and four private agencies spread across three states. TS HELP is the first and only multi-state HOPWA model providing delivery of HIV/AIDS housing and related supportive services to Montana, South Dakota, and North Dakota. This tri-state collaborative allows the TS HELP program to uniquely address the need in their specific communities. TS HELP Partners are featured below.

Open Aid Alliance (formerly Missoula AIDS Council) in Western Montana identified a need to combat isolation and transportation challenges. In response, they created a “buddy” program which provides both a social outlet and assistance with routine tasks like going to the grocery store. For more information, go to: www.openaidalliance.org.

Yellowstone AIDS Project (YAP) in Eastern Montana connects with the local Ryan White Case Managers to ensure referral of eligible clients. The HOPWA staff members provide information packets that include client application materials to all their partners in the community so clients can access a seamless continuum of care. Find out more here: www.yapmt.org.

The **Sioux Falls Housing and Redevelopment Commission (SFHRC)** in South Dakota has a toll free phone number allowing clients from across the state to contact a housing coordinator or case manager. Learn more online: www.siouxfallshousing.org.

Being part of a larger network of offices across North Dakota the **Community Action Program's** clients can choose a Community Action Region VII agency or case manager that best suits their needs. For more information, go to: www.cap7.com.

Barriers:

- Lack of sufficient affordable or public transportation
- Availability of medical staff trained to deliver quality HIV services
- Stigma, isolation and rejection by the community, family, friends and coworkers
- Fear about breach of confidentiality by health care workers

Solutions:

- Satellite operations
- Visiting clinics
- Peer to peer education/buddy system
- Toll free statewide numbers
- Phone, email, and internet video communication
- Periodic home visits
- Strong collaboration among local care providers
- Effective links to mainstream services

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Addressing Behavioral Health

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HIV typically co-occurs with other serious health threats that exacerbate challenges to remaining stably housed and connected to care. Behavioral health issues facing PLWHA include mental health, substance use disorders, and serious psychological and emotional distress.

HHS HIV Cost and Services Utilization Study Findings:

70% of participants need some type of mental health care

Nearly 40% of participants reported substance use issues

Data source: www.ahrq.gov/data/hcsus.htm



Substance Use

The link between HIV and substance use disorder is well known – the risk of contracting, transmitting and worsening the consequences of HIV are heightened by substance use. In addition, persons impacted by substance use are less likely to engage in care or adhere to complex treatment regimens. Given the strong link between drug use and HIV transmission, treatment and stable housing interventions can be an effective way to stop or reduce substance use and related risk behaviors.

Mental Health

Co-occurring mental illness disproportionately affects PLWHA and often establishes further barriers to obtaining affordable and appropriate housing. Common experiences of PLWHA include acute anxiety, emotional distress, depression, anger, grief, and low self-esteem.

Acadiana CARES in Lafayette, LA operates a program specifically for people with HIV/AIDS and/or mental health and addiction issues in a caring, stigma-free environment without pre-conditions to enter housing. HOPWA funds from the State of Louisiana provide housing and services to assist in the transition from temporary residential treatment to permanent supportive housing. Additionally, HOPWA subsidies are available providing the choice of independent housing.

For more information:
www.acadianacares.org.

How Acadiana CARES Makes it Work:

- **A holistic approach** is provided to establish an HIV medical regimen while working towards recovery.
- **Housing and services are co-located** to support the transition from instability to treatment, improved HIV adherence, better overall health, and housing stability.
- **Case management coupled with group therapy** stabilizes CARES clients in sobriety and allows a focus on recovery, medical stabilization, and daily living skills in a community of peers who are openly able to discuss their challenges of living with HIV.

Learn more about HIV/AIDS and substance use disorder issues at: www.aids.gov/hiv-aids-basics/staying-healthy-with-hiv-aids/taking-care-of-yourself/substance-abuse-issues/.

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Re-integrating Formerly Incarcerated Individuals

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For HIV positive ex-offenders, targeted interventions before and after re-entry into their communities provide the opportunity to reduce the risk of recidivism and promote positive life choices that enhance housing stability and health.



Strategies for re-entry:

- Build relationships and provide information prior to release.
- Coordinate release with correctional system, emergency shelters and service providers.
- Provide comprehensive services.
- Partner with public housing authorities.

Re-entry services:

- Supportive housing
- Case management
- Career development
- Job retention services
- Substance use treatment
- HIV/AIDS services
- Education
- Family services
- Drop-in services
- Ongoing access to after-care
- Recidivism risk reduction education

Fortune Society, based in New York City, has a 40-year track record of helping formerly incarcerated men and women successfully re-enter their communities. In 2003, the Fortune Society received HOPWA funding for their *Coming Home Project* to place and stabilize clients in safe, appropriate, permanent, and affordable housing.

Working with Rikers Island's Discharge Enhancement Program, CHP case workers enter the prison system and meet with inmates prior to discharge to provide information and referrals. Offering a prison "in-reach and a post-release safety net" assists HIV positive ex-offenders in coordinating needed services to support necessary lifestyle changes and avoid high-risk behaviors that compromise their health and freedom. Upon re-entry, intensive case management services link clients and their families to a broad range of care. Peer role models personally demonstrate how they have been able to overcome their re-entry challenges and avoid recidivism.

For more information: www.fortunesociety.org.

The City of Dallas **Project Reconnect** program provides comprehensive re-entry services for ex-offenders with low-to-moderate income, and a history of substance abuse, diagnosed mental illness, and/or diagnosed with HIV/AIDS, as they transition into the community.

Through HOPWA and Dallas Housing Authority resources, Project Reconnect provides transitional and long-term housing for ex-offenders with HIV/AIDS and their families. Ex-offenders are assessed for basic eligibility, as well as through the Level of Service/Case Management Inventory (LS/CMI), an evidence-based assessment tool that measures recidivism risk. Participants at elevated risk of recidivism are referred to *Thinking For A Change*, an evidence-based curriculum targeting ex-offenders. All participants receive a suite of supportive services in the areas of employment, access to medical care, family support, recovery support, and housing stabilization.

Check out the United States Interagency Council on Homelessness publication *Searching out Solutions: Constructive Alternatives to the Criminalization of Homelessness* online at: www.usich.gov/issue/alternatives_to_criminalization.

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Promoting Cultural Competency

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Access to care and treatment outcomes for PLWHA differ depending on race, ethnicity, gender, sexual orientation, and geography. HIV impacts those who traditionally have not had access to health care due to socio-economic determinants as well as social stigmas around sexuality and HIV.

Strategies for delivering culturally competent HIV services and housing must continue to evolve in response to the epidemic and the needs of those living with HIV disease. Culturally competent service delivery involves developing relationships of trust and rapport, over time, between clients and providers, and acknowledging the differences and the experiences of the people they serve.

About half of all homeless youth identify as lesbian, gay, bisexual, or transgender.

AIDS Interfaith Residential Services (AIRS) in Baltimore, MD, furthers local efforts for increasing cultural competency with their “Un Nuevo Comienzo” (“A New Beginning”) program to serve HIV positive, low-income immigrant clients with limited English proficiency, mainly of Hispanic/Latino origin.

Un Nuevo Comienzo's Strategies for Success:

- Recruit and hire staff representing the culture or community being served.
- Develop peer networks.
- Respect language and community customs.
- Provide comprehensive services.
- Understand varied experiences of immigrant and native-born health care consumers.
- Meet needs of limited English proficiency populations.
- Build partnerships with outside agencies.

Their approach has helped to reduce homelessness and break down barriers for minority populations to access HIV/AIDS care and be self-sufficient. To learn more about the effects of housing coupled with culturally relevant services, AIRS is tracking health outcomes and program costs in partnership with Johns Hopkins School of Public Health. For more information on AIRS: www.airshome.org.

HUD - Advancing Equal Access

HUD is advancing public awareness and accountability to reduce stigma and promote equal access to services for lesbian, gay, bisexual, and transgender (LGBT) Americans.

In 2012, HUD established a new rule banning discrimination on the basis of sexual orientation, gender identity or marital status in all HUD programs. To learn more about LGBT fair housing, go to www.hud.gov/lgbthousingdiscrimination.

Culturally competent service considers:

- Immigration status.
- People of varying ages.
- People with differing belief systems.
- Lesbian, gay, bisexual, and transgender people (LGBT).
- People of varied skin color and cultural ethnicity.
- People with diverse educations and life experiences.

“Cultural competency is one the main ingredients in closing the disparities gap in health care.”

Department of Health and Human Services
Office of National Minority Health
www.minorityhealth.hhs.gov

Learn more about Fair Housing initiatives and actions to combat discrimination due to HIV/AIDS at: www.ada.gov/AIDS.

Fair Housing Complaints:
FHEO_webmaster@hud.gov

1-800-669-9777 voice
1-800-727-9275 TTY

U.S. Dept. of Justice ADA
Information Line:
1-800-514-0301 voice

Integrated HIV/AIDS Housing Plan

In response to the National HIV/AIDS Strategy's call for greater collaboration, the HOPWA program committed funds to seven initiatives in 2011. These newly funded three-year initiatives combine housing support with a community planning component in an effort to make community-wide system changes in service delivery for low-income PLWHA. All programs will create an Integrated HIV/AIDS Housing Plan (IHHP) to share lessons learned, successes achieved, and partnerships developed with other interested communities.

New Consolidated Planning Tools!

In May 2012, HUD introduced the **eCon Planning Suite** designed to create a more cohesive planning & grants management framework, provide better data and tools for analysis, and support strategic investment decisions to ensure that scarce federal dollars are targeted to where they are needed most and can achieve the biggest impact.

Strategic planning within any system - governmental, non-profit, or for-profit - is a valuable exercise of consulting with partners that helps organizations achieve more efficient and effective results. HOPWA grantees engage in numerous state and community-level planning activities to better coordinate and improve housing-related services for PLWHA and leverage available resources.

HOPWA programs participate in HUD's Consolidated Plan process, which serves as the framework for a community-wide dialogue to identify housing and community development priorities that align and focus funding from four HUD Community Planning and Development programs. The Plan must include an analysis of low-income housing needs, the needs of homeless persons and special needs populations, including PLWHA, and the local housing market.

The Consolidated Planning Process:

- Helps States & local jurisdictions assess their affordable housing and community development needs and market conditions, and make data-driven, place-based investment decisions.
- Provides framework for community-wide dialogue and alignment of funding across multiple HUD programs.

For more information:

www.hud.gov/offices/cpd/about/conplan/index.cfm.

HIV/AIDS Community Housing Plans

The Phoenix, AZ HOPWA metropolitan area published a 2011 update to their HIV/AIDS Housing Plan. The update contains a summary of research findings, identifies needs and critical issues, and prioritizes strategies to improve system-level efficiency to integrate HOPWA with other systems of housing and care.

The five-month community-wide process included:

- City of Phoenix's HOPWA and Housing Department staff.
- HIV/AIDS housing and service providers.
- Ryan White Part B program staff.
- Homeless Continuum of Care leaders.
- Consumers, advocates, community members.

For more information: **www.phoenix.gov/webcms/groups/internet/@inter/@dept/@housing/@rpts/documents/web_content/068269.pdf**.

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Coordinating HOPWA and Homeless Programs

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HUD is committed to preventing and ending homelessness through its participation in the US Interagency Council on Homelessness and implementation of *Opening Doors: Federal Strategic Plan to End Homelessness* released in 2010. HOPWA has always been committed to serving those who are at risk of or experiencing homelessness. As communities target funds with place-based approaches, more community-wide collaborations between the existing Homeless Continuum of Care (CoC) and the HIV/AIDS service systems are occurring. Additionally, HUD is encouraging increased participation from HOPWA project sponsors in connecting to the Homeless Management Information System (HMIS) to help inform public policy concerning the extent and nature of homelessness in communities across the country.

Strategies to End Homelessness (End Homelessness), formerly the Cincinnati/Hamilton County Continuum of Care for the Homeless, is a successful model for multi-state collaboration of HIV/AIDS housing and homeless assistance programs and consists of 15 counties (five in Ohio, seven in Kentucky, and three in Indiana). End Homelessness administers the HOPWA funds and manages all planning, services, and evaluation activities for PLWHA who are homeless and at-risk of homelessness. The programs include outreach, emergency shelters, transitional and permanent housing, and services-only programs. In addition, End Homelessness integrates HOPWA activities into the local Homeless Management Information Systems (HMIS). This allows client-level information sharing across the range of homeless and HIV/AIDS service providers and use of HMIS data to evaluate client and community needs. This fosters a more integrated and effective housing and service delivery system for unstably housed or homeless PLWHA. For more information: www.strategiestoendhomelessness.org and www.hudhre.info.

Features of End Homelessness' Success:

- Shares client-level information through HMIS with all area homeless providers.
- Uses safeguards to protect client confidentiality.
- Develops community-wide planning effort that considers range of available resources.
- Coordinates with Homeless Continuum of Care, HOPWA, homeless programs, HIV providers, and consumers in determining community needs.

End Homelessness' Results:

95%

of homeless persons placed into supportive housing remained housed

85%

of homeless persons moved from transitional housing to permanent housing

41%

of homeless persons 18 and older increased total income



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Integrating Housing and Employment

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Working with HIV presents unique challenges, such as handling episodic health issues and considerations around HIV disclosure and discrimination. Many HOPWA providers are integrating employment services into their program delivery efforts.

“This program changed my thinking...It made me realize that I can have a career and be HIV positive.”

—Gaining Ground Program Graduate



Chicago House launched an innovative supportive housing program called Gaining Ground using HOPWA funds in 2007 to integrate housing and supportive services with employment services. The Gaining Ground mission is to empower individuals to attain social and economic self-sufficiency. Gaining Ground clients are enrolled in Chicago House’s comprehensive iFOUR employment program and provided permanent supportive housing in a scattered site setting. Individuals complete a 4-week employment readiness program, followed by training, career counseling, mentorship, and internship opportunities – including in the program’s Sweet Misgivings bakery. Combining supportive housing and employment training provides their clients with a continuum of self-empowerment tools to improve their income and housing security.

For more information: www.chicagohouse.org.

Chicago House’s Gaining Ground program

100%
were homeless at
program entry

67%
achieved
employment

96%
stayed in housing

Getting to Work Capacity-Building Training:

- Vocational Assessments Tools and Strategies
- Benefits Planning and Returning to Work
- Job Readiness Services
- Living and Working with HIV
- Navigating Workforce Development Programs

Getting to Work, a HOPWA Employment Initiative developed in collaboration with the US Department of Labor, supports HUD’s goals and actions under the National HIV/AIDS Strategy to increase access to employment and other income supports for program beneficiaries. Getting to Work is a capacity-building initiative designed to assist HOPWA housing and service providers to increase their ability to directly deliver employment services or build strong connections and refer clients to existing mainstream services. One-on-one assistance, remote training, and peer group learning are provided to participating agencies over twelve months to help them implement customized strategies to build their program and improve access to employment and services.

To learn more: www.vpi.org/tap/webinars.

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Partnering with Faith-Based & Neighborhood Organizations

ABOUT HOPWA

DIVERSE POPULATIONS

> **WORKING TOGETHER**

GETTING RESULTS

Faith-based and community groups were among the first responders to offer compassion and care to PLWHA and their families. In recent years, the federal government has increased its efforts to engage faith-based and neighborhood organizations. As partners in housing development and supportive service provision to vulnerable populations, the federal government, faith-based and neighborhood organizations are working together to reduce barriers to participation and increase access and availability of affordable housing across the nation. Many of these organizations, driven by the tenets of their faith and community action, are able to bring together diverse groups of people to serve and care for those in their communities.

DOORWAYS Interfaith AIDS Housing and Services

provides affordable supportive housing for people with HIV/AIDS in St. Louis, East St. Louis, 55 rural counties of Southern Illinois, and 62 counties in Central and Southwest Missouri. Working through two competitive HOPWA awards, DOORWAYS exemplifies community faith-based cooperation. Representatives from the Catholic Archdiocese joined five differing faith congregations and area leaders to demonstrate their shared belief in providing compassionate care for PLWHA, and to set aside religious philosophies for the good of others in their community. Together, they incorporated DOORWAYS as a non-profit housing provider to serve the housing needs of PLWHA in the greater St. Louis area. HOPWA funds are used to support a range of housing assistance, including: housing case management, medical care, and linkages to community social service programs. Partnering with the Regional AIDS Interfaith Network of Central Missouri (RAIN) and two community based organizations in Illinois, DOORWAYS provides services based on each household's individual need – from those who are chronically ill and can't live independently to households that live independently, but need help with affordable housing support.

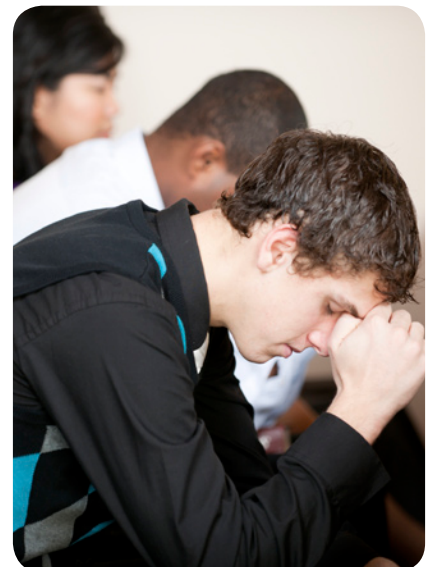
For more information: www.doorwayshousing.org

How Faith-Based Organizations Make It Work:

- Draw on strong history of service as first responders in HIV epidemic.
- Capitalize on the unique role as spiritual and community leader.
- Create opportunities for cooperation and collaboration.
- Build interfaith and interagency partnerships to leverage resources and the expertise of other organizations.

In August 2011, the Office of HIV/AIDS Housing and HUD's Center for Faith-Based and Neighborhood Partnerships

brought together faith organizations, community-based organizations, AIDS service providers and affordable housing developers from the greater Baltimore MD – Washington DC area to discuss how faith-based organizations can respond to the housing needs of people living with HIV/AIDS. Lessons highlighted at *Keeping Our Partnerships Alive: HUD and Faith-Based Community Organizations' Response to HIV/AIDS* include capitalizing on the unique role that faith-based organizations play at the grassroots level and, in light of the complexities of housing development, partnering with community housing developers to develop and manage affordable housing resources.



Benefits of Working Across Agencies and Programs:

- Increases awareness of and access to services.
- Broadens perspective and understanding of communities served.
- Stimulates professional development and staff engagement.

Forming successful partnerships with multiple and varied entities and navigating the regulatory complexities of federal, state, local, and private dollars – all with differing requirements for compliance – is key to success. Non-profit developers have become increasingly skilled at leveraging and layering multiple sources of funding to create special needs housing. In addition, partnerships among non-profits, for-profits, government organizations, and consumer groups have expanded the range of benefits for PLWHA.

Clare Housing successfully accessed multiple public and private resources for HIV/AIDS housing development and currently administers seven different programs with varied funding in Minneapolis and St. Paul, MN. The developers of Clare Apartments combined the following variety of resources:

- HOPWA
- HUD's Community Development Block Grant
- HUD's Supportive Housing Program
- Federal Home Loan Bank
- State of MN Low Income Housing Tax Credits
- Minnesota Housing Trust Fund

Clare Apartments was a key piece to a three phase redevelopment plan of one of the oldest neighborhoods in Minneapolis, which created new partnerships with other local organizations as part of a larger community revitalization effort. Two HUD resources, HOPWA and Housing Choice Vouchers, are used to fund subsidized housing as well as 24 hour emergency response and support from a residential services coordinator. This has helped more than half of Clare House residents to maintain housing stability for 25 months or more.

For more information: www.clarehousing.org.

The **Coalition of HIV/AIDS Non-profits and Government Entities (CHANGE)** is made up of more than 25 organizations in the New Orleans area that came together after Hurricane Katrina devastated an estimated 71 percent of housing stock in the area. The coalition coordinates the enhancement and expansion of HIV services and housing for over 7,000 PLWHA throughout the metropolitan area.

CHANGE Partners:

- Local HOPWA program
- Local Ryan White Planning Council (for HIV Services)
- Housing Authority of New Orleans
- Louisiana Public Health Institute
- A non-profit research group
- Behavioral health entities
- Local homeless Continuum of Care

CHANGE has secured up to 200 housing vouchers for households living with HIV/AIDS through its partnership with the Housing Authority and is actively involved with the local Consolidated Plan process (community housing planning) to help ensure that the needs of the HIV positive community will be addressed.

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Centralizing Access to Services

ABOUT HOPWA

DIVERSE POPULATIONS

> **WORKING TOGETHER**

GETTING RESULTS

Centralized or coordinated intake and referral is increasingly recognized as an important tool to better target housing and homelessness prevention resources. In general, central or coordinated intake serves as a single or narrowed point of referral for admissions to social service and housing programs, as well as facilitating navigation of broader community services. For consumers, coordinated entry simplifies the process and saves time locating and accessing multiple services by channeling care through one portal, and helps ensure that people are linked to the most appropriate services from the beginning.

“Centralized intake can enhance the quality of client screening and assessment...the system for preventing and ending homelessness is less fragmented and scarce resources are used more efficiently.”

Homeless Resource Exchange, 2012

www.hudhre.info/index.cfm?do=search&refererType=homeResourceSrc&searchtype=3&cv=t2&keywords=centralized+intake&go2=Submit.

AIDS Foundation of Chicago's Centralized Intake Process:

- A PLWHA telephones one of AFC's intake workers and requests case management services.
- Intake workers at a single agency (AFC) assess the caller's immediate needs and future opportunities.
- Upon completion of the initial assessment, the caller is referred to a case management agency within the Cooperative's network for an in-person meeting and in-depth assessment of needs.
- If a caller identifies a need for housing, they are transferred directly to AFC's housing program staff that determines their immediate and long-term housing needs, and then offers an appropriate referral.



AIDS Foundation of Chicago (AFC) has been at the forefront of the AIDS epidemic since 1985, coordinating medical, housing, and supportive services for PLWHA in the Chicago area. In 1989, AFC founded the Northeastern Illinois HIV/AIDS Case Management Cooperative to coordinate case management services. Each year, through the Cooperative's network of 40 delegate agencies, AFC oversees the case management of more than 5,000 individuals living with HIV/AIDS. Centralized intake is designed to create efficiencies within the Ryan White case management system and to be responsive to a client's needs at the moment they are ready to act. With one phone call, anyone living with HIV/AIDS has access to a comprehensive network of services across the greater Chicago area. The Cooperative was the nation's first centrally coordinated case management system for PLWHA. One key pillar for success over the years has been regular, strong communication and collaboration between AFC and the partner entities.

For more information: www.aidschicago.org.

Check out a Coordinated Assessment Toolkit prepared by the National Alliance to End Homelessness at: www.endhomelessness.org/content/article/detail/4529.

Working with Local Housing Authorities

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> **WORKING TOGETHER**

GETTING RESULTS

Community efforts to prevent and end homelessness can benefit through coordination with mainstream housing programs. HUD's two largest affordable housing programs - housing more than 3 million households - are the Public Housing Program and the Housing Choice Voucher Program (HCVP, formerly known as Section 8), both administered by Public Housing Agencies. By working together, partner agencies are able to do more - both provide and manage affordable housing as well as ensure service coordination and linkage to care.

The HUD-Veterans Affairs Supportive Housing (HUD-VASH) program is a successful interagency collaboration, through which housing authorities provide vouchers to veterans and Department of Veterans Affairs agencies provide case management and clinical and support services to veterans.

This program has contributed to a 12 percent reduction in veteran homelessness between 2010 and 2011.

For more information, go to:

http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/vash.

HUD Guidance on Promoting Partnerships:

- Encourages public/private partnerships at federal, state, and local levels.
- Promotes stronger connections between housing and services to increase quality of life for residents.
- Outlines available resources and successful models.
- Presents strategies and model documents.

For more information, see the HUD Notice PIH-2011-51/CPD-2011-09:
http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/hudclips/notices/pih/11pihnotices.

AIDS Help Inc. (AHI) of Key West, Florida and the Community Development Office of the Key West Housing Authority have collaborated for over 16 years to deliver long-term rental assistance in the City of Key West and Monroe County.

With AHI serving as a single point of entry for comprehensive HIV services, PLWHA can apply to AHI concurrently for both HCVP and HOPWA housing. AHI carries out intake, eligibility screening, and rent calculations, and provides critical HIV support services to help HIV positive clients access and retain HCVP and HOPWA permanent housing. To assist the HIV agency, the Key West Housing Authority administers the grant and assumes many administrative responsibilities. The effectiveness of this model relies on multiple entities teaming up to successfully assist clients with both the initial placement into and the long-term retention of permanent housing.

For more information: www.aidshelp.cc

The City of Key West
**Administers State and Monroe County, FL
HOPWA formula funds**

City of Key West & Key West Housing Authority
Community Development Office (CDO)
**Provides Administrative Activities,
Grants Management, and Monitoring for HOPWA
funds directly from HUD**

AIDS Help, Inc.
**Provides Intake, Assessment,
Wrap-around Services, and Contracts for
Housing Quality Inspections**

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Incorporating Consumer Input

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DIVERSE POPULATIONS

> **WORKING TOGETHER**

GETTING RESULTS

Consumer feedback plays a vital role for HIV/AIDS housing and service providers in making sound program decisions, improving capacity and quality of services, and demonstrating effective stewardship practices to funders and the public. Making consumer satisfaction a priority requires an agency's commitment to listen to and value the opinions of the people they serve. Providing opportunities for regular feedback and promptly responding to criticisms and suggestions empowers consumers to be more proactive in their own lives and builds goodwill within the community.

Atlanta, GA Consumer Assessment Report on Housing Needs, Gaps, and Barriers Faced by PLWHA

In 2011, the metropolitan Atlanta Ryan White Planning Council's Executive Committee requested a report detailing the housing needs, gaps, and barriers faced by PLWHA in the 28-county region it serves. As part of the report, the Committee conducted in-person focus groups with consumers and a survey involving consumers, housing agencies, and medical service providers. Survey results indicated four general categories of housing barriers: Affordability, Choice, Quality, and Eligibility. Survey and focus group data were integral in creating recommendations for existing systems' change and future planning.

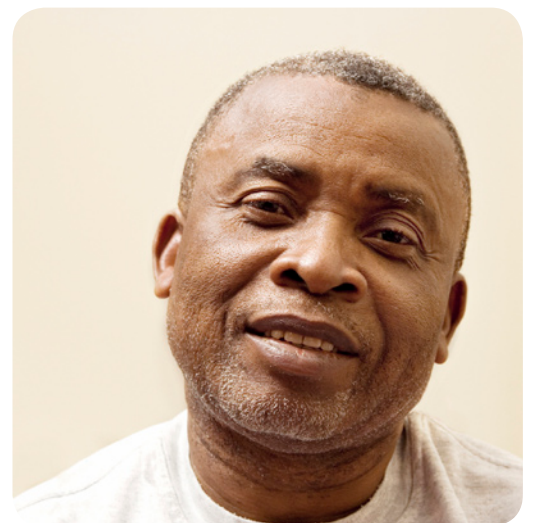
Committee's Recommendations Based on Consumer Feedback

- Expand investment in effective early intervention strategies to prevent homelessness.
- Ensure smooth navigation through the housing continuum for consumers through creating a central "unit census" keeper and improving cross agency communication and collaboration.
- Prioritize a Harm Reduction focus in housing to better engage and maintain consumers' participation in mental health services and substance abuse treatment.

HOPWA Guide for Conducting Voluntary Consumer Satisfaction Surveys

Released in 2011, this HOPWA program tool supports providers' efforts to involve consumers in program planning. The tool is a method to collect confidential feedback on the quality and content of housing and service delivery.

- Survey template is available in English & Spanish.
- Addresses methods for administering the Survey electronically and ensuring respondent anonymity.
- Gathers specific information about the following:
 - Type of housing provided.
 - Safety and habitability of housing provided.
 - Unmet needs for services.
 - Case manager support & knowledge of local services.
 - Appropriateness & satisfaction with services.
 - Customer service concerns & comments.
- Access the Guide and Survey Template on the Homelessness Resource Exchange at: www.hudhre.info.



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Promoting Quality Programs

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WORKING TOGETHER

> **GETTING RESULTS**

HUD's Office of HIV/AIDS Housing is committed to ensuring that HOPWA grantees and project sponsors provide high-quality and well-managed housing resources to address housing needs for eligible households. In making use of these resources, community-based projects can rely on these additional support tools.

eLearning Best Practices Webinars:

- Using Homeless Management Information Systems
- Asset and Property Management
- Getting to Work
- Working with Homeless Populations
- Supporting Staff
- Developing Policies and Procedures

Find all the eLearning webinars here: www.vpi.org/tap/webinars.

The **HOPWA Grantee Oversight Resource Guide** – a resource to grantees responsible for oversight of project sponsors as well as for project sponsors to understand program regulations and standards. This guide also includes checklists and forms for grantee use.

The **HOPWA Financial Management Online Training and Manual** – a manual and self-paced web-based course on federal financial management requirements and guidance for developing and maintaining effective financial management practices.

The **HOPWA Guide for Conducting Voluntary Consumer Satisfaction Surveys** – a guide designed to help HOPWA providers seek feedback on the quality and content of services. The guide includes a survey template which can be used to gather specific information such as the type and quality of housing provided, unmet needs, case manager support and knowledge, and appropriateness and satisfaction with existing services.

The **HOPWA eLearning Best Practices Training Series** is a web-based training opportunity for HOPWA providers to come together virtually, to learn about and to discuss best practices amongst peers. All webinars are conducted live, recorded, and available for download anytime. To view previous webinars or to learn about upcoming webinars, go to www.vpi.org/tap/webinars.

All of the publications noted above are accessible by going to **HUD's Homelessness Resource Exchange (HUDHRE)** website located at www.hudhre.info. The HUDHRE website is an online one-stop shop for information and resources on assisting people who are homeless or at risk of becoming homeless. See the dedicated HOPWA webpage which includes multiple resources to assist HOPWA grantees and project sponsors including HOPWA fact sheets, program regulations and notices, a program administration toolkit, HOPWA FAQs, the eCon planning suite, and much more. In addition, inquiries regarding the HOPWA program can be addressed to: HOPWA@hud.gov.

Performance profile reports. HOPWA performance information is available in individualized grant profiles online here: www.hudhre.info/index.cfm?do=viewHopwaRptsSelect. The use of this profile has supported greater public transparency in seeing HOPWA results in the community and has enabled stakeholders, grantees, and HUD to assess HOPWA project results and identify actions that would help them to refine their programs.

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Looking Forward

ABOUT HOPWA

DIVERSE POPULATIONS

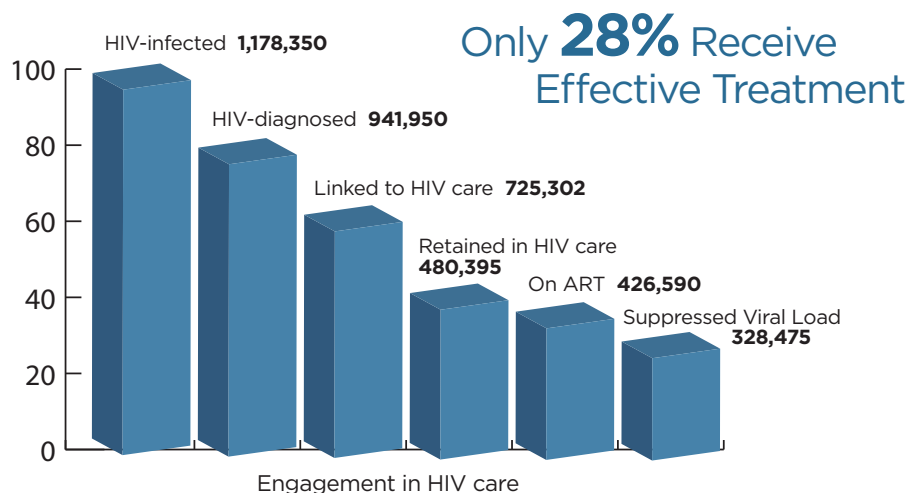
WORKING TOGETHER

> **GETTING RESULTS**

Currently in the U.S., only 28 percent of PLWHA are achieving optimal results through effective treatment, i.e., suppressed viral load, as shown in the Center for Disease Control and Prevention's (CDC) Treatment Cascade below. Achieving these optimal results requires collaboration across all levels of the treatment cascade and stable housing can serve as a base for increasing access to and retention in HIV treatment, quality care, and other non-medical supports. The nation's response to HIV must focus on removing barriers to care and coordinating public and private resources to address critical gaps, such as those resulting from poverty, homelessness, and unstable housing.

Federal HIV Partnerships Goals:

- Improve alignment of HIV programs.
- Build new collaborations between federal and non-federal partners.
- Develop common measurement of success.
- Integrate housing and services.
- Research social determinants of health.



Source: CDC's Treatment Cascade

HUD and HOPWA enhancements to planning tools, HUD information systems upgrades, and new collaborative technical assistance will assist HUD and HOPWA providers to make more informed decisions regarding use of resources and to better manage diverse grant programs.

HOPWA Modernizations:

- Using current HIV surveillance data to allocate resources and help States and localities assess needs and make informed decisions to achieve enhanced housing results.
- Building partnerships in ending and preventing homelessness with rapid rehousing and short-term interventions.
- Supporting innovations to engage consumer input, understand cost effectiveness, review return on investments, open new opportunities for getting to work, and improve access to care.

Place-Based Housing Resources:

- eCon Planning Suite – A new and improved Consolidated Planning process using modern information technology and data-enriched planning and mapping to create new responses by leveraging mainstream resources and partnerships.
- OneCPD TA – Collaborative and system-wide technical assistance on capacity, performance, and results—ensuring priority needs and ending homelessness receive support.
- Grants management and reporting – System enhancements in Information Technology and HUD oversight tools to profile results, track performance, target technical help to resolve performance issues, and ensure service delivery.



U.S. Department of Housing and Urban Development
Office of HIV/AIDS Housing
Washington, DC 20410
www.hud.gov
www.hudhre.info