Finding Home:

Tips and tools for guiding people living with HIV toward stable housing

Health Resources and Services Administration Special Projects of National Significance

Building a Medical Home for Multiply Diagnosed HIV-Positive Homeless Populations

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ABOUT THE SPNS INITIATIVE

Building a Medical Home for Multiply Diagnosed HIV-Positive Homeless Populations, 2012-2017

People who are experiencing homelessness are disproportionately affected by HIV, and those who are also living with HIV are more likely to delay entering care, have poorer access to HIV care, and are less likely to adhere to antiretroviral therapy. In 2012, the Health Resources & Services Administration (HRSA), HIV/AIDS Bureau through its Special Programs for National Significance (SPNS) Program* funded a national initiative with the goal of building a medical home for a vastly underserved population: those who are experiencing homelessness or unstable housing, living with HIV, and who face challenges of mental health or substance use disorders. Nine clinic and community-based organizations and one multisite coordinating center were funded to implement and evaluate service delivery models for this population. The two main goals of the models were to 1) increase engagement and retention in HIV care and treatment; and 2) improve housing stability. While each model was tailored to the environment in which it existed and the needs of the specific population served, the nine models all created a role of care coordinator/patient navigator who worked with clients to access a networked system of services among HIV, housing, and behavioral health care providers. To measure achievement of project goals, the nine programs are conducting a longitudinal multisite evaluation study of the models.

This toolkit is a result of a series of conversations with staff from the nine sites and the coordinating center funded under this initiative. It draws on the experiences and resources of frontline staff who worked to guide clients living with HIV in their search for stable housing.

For more information about the initiative, visit http://cahpp.org/project/medheart/

*The Special Projects of National Significance (SPNS) Program is charged with the development of innovative models of HIV treatment, in order to quickly respond to emerging needs of clients served by Ryan White HIV/AIDS Programs. SPNS advances knowledge and skills in the delivery of health and support services to underserved populations diagnosed with HIV. Through demonstration projects such as the initiative that gave rise to the Hi-5 Project, SPNS evaluates the design, implementation, utilization, cost, and health-related outcomes of treatment models, while promoting dissemination and replication of successful interventions. Learn more at https://hab.hrsa.gov/about-ryan-white-hivaids-program/part-f-special-projects-national-significance-spns-program

INTRODUCTION

About this toolkit

This toolkit is designed to provide resources to organizations to increase access to stable/permanent housing for people who are experiencing homelessness or unstable housing, living with HIV, and who may have persistent mental illness and/or substance use disorders. It is primarily intended for Ryan White providers, medical case managers, peers/community health workers, and other "frontline staff" who provide direct services to the aforementioned individuals. The purpose of this housing toolkit is two-fold:

1. To provide clinics with resources to help them develop, implement, and maintain effective housing services for their chosen client population.
2. To provide clinical staff working with clients who are experiencing homelessness or unstable housing with a "one-stop shop" guide for resources and tools to assist in locating housing and developing essential household skills.

Why this toolkit

The need for this toolkit emerged from an initiative titled "*Building a Medical Home for Multiply Diagnosed HIV-Positive Homeless Populations.*" Funded by the Health Resources and Services Administration Special Projects of National Significance, the goal of this five-year initiative was to successfully integrate HIV care, housing services, mental health services, and substance use treatment for people living with HIV (PLWH) who are homeless or unstably housed. Nine HIV clinic and service organizations across the United States developed models of care to link individuals who are homeless and HIV-positive with needed services and resources. These nine organizations were:

- Prism Health North Texas, Dallas, TX
- Family Health Centers of San Diego, Inc., San Diego, CA
- Harris Health System, Houston, TX
- Multnomah County Health Department, Portland, OR
- City of Pasadena Public Health Department, Pasadena, CA
- San Francisco Department of Public Health, San Francisco, CA
- CommWell Health, Dunn, NC
- University of Florida – UF Cares, Jacksonville, FL
- Yale University, New Haven, CT

The Medical Home HIV Evaluation and Resource Team (Med-HEART), a collaborative effort between the Center for Advancing Health Policy and Practice (CAHPP) at Boston University School of Public Health and the Boston Health Care for the Homeless Program, provided evaluation and technical assistance. More information about this initiative and the organizations involved can be found on the CAHPP website at http://cahpp.org/project/medheart/.

Clients who obtain supportive or stable housing have been shown to have improved CD4 counts, better functional health status, and a lower risk of death, yet individuals grappling with homelessness, substance use, and mental health issues – and consequently those who serve them – confront multiple and significant barriers to finding and sustaining housing.[1,2] Over several months, staff from the nine participating organizations compared notes on their housing advocacy efforts on behalf of clients as well as the barriers they encountered along the way, from preparing the organization to supporting clients to become "housing ready," through the housing search process and, finally, to supporting clients as they adjust to and sustain stable housing. Working with the Med-HEART team, staff from the nine participating organizations discussed successful strategies for housing their clients and what resources helped them prevent issues from arising or to confront them when they did arise. This toolkit is a compendium of their experiences and recommendations drawn from those discussions.

"Clients who obtain supportive or stable housing have been shown to have improved CD4 counts, better functional health status, and a lower risk of death, yet individuals grappling with homelessness, substance use, and mental health issues – and consequently those who serve them – confront multiple and significant barriers to finding and sustaining housing.

How to use this toolkit

This toolkit is organized along the major steps in helping clients become and remain housed: getting the organization ready to support clients through the housing search process, navigating the housing search with the clients before and during the process, and supporting clients to stay housed after they have located suitable stable housing (plus some general resources to provide reference and context). Each section includes resources the sites found helpful at that stage in preparing and searching for housing. You may go through the toolkit from beginning to end to gain a good overview of helpful strategies to support clients to become housed. Or, you can skip to the section most relevant to your immediate needs. Remember: this guide is a work in progress; as new resources are developed and become available, they will be added. Suggestions for additional resources are welcome. Please send your comments and suggestions to cahpp@bu.edu.

[1] Stewart, K.E., Cianfrini, L.R., Walker, J.F. Stress, social support and housing are related to health status among HIV-positive persons in the deep south of the United States. AIDS Care, 2005. 17(3): p. 350-358.

[2] Schwarcz, S.K., et al., Impact of Housing on the Survival of Persons with AIDS. BMC Public Health, 2009. 9: p. 220.

GETTING THE ORGANIZATION READY

The first step in the housing process is making sure your organization has the capacity and structure to provide quality housing search assistance. Providing housing support to clients living with HIV in a way that is sustainable and contributes to their well-being requires a team approach. Therefore, it is important that your organization uses a service delivery model that is collaborative among clients, internal partners, and external partners, and is also flexible enough to meet each client's unique housing goals.

Use the Housing First Model as a baseline for your organization's housing approach

One model for housing individuals commonly accepted nationally is the "Housing First Model."[3] Housing First prioritizes finding sustainable housing first, regardless of the client's existing or prior substance use, followed by providing supportive services as needed. There are three critical elements to a Housing First model:

1. A focus on helping individuals access and sustain permanent rental housing as quickly as possible

2. A variety of services delivered to promote housing sustainability and individual well-being

3. A standard lease agreement to housing, as opposed to mandated therapy or other services

While your agency may choose to use a Housing First model when developing its housing program, it is important to note that every program that utilizes a Housing First model is unique. Your agency should anticipate the needs of the population it plans to work with and tailor the program's services to its clientele.

[3]http://www.endhomelessness.org/pages/housing_first

For specific guidance on how to adopt a Housing First model at your organization, check out "Organizational Change: Adopting a Housing First Approach" from the National Alliance to End Homelessness. A link to this resource is available in the online *Resources* section of this toolkit.

Anticipate needs and challenges your organization may face housing individuals

At the systems level, it is critical to understand the local landscape when developing a housing search process and setting client expectations. Factors that could play a role in developing your housing model could include local housing market conditions, transportation accessibility, and fair housing and landlord-tenant laws. There are several questions you should consider to help you anticipate needs and challenges your organization may face housing individuals:

- What is the current HIV housing situation in your area?
- How accessible is housing for people living with HIV?
- How do various organizations and programs (HIV and housing) in your area work together to meet the needs of people living with HIV?
- What resources and programs in your area are available to help?
- What barriers or challenges exist to working with other agencies and providing services to people living with HIV?
- Where are the gaps between resources available and what a client needs to be successfully housed?
- What will the process of working with a client look like, from initial intake through support to retain housing?
- What staff will be involved to work with clients and how will the various roles work together?
- What materials, tools, and trainings are needed to make the process of housing clients effective?

Different housing challenges, different housing approaches

Staff in Jacksonville, Florida, where housing is generally adequate, employed a very different set of processes from staff in Portland, Oregon or San Francisco, California, where a tight housing market meant fewer options and possibly longer commutes to services or employment. Similarly, transportation requirements both for the housing search and for clients once they were housed were addressed very differently when housing clients in rural North Carolina compared to New Haven, Connecticut.

Building a formal relationship

"In Dallas, what started as an informal relationship developed into a formal working relationship. The previous program director for one of the Dallas housing programs met regularly for coffee with our director. That evolved into an MOU [memorandum of understanding] where they guarantee us a certain number of slots and we provide case management and matching funds. That helps them meet their grant requirements. We originally got 10 slots. By providing case management and matching funds, we got that moved up to 25 slots. Their case managers have more time to do other stuff, and we manage our own clients. It helps them get their slots filled with our clients, and that helps us.

-Staff from Prism Health North Texas

Form partnerships with housing and supportive service agencies

Forming partnerships with external agencies and resources will help your organization provide the services its clients need that it may not be able to provide. While partnerships with agencies may start off as informal relationships, there may come a time when the partnership will need to become formalized. In that case, you will need to draft a Memorandum of Understanding (MOU), a document that outlines the terms of the partnership. In the online *Resources* section of this toolkit, you can find an example of MOUs, one from Multnomah County Health Department and one from the City of Pasadena Department of Public Health.

When considering potential partners to approach, keep in mind the following questions:

- *Which landlords care about your organizational mission and target population?*
  These can vary from conventional landlords that want to use their property to make a difference in their community to those who have had experiences similar to those experienced by the people your organization serves.

- *Which landlords might also benefit from the relationship?*
  Mission-based developers may need a service-provider relationship to make their funding applications more competitive. Sometimes conventional landlords apply for public funding and may be in a similar situation. A relationship written into the funding proposal is often permanent, and the health/housing connection is very appealing to funders.

- *Who is most likely to make decisions about service provider relationships?*
  This can be on-site property managers, professional property management companies, or property owners.

- *Are my requests legal under national and local fair housing and landlord tenant laws?*
  It is easier for landlords to work with service providers who understand the laws and regulations they have to follow. It's also helpful for service providers to know these laws so that they can better advocate for their clients.

> Whatever collaboration you build, make sure that something's written. There's a lot of turnover in agencies, and if you get a good collaboration going, you want to make sure that it can continue to exist even when someone transitions either within an agency or to another agency. Tracking what you're doing and why you're doing it is key.
>
> - Staff from Boston Health Care for the Homeless Program

Staffing and training needs

Finally, once a housing model is chosen and a housing program is developed, you will need to hire staff and provide training for them prior to the program's implementation. It is helpful to have frontline staff in your model who can provide one-on-one housing support to their clients. Often called by a variety of names, including care navigator, peer navigator, network navigator, or case manager, this frontline staff person will be essential to providing the support people experiencing homelessness and living with HIV may need to help get housed. Examples of job descriptions for network navigators from the Med-HEART project can be found in the online *Resources* section of this toolkit.

Furthermore, it is recommended that frontline staff receive a minimum of 40 hours of training on subject matter training including HIV, addressing substance use and mental health challenges, and trauma-informed care, with refresher trainings on a regular basis. Topics that should be covered in the training include:

- HIV knowledge
- HIPAA and confidentiality
- Home visits and workplace safety
- Community resources
- Trauma-informed care
- Motivational interviewing
- Addressing substance use with clients
- Mental health disorders
- Documenting staff work
- Self-care and boundaries
- Addressing intimate partner violence
- Local and national housing challenges

Example training materials can be found in the online *Resources* section of this toolkit.

Case example: Creating a medical home through the *Building a Medical Home SPNS Initiative*

Among the nine sites that participated in the Med-HEART evaluation, approaches to working with clients to find housing varied due to factors such as the local housing market, urban or rural setting, local and state laws around housing, and available local resources and partnering organizations. Each organization examined clients' needs and anticipated challenges at each stage of the housing search process to determine what "team" and processes to put in place to support clients to become housed. The result was nine housing models, each suited to the needs of the clients in that location and drawing on the local resources available to support them.

Although distinct, these models shared several characteristics. They all formed partnerships with local housing and behavioral health organizations. Each site thought through the integration of various systems of care and services to form a cohesive process the clients could navigate. All locations had staff in the role of network navigator or care coordinator to coach clients one-on-one through the process in a way that worked for each client. Below are some examples of how some of the Med-HEART sites created partnerships with local agencies:

- At Commwell Health in Dunn, North Carolina, staff convened a meeting with local housing providers to introduce their program and learn about resources available in the community. What was intended as a one-time meeting turned into a quarterly forum for local housing providers. This coalition developed a list of shared goals and objectives, created a housing resource book, and worked together to coordinate housing, medical, and employment assistance services.

- River Region Human Services in Jacksonville, Florida often receives referrals from other organizations for their services. In turn, HOPWA funding for their clients is administered through partner organizations. Staff at River Region Human Services also have access to a shared database of housing inventory to help locate housing options for their clients.

- Most of the formal partnerships formed by Cascade AIDS Project (CAP) in Portland, Oregon are with mission-based, affordable housing developers who often value relationships with social service providers. CAP provides case management services and works with landlords in three primary ways:

  a. CAP case managers develop personal relationships with property managers, who notify the case managers when a unit is available or work with the case managers if there is a tenancy issue with a client.

  b. CAP has subsidies attached to units in specific buildings, which are held for CAP. These arrangements are usually formed when a building is under development and are part of a formal contract between a subsidy funding source, the housing developer, and CAP.

  c. Through a memorandum of understanding, landlords agree to hold a specific number of units for CAP clients. CAP uses regular communication and landlord appreciation efforts to maintain these relationships at all levels.

- The San Francisco Department of Public Health HHOME project participates in monthly meetings with housing organizations to share information about what housing is available and how to obtain it. One week prior to the meeting, a list of available housing options is sent out to participants, and meeting attendees negotiate for housing on behalf of their clients. The HHOME project also has some housing slots earmarked for their organization through partnerships with local housing organizations.

The nine sites all employed patient navigators or case managers to provide intensive services to clients. Those staff members all received training in motivational interviewing, harm reduction, and trauma-informed care to more effectively work with clients one-on-one. The Med-HEART team also provided webinar trainings in which patient navigators shared resources and strategies that they found helpful. These webinar recordings are available in the *Resources* section of this toolkit.

NAVIGATING THE HOUSING SEARCH — BEFORE AND DURING

You've taken the time to develop a specialized housing model, thought through potential challenges to housing people living with HIV, created partnerships with other organizations to address those challenges, and created a system for training staff to work with the clients they serve. Your organization is read to help clients with their housing search.

Though it may seem counterintuitive, the housing search begins before looking for housing. It starts with understanding what your clients want from their housing, and this can mean different things for different people. Some clients might be looking for a traditional housing situation that involves paying rent and living on their own. Others might prefer a communal setting, or short-term housing. Others might not be ready for housing at all. Setting this housing goal with your clients requires establishing a clear line of communication between each other. It is important to define roles in the housing search process and to set realistic expectations. This ensures that clients know you are there for support through every step in the housing process so that they can meet their housing goals.

Housing is a complex process that, for the sake of this toolkit, has been summarized into six phases:

1. Determine your clients' housing readiness and goals
2. Establish roles in the housing search for you and your clients
3. Set realistic expectations with your clients
4. Anticipate challenges
5. Stay organized during the housing search
6. Create a plan for helping your clients manage housing once it is attained

We will go through each of these steps in detail.

Step 1: Determine your clients' housing readiness and goals

As discussed in section 1, it is important that your organization implements a "Housing First" model. Your organization should prioritize housing clients so that they can pursue their goals and begin managing other challenges with which they are dealing, such as HIV medication adherence, substance use, or mental health challenges. Therefore, this step shouldn't be thought of as determining *if your client is ready for housing* but, rather, *how ready is your client*? There are a few points you should consider when trying to determine your clients' housing readiness:

- *What do your clients hope to achieve with their housing situations?*
  Take the time to talk with your clients about their housing goals. What does an ideal housing situation look like for them? Why is it an ideal housing situation for them? Do they have concerns about being housed? Once you have answered these questions, talk to them about the available housing options and see what they think. Set goals with your clients and assure them that you are here to help them achieve their goals. Reassure them that if this process becomes overwhelming, you are happy to reevaluate their goals with them. For some people, being housed is a completely new experience, and with new experiences come potential stressors. It is important to make sure your clients are comfortable with whatever the next step in housing might be for them. By having these conversations you are also building trust between yourself and your clients. Finally, it is important to remember that housing is not for everyone. In the Med-HEART SPNS initiative, some clients have been experiencing homelessness their entire lives. Be ready to accept and support your clients' decisions, but remain engaged in your clients' well-being and continue the dialogue about housing options when they are ready in the future.

> "I find that clients do not know terminology or services available. They frequently don't understand the concept of subsidized housing vs. low/no-income housing. Also they do not plan for or understand the "deposit" requirements for utilities and/or water or other services.
>
> - Staff at CommWell Health

- *Do your clients have their documentation in order?*
  The housing search requires clients to obtain and present supporting documentation. This can include various forms of identification such as a state-licensed ID or birth certificate, recent pay stubs, social security cards, or documentation for HIV or homelessness status. Different types of housing will require different types of documentation. If your clients do not have these documents, you will need to work with your organization's established partnerships to help your clients obtain them. This may mean accessing external funding resources or issuing transportation vouchers for your clients to obtain the documents they need. In the Navigating the Housing Search section of this toolkit's *Resources*, you will find several tools that were used to make sure that clients had the documentation they needed prior to launching the housing search. (Look under the heading *Tools for Creating a Housing Application Packet for Your Client.*)

- *Are your clients able to manage living skills?*
  Living in a stable home is a major life change for some individuals who are chronically homeless. Talk with your clients and gauge how they feel about embarking on this transition. What are their fears? What are they confident about? Assess your clients' skills and abilities and emphasize their strengths and how those will help them with the housing search and being housed. Address your clients' concerns about their weaknesses by talking with them about how you will work with them to overcome them. Acknowledge that everyone, not just people who are experiencing homelessness, have life skills that can be improved upon. Determining your clients' comfort with their living skills will help you better understand what type of housing might suit them. For example, if a client is unable to perform basic activities of daily living, it might be beneficial for him or her to look for supportive housing. Or if one of your clients has mobility issues, it will be important to help place him or her in housing that is easily accessible. Other living skills to consider may include cleanliness or sharing an apartment with roommates.

- *Is your client adherent to medical appointments and HIV medication?*
  If your clients have difficulty adhering to medical appointments and HIV medication, work with them to put proper supports in place. For example, make sure your clients are working with a medical case manager or are connected with peer supports who can remind them about upcoming appointments, arrange transportation, and assist them with medication adherence. The housing search can be overwhelming and can impact your clients' abilities to attend to medical appointments and take medications as prescribed.

Step 2: Establish roles in the housing search for you and your clients

Talk with your clients about your respective duties in the housing search process. Your role should involve helping clients stay organized, focused, and motivated throughout the housing search. However, the client should take the lead and make decisions about the pace at which the housing search process moves. For example, your role in the housing search could involve identifying housing options and accompanying clients to housing appointments and organizing client documents (i.e., completed housing applications and housing list updates). Also, you may be required to assist your clients in completing and submitting paperwork that they may find confusing and/or that requires an unusual amount of detail.

Proving homelessness

Some housing programs, such as federal HUD housing, require documentable proof of homelessness whether an individual has stayed in a shelter or on the streets. For shelter-resistant clients, proving homelessness in the absence of a letter from a shelter may be a barrier to housing. Some sites in the SPNS initiative addressed this by gathering documentation– taking pictures of the bus stop, outside dwelling, or storage unit where a client slept, for example– and putting together a case through narrative, pictures, and third-party statements. Other sites found that an affidavit from organization staff and the client was sufficient documentation. It is important to be familiar with and clarify program requirements with clients to avoid disappointments later in the search process.

Step 3: Set realistic expectations with your clients

Make sure your clients have realistic expectations for the housing search. It is possible that your clients will think they will get housing immediately. It is imperative to emphasize that obtaining affordable long-term housing is often a lengthy process. You should take time to explain to your client the current state of the housing market in your area and how past debt, a criminal record, or housing history can impact their choices in the present. Make clear to your clients that housing options may appear limited at first, but you will work with them on skills, such as budgeting, to help them maximize their housing options. Finally, it is also important to talk to your clients about housing terminology. For some clients, the concept of a lease or security deposit may be new. Take some time to discuss and define these terms so that they have a clearer understanding of the housing search process.

Step 4: Anticipate challenges

If you are working with particularly vulnerable HIV-positive populations, such as people who are experiencing homelessness, you should anticipate challenges that might arise in obtaining housing for your clients. Some clients may have a registered sex offender status, a history of past evictions, or a record of non-violent drug-related crimes, such as possession of marijuana or other "soft" drugs. Once you identify these potential barriers by talking with your clients, brainstorm ways you can work around them. For example, for clients who have registered sex offender status, you might want to focus the housing search on agencies and programs that provide housing for people with a criminal background. For people with a history of evictions, try to find someone who would be willing to cosign a lease with the clients. You might also want to consider talking to landlords about how you are providing your clients with support, so that the landlords knows that someone is holding the clients accountable to pay their rent in a timely fashion.

Another challenge you may encounter is that clients may begin to feel overwhelmed by the search process. Locating housing can often challenge people's sense of self-worth. You may find an ideal housing situation, but it may be out of the price range and is therefore inaccessible. Talk with your clients through these scenarios and keep them motivated – make sure they understand these situations are purely monetary and not a reflection of their worth as an individual.

Step 5: Stay organized during the housing search

Helping your client stay organized during the housing search will involve a significant effort on your part. Your clients are looking to you to help them navigate what is almost always a complicated process. For example, one tool that has been helpful for clients in the Med-HEART project is the Apartment Comparison Checklist, a resource created by the U.S. Department of Housing and Urban Development (HUD). This resource, part of HUD's Housing Search Assistance Toolkit, provides an easy way to compare several common housing features across different housing options. This is a helpful tool if your client has different housing options and needs help making a choice.

Step 6: Create a plan for helping your clients manage housing once it is attained

Once your clients have obtained housing (and even before then), think about the skills your clients will need to maintain it as well as the resources they might need to make their living situation more comfortable. Encourage your clients to create a budget. If they don't know how, work through the process with them. Create monthly, weekly, or daily calendars with your clients that include household chores, paying utility bills, and paying rent or utilities. Brainstorm a list of resources in your area that provide affordable furniture and other household needs. Be sure to set aside time with your clients to reflect on how much they've achieved and to set future goals. Obtaining housing is a difficult task, and it is important to reflect on each success throughout the housing process, even after your clients are housed.

> "We often accompany the clients to their housing assessment appointments. This establishes a connection with the client and the housing authority who see the client is being case managed.
>
> \- Staff from Harris Health System

STAYING HOUSED

Working with clients to become housed is a time-intensive activity for both clients *and* network navigators. However, obtaining affordable housing is both a finish line and a starting line. Many clients need additional support as they adjust to the requirements of maintaining a living space. Clients may feel isolated in their new living environment. Paying bills in a timely fashion could seem overwhelming. The financial burden of transportation could present a challenge. Some clients become anxious or depressed and may disappear from support activities and drop out of treatment. Here are a few strategies the nine SPNS sites used to maintain momentum once a client is housed.

Develop a support system

All of the sites provided some kind of check-in system that allows staff to follow up with newly housed individuals. Some housing includes onsite case management services. Offsite intensive case management is also an option. The goal is to develop and maintain effective ongoing communication with clients, so as to detect and avoid potential problems before they become critical. Additionally, most sites maintain ongoing communication with property managers and landlords so that they are notified if issues arise. Initial check-ins to see how clients are doing are also an important part of helping clients stay housed. During these weekly or twice-a-month visits, the case manager can make sure clients' needs are being addressed. Here are some ways sites helped clients adjust to their new housing status:

> “Most clients want to be housed, but some stop going to substance use and mental health treatment and start using again and lose everything.
>
> \- Staff at River Region Human Services

Logistical support

- Connect clients with food deliveries or access to food banks and other local food programs
- Make sure clients are able to obtain needed household items—let clients know where to find affordable furniture and provide furniture vouchers
- Work with clients to maintain the living space—this could include arranging for an in-home support person to help them keep the area clean, helping the clients learn to manage recyclables and trash
- Arrange transportation to mental health, medical, or substance use appointments and support groups
- If the clients' situations are stable and they express an interest, connect them with vocational rehabilitation as a first step to finding a job.
- Talk with clients about staying healthy

Emotional support

- Talk with the clients about what being housed means to them—how is the experience different from expectations, what is working and what isn't?
- Plan with clients for a daily routine that includes meaningful, productive activities—having a day filled with structured activity can help with the transition to being housed.
- Encourage clients to continue routines that they had before they were housed, such as going to an HIV drop-in center for meals, to reduce isolation and increase daily structure
- Build coping skills in areas that the client identifies as a source of stress.

- Talk with clients about identifying people in their lives, such as friends, family, or mentors, who can be part of their support plan to keep them housed.
- Brainstorm new activities that clients might like to try now that they are housed. This may include learning a new hobby, taking a class, earning a GED, or finding employment.

Develop housing skills

Housing skills include communicating with landlords, living with roommates, budgeting, and more. The requirements of paying rent and bills regularly and adhering to regulations in order to stay housed can cause stress in clients who have previously experienced homelessness. Some of the SPNS sites held trainings with clients to develop housing skills such as effectively communicating with landlords, living with roommates, and understanding tenant responsibilities regarding building maintenance, noise, or guest policies. During check-in visits, network navigators discuss upcoming housing bills (such as rent and utilities) that are due to make sure clients are aware of them and any other issues that the client or the landlord may have flagged.

> Something that's important is having a relationship with the property manager to get feedback from them on how the tenant is doing, if they have any complaints.
>
> \- Staff from Multnomah County Health Department

To payee or not to payee and other financial conundrums

One area of consideration is establishing a third party payee who coordinates client rental and utility bill payments, and potentially other payments depending on what is available in your area. The advantage of this approach is that clients don't have to worry about missing a bill payment and losing their housing or having services suspended, a frequent source of stress. For some clients, however, this represents a loss of financial freedom. Some housing situations require a payee. This is the case in San Francisco, where clients are routinely set up with a payee service as part of the housing process. In other areas, it is not mandatory, and case managers discuss the option with clients as a way to ensure that they do not fall behind in their rent or utility payments.

Some of the sites also partner with local bank branches that provide free financial literacy courses where clients can learn the basics of budgeting and financial management. This may be a stretch for clients who are managing untreated past trauma and mental health challenges, but some clients gain confidence by acquiring the skills to handle their own finances.

Support clients to stay healthy while housed

For some clients who are experiencing homelessness, going to appointments and receiving ongoing support produces better outcomes with regard to HIV, mental health, or substance use treatment. When they become housed, the disruption in their lives sometimes derails them so much they no longer attend their appointments and/or may stop taking their medications. A sense of isolation, anxiety, and depression may contribute to dropping out of care and sometimes relapse. When clients are first housed it is important to plan with them how they will maintain their treatment regimens, where to get their medications, how to get to their appointments and support group meetings, and how to incorporate reminders to take medications and go to upcoming

appointments into their new daily routines. A discussion of why these treatment regimens are important to their health and well-being helps some clients stay on track.

To help prevent medications being lost or stolen in group housing situations, some sites provide medications one week at a time initially, increasing the periods between refills as a client's situation stabilizes. In cases where the client's housing situation includes supportive nursing services, the nurse may administer the medications. Some case managers check in with the pharmacist who fills the client's medications (with the client's permission) to make sure the client has picked up needed prescriptions.

Another important area to discuss with clients is safety. In Portland, case managers shared with clients a local map indicating crime in specific areas to make sure the client understands the area he or she is moving into. Prior to move-in, case managers often discuss ways to stay safe in the new environment and provide lists of emergency contacts.

For more information about helping your client stayed housed, check out the Staying Housed section of this toolkit's online *Resources*, which includes a housing guide created by Boston Health Care for the Homeless Program. The guide is helpful for helping newly housed clients figure out how to approach settling in to their new place, how to handle different living skills, how to set a weekly schedule, and how to manage basic finances.

CONCLUSION AND RESOURCES

Conclusion

The information in this toolkit provides a summary of advice from frontline staff in the initiative regarding helping house the people they are supporting. While not everything in this toolkit may be applicable to your local context, it should provide a framework for how to approach the housing search with your clients. Resources can be found on the online resources page of this toolkit. As more resources are identified, they will be added to the online resources page.

Resources

The *Resources* section of this document is intended to be updated as new materials are found. Therefore, this section of the toolkit can be accessed online at http://www.cahpp.org/project/medheart/housing-toolkit. Key tools that can be found on the web are related to the sections of this toolkit:

Getting the Organization Ready, Navigating the Housing Search, and Staying Housed.

These tools include:

- Tools for structuring a housing program
- Tools for creating partnerships with local organizations, such as example Memoranda of Understanding
- Example job descriptions for frontline staff working with the clients you are trying to house with your model
- Webinar trainings about supporting clients through the housing search process
- Tools to prepare your clients for the housing search and help them through the process
- Tools to help clients maintain daily living tasks once housed

If you have any materials that you feel would be helpful to have included on the resources page of this toolkit, please email it to us at cahpp@bu.edu.

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