



Basic Approaches to Housing Webinar

Thursday, January 24th, 2013

12:00pm ET, 11:00am CT, 9:00am OT

Moderator: Serena Rajabiun

Presenters: James Apt, Verna Gant,
Katie Hill, Carl Falconer, John Pauly

Boston Health Care for the Homeless Program (BHCHP)

Approach to Housing Advocacy

- The act of identifying an individual's needs
- Working with an individual to obtain or preserve affordable housing

Components of Housing Advocacy

- Housing search
- Referrals to housing law specialists
- Going to apartment viewings with potential tenants
- Referrals to furniture banks
- Budgeting with client
- Assistance with transportation
- Regular phone calls or visits to "check-in" on housed persons
- Referrals to payees
- Help applying for rental assistance or homelessness prevention funds
- Referrals to detox

Housing Advocacy Never Ends

- Support to attain housing
- Support while housed
- In some cases, support when housing is lost



HIV Coordinated Services Center



HIV Prevention Center



FAMILY HEALTH CENTERS
OF SAN DIEGO

Housing Advocacy

Family Health Centers of
San Diego
Presented by Verna Gant
January 24, 2013

Objectives



- Define "Permanent Supportive Housing"
- Define FHCSD's approach to Housing Advocacy and describe how housing needs are assessed by FHCSD staff
- Define Populations FHCSD serves
- List available housing resources in San Diego
- Brief description of trainings provided to staff regarding Housing Advocacy
- Explain "barriers to housing" and "barriers to individuals staying housed" for the HIV positive population.
- Questions?



“Permanent Supportive Housing” as defined by US Department of Housing and Urban Development

- Permanent Supportive Housing is an evidence-based practice for housing advocacy that is described as long-term, community-based housing that has supportive services for homeless persons with disabilities.



FHCSD's approach to Housing Advocacy and how housing needs are assessed by FHCSD Staff

- FHCSD's main approach to housing advocacy is the belief in the evidence-based Permanent Supportive Housing. FHCSD places a high regard on assisting chronically homeless and/or disabled clients with getting safe, stable, and permanent housing.



Populations FHCSD serves



FHCSD Mission statement:

- Family Health Centers of San Diego is dedicated to providing caring, affordable, high quality healthcare and supportive services to everyone, with a special commitment to uninsured, low income and medically underserved persons.
- FHCSD serves every population: High Income, Low Income, Uninsured, Disabled, HIV positive, and everyone else in between.



List of available housing resources in San Diego



- **Section 8 Rental Assistance Programs-** The Housing Authority of the County of San Diego has programs for low-income households to help them pay their rent. A portion of the rent is paid on behalf of the families directly to their landlords
- **Emergency Shelters-** Provide Temporary emergency shelter for homeless individuals. (San Diego Rescue Mission, Brother Benno, Salvation Army, St. Vincent de Paul Village, Alpha Project, Catholic Charities, Interfaith Shelter Network)

Full List:

<http://portal.hud.gov/hudportal/HUD?src=/states/california/homeless/shelters/sdgshelter>

List of available housing resources in San Diego for HIV Positive Individuals

- **HOPWA (Housing Opportunities for Persons With AIDS) Program-** HOPWA funding provides housing assistance and related supportive services .



Trainings provided to staff regarding Housing Advocacy



- The main source of staff training comes from In-Services provided by Housing Assistance Program staff.





"Barriers to Housing" for the HIV Positive Population."

- **Limited access to housing assistance programs-** Housing is the most prevalent need among people living with HIV/AIDS. Although San Diego County has a comprehensive housing continuum with a range of housing options, there is simply not enough housing assistance to serve every person living with HIV/AIDS who needs help.
- **Limited resources and incentives for affordable housing development-** Development of housing that is affordable to people living with HIV/AIDS has become increasingly challenging. Currently, very limited funding options are available to housing developers. This is particularly evident in 2009, due to state credit and budget crises.
- **Information dissemination: Housing resources-** People living with HIV/AIDS consistently noted that widespread dissemination and understanding of housing program information is lacking.



“Barriers to individuals staying housed” for the HIV positive population.

- **Sobriety-** Most housing assistance available for those living with HIV/AIDS require clients to be sober and maintain sobriety from illicit substance use, including alcohol and marijuana.
- **Location-** Some housing assistance programs and some housing are located in unattainable locations.
- **Confidentiality-** Many people living with HIV/AIDS fear that living in an “HIV/AIDS” apartment complex or housing situation could lead to there confidentiality being breached.





FAMILY HEALTH CENTERS
OF SAN DIEGO

Questions?



- **Our Mission:** To End Homelessness for Individuals, Families and Communities.
- **Our Services:** PATH provides the full range of housing (interim, transitional and permanent) and supportive services to homeless individuals and families throughout Southern California.
- **Our Focus:** We are committed to serving the most vulnerable individuals in our communities – chronically homeless individuals, veterans, people with serious health issues, and families with dependent children.



PATH is committed to ending homelessness through:

Creative Approaches

Collaborative Efforts

Embracing Change

We do this by focusing on strategic outreach, rapid re-housing and permanent supportive housing (both scattered site and in more traditional housing development settings).

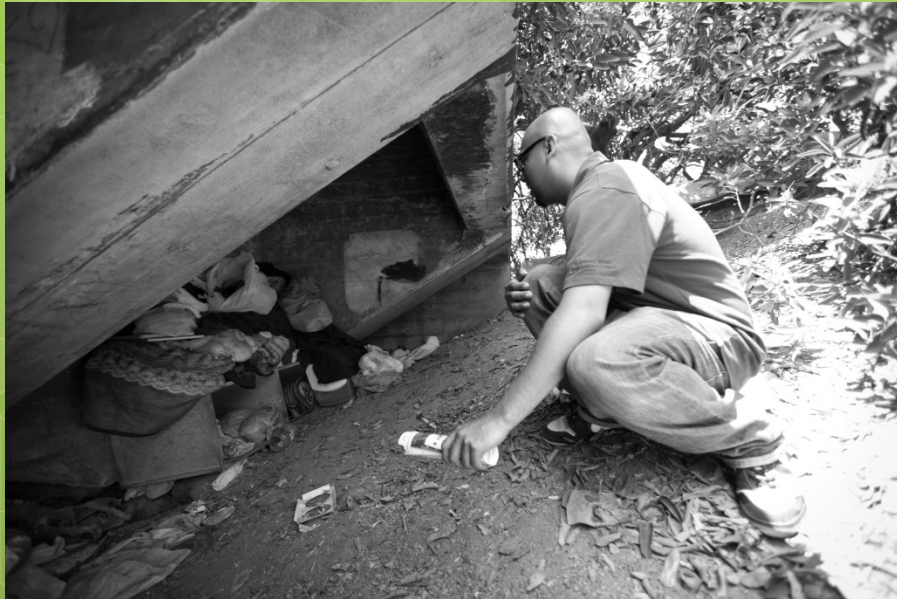


Our Approach

- **Individualized** – providing the right housing intervention for the right person at the right time in the right community
- **Innovative** – continually adjusting our service delivery and creating new, effective models (i.e. Connections Housing, Our Faith Matters)
- **Proven** – using evidence based practices to achieve the greatest results
- **Community based** – relying on partnerships and community integration to ensure the long-term success of each client

The Navigator

- Prevents high-needs clients from “falling through the cracks,” as often happens in more traditional models
- Blends two time-tested strategies (street outreach and case management) with two evidence-based approaches (peer support and harm reduction), alongside recovery principals, motivational interviewing and kinship
- Connects the dots between the myriad systems one individual must encounter to successfully end their homelessness and retain housing
- Proven to be the most effective model to helping chronically homeless and high-needs individuals get off the streets in communities across the country, and PATH has seen significantly increased outcomes in our programs since transitioning to this strategy



Intake and Eligibility Screening

- PATH utilizes an intake and assessment tool to help case managers determine appropriate housing options and develop a housing plan with clients from the very beginning.
- Case managers are trained and provided with a flow chart of the various resources available and which direction they should direct clients, depending on the client's specific situation and needs.
- For housing subsidies (Section 8 is most common), we have developed a pre-screen tool using the Housing Authorities' eligibility criteria to ensure a high rate of successful applications.

Housing Resources

PATH utilizes a range of housing resources to assist clients

- Section 8 Homeless Set-Aside
- Shelter Plus Care
- HOPWA/Ryan White Subsidies
- HUD-VASH
- Move-In/Short-Term Rental Assistance Programs (ESG, SSVF, EFSP private funds)
- Market Rate: matching clients with shared housing opportunities and family reunification

1,000 **FAMILIES** | 1,000 **VETERANS** | 1,000 **HOMELESS**



Critical Partnerships

- Volunteers and Faith-Based Groups
- Housing Authorities
- Government Agencies
- Hospitals and Clinics
- Local Service Providers and Non-Profits
- Affordable and Permanent Supportive Housing Developers
- Landlords and Property Management Companies

A Note on Customer Service

We recognize that what we do would not be possible without each of these partners. Therefore, we treat all of them (even when they are a challenge to work with) in the same way we treat our donors. They are effectively “donating” us the resources we need to help our clients find and maintain permanent housing – apartments, housing vouchers, support systems, health care, furnishings, etc.

We have the same if not an even greater obligation to our clients, and we always treat them with dignity and respect, knowing that they are the very reason we exist and the people we are here to serve.



Curtis and **Eara** recently moved into a home of their own after living at PATH's Hollywood Center for almost a year! The apartment was immediately filled with furniture, kitchen items, cleaning supplies, and groceries to make sure they started their new life off right.

"This is a total miracle," Curtis said as PATH staff and volunteers brought in donated furniture and supplies for their new home.



River Region Human Services, Inc.

- Carl Falconer – Senior Director of Housing and Homeless Services
- John Pauly, PhD - Evaluator
- Located in Jacksonville, FL
- 11 Housing Programs Currently - Serving Approximately 350 Clients
- RRHS provides a comprehensive array of services, including programs in HIV outreach, prevention, and intervention services, as well as HUD and HOPWA-funded permanent supportive housing, case management, substance abuse and mental health assessment and treatment.

SPNS Projects

Among our housing programs are a **HOPWA SPNS** grant entitled **Forging Useful Systems to Empower (FUSE)** for 40 families and a **HRSA SPNS** project, partnering with UF CARES and Ability Housing, **Partnership for Access to Treatment and Housing (PATH Home)**, to build a medical home embedded in an affordable housing residential complex and provide stable, affordable housing for homeless and unstably housed, multiply-diagnosed PLWHA.

For the past twelve years, RRHS has successfully operated housing using SAMHSA-recognized evidence-based practices of Permanent Supportive Housing, Housing First, Harm Reduction, Motivational Interviewing, Trauma-Informed Care, Cultural Competence, Consumer Involvement and Peer Support.

Screening and Intake

- Screening Instrument
- Housing First
- Screening Staff
- Motivational Interviewing
- Peers

Case Management

- Staff Roles
- It is the client's life
- It is not personal
- Success and failure
- Focus on Goals and Positive Changes

Housing Units

- ◉ Lots of Clients, Few Housing Units.
- ◉ “Creating” housing units.
- ◉ Build your own.
- ◉ Leverage with others.
- ◉ Partner funding sources.

BHCHP's Jean Yawkey Place



- 109 bed medical respite – Barbara McInnis House
- BMC Outpatient Clinic
- Administrative Offices



BHCHP's Approach to Housing

Housing Resources in Boston

- Boston Housing Authority (BHA)
- Metropolitan Boston Housing Partnerships (MBHP)

BHCHP's HIV Program

- 250-300 active patients
- Demographics of patients
- Gender
 - Male 72%
 - Female 25%
 - Transgender 4%
- Race/ethnicity
 - White 29%
 - Black/AA 43%
 - Hispanic 38%

HIV Program

- Exposure Category
 - MSM 9%
 - IDU 49%
 - MSM/IDU 3%
 - Heterosexual 34%
 - Unknown 5%

Training and Support for Staff

- Various agencies offer trainings on housing issues such as
 - Justice Resource Institute
 - AIDS Action
 - Health Law Institute
 - Homestart
- New collaboration with AIDS Action to reduce duplication of services – They will focus on housing and our case managers can focus on medical case management

Collaboration

- Case managers in our program have different strengths and experiences so complement each other
- Weekly multidisciplinary team meetings to discuss medical as well as social needs of the patient
- Collaboration with case managers from other parts of the overall program

Determining Individual Housing Needs

- Intake for new patients that is comprehensive with 6 month follow ups
- Important that it be conversational, comfortable because personal information is asked
- Assess supports the patient may have including collateral contacts, other housing advocates
- Very often housing is the number one goal of the patient – over health care

Tools for Needs Assessment

- Explain the process and the long road ahead
- Talk about ways to manage frustration/anxiety
 - May suggest behavioral health intervention
- Talk about effect housing will have on health and well being
- Encourage patience to find the best fit but sometimes need to do stepwise approach

Barriers

- Though illegal, stigma exists
- Slowness of agencies to respond
- More available housing is in dangerous neighborhoods
- Patients' criminal backgrounds

Housing Myths

- Housing is the “finishing line”
- Housing will solve all problems
 - As bad as the shelter is, it offers much to marginalized persons
 - People suffer from isolation
- Once housed, people still need much support
- This must be my dream house

Barriers to Staying Housed

- Relapse
- Parties
- Inviting friends or loved ones to stay
- Disagreement with landlords
- Disagreements with neighbors
- Trouble following rules of the house if supported housing

Presenter

Contact Information

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