

Thursday, November 21, 2019

2:00 – 4:00 PM

Office of HIV Planning 340 N. 12th Street Suite 320
Philadelphia, PA

COMPREHENSIVE PLANNING COMMITTEE
MEETING AGENDA

Call to Order/Introductions

Approval of Agenda

Approval of Minutes (*October 17, 2019*)

Report of Staff

Report of Chair

Discussion Items:

- **Housing Models**
- **CPC December Meeting**

Old Business

New Business

Review/Next Steps

Announcements

Adjournment

PLEASE TURN ALL CELL PHONES TO SILENT.

*The next meeting of the Comprehensive Planning Committee is **TBD** at 340 N. 12th Street, Suite 320, Philadelphia, PA 19107. Please refer to the Office of HIV Planning calendar of events for committee meetings & updates (www.hivphilly.org). If you require any special assistance, please contact the office at least 5 days in advance.*



**Philadelphia HIV Integrated Planning Council
Comprehensive Planning Committee
Meeting Minutes of
Thursday, October 17, 2019
2:00-4:00p.m.**

Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia PA 19107

Present: Sade Benton, Keith Carter, Mark Coleman, Dave Gana, Pamela Gorman, Gus Grannan, Gerry Keys, Jeanette Murdock

Absent: Lupe Diaz, Janice Horan, La'Seana Jones, Dena Lewis-Salley, Marilyn Martinez, Erica Rand, Joseph Roderick

Excused: Evette Colon-Street, Peter Houle, Gail Thomas

Guests: Jessica Browne (AACO), Sharita Flaherty, Julie Pelham, Renee Cirillo

Staff: Mari Ross-Russell, Nicole Johns, Sofia Moletteri

Call to Order/Introductions: G. Grannan called the meeting to order at 2:07 PM. He asked everyone to introduce themselves with their pronouns, which part of the EMA they represent, and their favorite candy or treat.

Approval of Agenda:

G. Grannan presented the agenda for approval. **Motion:** D. Gana moved, G. Keys seconded to approve the agenda. **Motion passed:** all in favor.

Approval of Minutes (September 19, 2019) G. Grannan presented the previous meeting's minutes for approval. G. Keys mentioned that her attendance was inaccurate. **Motion:** D. Gana moved, K. Carter seconded to approve the September 19, 2019 meeting minutes. **Motion passed:** All in favor.

Report of Staff:

N. Johns reported that AACO released a health advisory yesterday, October 16th, regarding the HIV outbreak among PWID. She explained that there were 71 newly diagnosed cases in 2018 which was a 115% increase in infection rate. AACO had put out a reminder that harm reduction services can decrease outbreak rate and people who are at risk should be getting tested.

She reported that PA Health Law Project would be having a Community Health Choices listening session on Wednesday, October 23rd. The session would be RSVP only and from 9:30 AM – 12 PM. Afterwards, there would be a meeting of consumer subcommittee of Community Health Choices open to the public. N. Johns pointed out that both events would be excellent opportunities to listen to what others have to say as well as speak up about any concerns.

Report of Chair:

None.

Action Item:

—Election of Co-Chair—

N. Johns recalled the last Comprehensive Planning Committee meeting, wherein no members were nominated to run as co-chair. However, the group had suggested G. Grannan as a nominee. G. Grannan agreed to take the position if the group were to vote him in. By raise of hands, the group made a unanimous decision for G. Grannan to take on the role as Comprehensive Planning Committee co-chair.

Discussion Items: *Housing Models*

N. Johns reminded the group about the importance of keeping discussions and decisions data driven. The committee would review data from two local studies about housing needs of PLWH. There were copies of the reports available for in-depth review.

The objective of the meeting was to understand and review the requirements for housing in RWHAP, review the needs assessment data, and then break into groups for further discussion.

—Review of Terms and Needs Assessment Data—

N. Johns directed everyone's attention to the Housing Objective within the Integrated Plan. N. Johns explained how Objective 2.4 aimed to increase the percentage of PLWH retained in HIV care who are stably housed. It would follow three strategies: Strategy 2.4.1: Continue to support homelessness prevention activities by providing direct emergency financial assistance for rent and utilities; Strategy 2.4.2: Continue and expand access to transitional and long-term housing for PLWH by increasing EMA capacity to house homeless and housing-insecure PLWH and investigating feasibility of RW funded Housing First project; and Strategy 2.4.3: Provide services that combat economic and individual barriers to housing by ensuring medical case managers assess and address housing instability when developing and reviewing care plan.

Regarding Ryan White service definitions, N. Johns reviewed both Housing Services, Housing Assistance and Emergency Financial Assistance (EFA). Housing Assistance provides transitional, short-term or emergency housing assistance to enable a client or family to gain or maintain outpatient health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. (Refer to the Housing Assistance slide on the Housing for PLWH PowerPoint for more details.)

The other category is Emergency Financial Assistance (EFA), and N. Johns explained that this service category sometimes overlapped with Housing Assistance. Under EFA, RWHAP provides limited one-time or short-term payments to assist a client with an urgent need for essential items or services necessary to improve health outcomes. Refer to the Emergency Financial Assistance slide on the Housing for PLWH PowerPoint for more details.

K. Carter asked if there was a financial limit for EFA. N. Johns affirmed that there was, but it is determined locally and can change. Currently, the maximum amount per person is \$2,500 in a 12 month period.

M. Ross-Russell explained that the \$2,500 can be split up however needed in the 12 month timeframe. Every time the money is needed, however, there must be documented need. N. Johns agreed and explained that the full amount resets after 12 months from the last time it was accessed.

M. Ross-Russell warned that a housing voucher that includes utilities will prevent use of EFA for utilities.

N. Johns discussed housing need in the EMA. Refer to the Local Data on Housing Need slide for a full scope on housing need. She then read data from the consumer survey, explaining that the data is collected by getting in touch with individuals via their providers. Refer to the Consumer Survey slide for specific details.

N. Johns suggested that it was important to think about the average income of PLWH and the market rates for rent. Thinking in monetary values can offer context and allow for more understanding around the disparity. She also reminded the group that the data provided was for all counties in the EMA, so the numbers are averages and can differ from county to county.

N. Johns next read from the From Metreux 2017 slide regarding Medical Monitoring Project (MMP) data. Refer to this slide for study details. N. Johns emphasized how MMP only included those who are receiving care and have support.

N. Johns then read the Metreux 2017 slide regarding Client Services Unit intake data. Refer to this slide for study details. She explained that this data set consisted of individuals who were entering care, reentering care, and trying to get into Medical Case Management (MCM).

She read aloud the PLWH in Shelters from the Metreux 2017 slide. Refer to this slide for more information. G. Grannan commented on the lack of shelters for single women in Philadelphia. S. Flaherty responded that it is very common for women to be with children in shelters. N. Johns agreed that it is common, but it may be a good idea to look further into capacity, since single women may not have a lot of shelter options.

From the Metreux 2017 Study data, N. Johns identified five groups at increased risk for homelessness and need for housing support: transgender women, African Americans, people with a history of incarceration, people leaving institutional settings, and people on public assistance and disability.

N. Johns then read the From Ghose slide. Refer to this slide for more information. She explained that even if housing is temporary for RWHAP, it still provides support and connects individuals to more opportunity for permanent housing. D. Gana mentioned how HOPWA prioritizes only individuals who have AIDS and are homeless. Individuals cannot access HOPWA housing if they are simply HIV positive. HOPWA considers many factors such as mental health to also determine prioritization. K. Carter agreed and said that this is because HIV is no longer documented as a disability.

G. Grannan mentioned how many shelters require a consent forms for random drug testing. P. Gorman asked if individuals were charged for their stay at a shelter, because she knew that this was the case in New Jersey. G. Grannan said that shelters no longer charged in Philadelphia. J. Murdock said that some places take and hold the money for future use when the individuals moves out of the shelter. She noted incidents where shelters take the money but don't have it when individuals move out. G. Grannan said that people sometimes have to go with lawyers to the shelters to get their money back.

N. Johns noted how in the Ghose Study, it was identified that providers are hesitant or do not house people who are drug users. This is because providers reported not wanting to "reward" drug users

with housing. However, such strict policies regarding drug usage often caused issues with people's belongings, medications, etc., when in a shelter.

N. Johns then read the Housing Terms slides to the committee—refer to these two slides for more information. She commented on how the ultimate goal of housing assistance is to make sure people are eventually able to attain permanent housing. J. Murdock commented on the issue with transitional housing wherein people are technically not considered homeless if someone is assisting them. For example, if someone was temporarily sleeping on another person's couch, they would not be considered homeless and therefore would not be able to receive housing services. The group agreed that this was a barrier.

M. Ross-Russell reemphasized the importance of housing, pointing out how it is always at the top of the list for both priority setting and needs assessment. The issue, she recognized, is that transitional/short term is the only available housing under RWHAP, and there are strict limitations/guidelines. She mentioned how there is an application from the EHE (Ending the HIV Epidemic) that may provide greater flexibility. Such flexibility may be greatly beneficial for housing, depending on the amount of funding Philadelphia receives.

After reviewing the definition for the Housing First Model, M. Ross-Russell reviewed the Rapid Rehousing definition. Refer to second slide of Housing Terms for more information. She noted that the OHS (Office of Homeless Services) had an 80% success rate with rapid rehousing for getting people into permanent housing. She explained that the group had plenty of time to plan what they wanted do for Allocations of next year, 2020.

N. Johns asked everyone to break out into two groups based on the color of the pre-distributed stickers. Green sticker group would discuss EFA, and the blue sticker group would discuss Housing Assistance. N. Johns said not to worry about money at the moment, since they have months to hammer out the details. N. Johns pulled up the last PowerPoint slide which presented brainstorming questions to help guide the group discussions.

Though money was not a focal point, N. Johns warned that since there are limited resources, so the groups needed to think about priorities.

—Group Breakouts—

The groups returned from their discussions to review discussion highlights.

P. Gorman reviewed the blue group's highlights regarding Housing Assistance. She explained that the unmet needs/barriers and barriers were as follows:

Clients may simply not know that services and different resources are available. There are market issues regarding affordable housing and a general lack of housing availability. Lack of rent control and tenant protection also presents a barrier. There are often issues with relocation when housing opens up across the EMA, and there are few specialized and trained housing case managers to deal with the complexities of the housing market.

In terms of populations and geographic locations, P. Gorman reviewed what the blue group thought was best to target:

Overall, the group agreed that all populations listed in the Housing for PLWH PowerPoints are very important. The group had discussed how "aged out youth" was also a population that

needed attention. Housing needs to be health outcome based, and so other health issues and co-morbid conditions need to be assessed so individuals can be placed into appropriate housing services. The group also discussed how transgender individuals is a unique population that requires special attention since transgender individuals face more barriers to housing.

The group also discussed what an ideal program would be regarding housing services, and P. Gorman reviewed what such a program would contain:

Firstly, the group emphasized the need for appropriate training for nonmedical case managers, and ability to find agencies that can offer assistance. An ideal housing program would also perform acuity tests to determine level and type of housing needed. These different levels and types of housing should be accessible by forging connections with different agencies that provide housing such as sober and transitional houses. As an example, P. Gorman explained that people in Philadelphia may have more of a barrier for accessing housing, because they have to go to CSU Intake and get linked to a provider. In NJ, there is a hotline that identifies services for immediate connection or even a housing ambassador for individuals already linked to care. Those connected via the hotline are all housed through nonmedical case management.

As mentioned earlier, NJ, Philadelphia, and PA all have issues regarding relocation because housing is so dispersed. The group identified the need for a reasonable time frame for clients to be in RWHAP housing. P. Gorman explained that the group understood that these were barriers, but they had not yet thought up solutions. There also needed to be sustainability tools in place that could evaluate how services can be sustained and structured for optimal function. She also mentioned how RWHAP services need to have better connections to outside resources.

N. Johns reviewed the blue group's highlights regarding EFA. She explained that the unmet needs/barriers and barriers were as follows:

N. Johns explained that the group expressed concern with barriers that may come up in times of emergency. Such barriers need to be dismantled. Such barriers may include services requiring ID, documentation, and other inaccessible paperwork or documentation that those who are homeless may have misplaced or simply do not have.

The group also discussed hotel vouchers, especially those for transgender women and families. Families should always remain together.

The group also discussed time frames for covering the emergencies can differ. The group suggested an evaluation of what other programs can be utilized in such cases of emergency so housing is not compromised in such situations. Lastly, the group discussed in depth about individuals who may need more than the \$2500 limit per year. They were entertaining the idea of another reevaluation for special cases or ability to access other funding sources. In all, they decided that populations that need priority are those with lowest income. S. Flaherty mentioned how the group also emphasized the importance of connecting to youth. Since they are not legal adults, there has to be a way that they have access to services without needing adult permission/signature.

Regarding eligibility, N. Johns said that the group was planning on looking at acuity scales at the next meeting.

Old Business:

None.

New Business:

None.

Review/Next Steps:

None.

Announcements:

D. Gana announced that December 6th was the Red Ribbon award at 440 N Broad St from 5 PM – 7 PM. Among others, they would be honoring Tiffany Dominique, Sister Bernadette, Action Wellness, and Samuel Weissman. N. Johns said she would print out flyers for the event so that they would be available to take home next meeting.

N. Johns announced that there were flyers available for the listening session as well as the full research projects discussed at today.

Adjournment: G. Grannan called for a motion to adjourn. **Motion:** J. Murdock moved, P. Gorman seconded to adjourn the October 17, 2019 Comprehensive Planning Committee Meeting. **Motion passed:** All in favor. Meeting adjourned at 4:08 PM.

Respectfully submitted,

Sofia M. Moletteri

Handouts submitted at meeting:

- October 2019 Comprehensive Planning Meeting Agenda
- Meeting Minutes from September 19, 2019
- Notes for Comprehensive Planning's Conversation on Housing Needs October 2019

Proposed Homelessness Prevention Programs for Philadelphia EMA Ryan White Part A

Purpose of proposed programs:

The proposed programs are designed to mitigate some of the instability and homelessness experienced by PLWH in the EMA through homelessness prevention and rapid re-housing for PLWH with low incomes. These programs are aligned with the activities and strategies in the 2017-2021 EMA integrated plan. See below for supporting documentation of need and resources.

From the 2017-2021 integrated plan:

Objective 2.4: Increase the percentage of PLWH retained in HIV care who are stably housed.

Strategy 2.4.1: Continue to support homelessness prevention activities.

Activity: Provide direct emergency financial assistance for rent and utilities.

Strategy 2.4.2: Continue and expand access to transitional and long-term housing for PLWH

Activity: Increase EMA capacity to house homeless and housing insecure PLWH.

Strategy 2.4.3: provide services that combat economic and individual barriers to housing.

Activity: Ensure medical case managers assess and address housing instability when developing and reviewing care plan

Key Considerations:

- 73% of PLWH in the EMA have an income of 138% FPL or below (\$17,236 for an individual)
- 21.9% of PLWH in the EMA have an income between 138% and 400%FPL (\$49,960 for an individual)
- AACO estimates that 3,050 PLWH in the EMA were temporarily or unstably housed in 2018.
- In NJ counties, fair market rent for a two-bedroom averages \$1465 – which means a household needs to make \$58,600 to be paying less than 30% of income
- In PA (including Philadelphia), fair market rent for a two-bedroom averages \$1015 – which means a household needs \$50,600 to make that affordable.

Target PLWH subpopulations for the proposed programs:

- Pregnant and postpartum individuals
- Youth and young adults (13-25)
- Families with children under 18
- Transgender individuals
- People over 65 years of age
- People exiting or recently released from an institutional setting, includes jail/prison, foster care, inpatient behavioral health treatment, among others
- Individuals and families fleeing domestic/interpersonal violence and abuse
- Individuals and families experiencing an emergency due to a medical condition, accident, loss of employment or other emergency that threatens their housing stability

Proposed Homelessness Prevention Programs for Philadelphia EMA Ryan White Part A

Proposed programs:

Ryan White funds are always payer of last resort. In order for an individual to qualify for the following assistance, other appropriate avenues of emergency assistance and housing support have to be pursued and documented.

Some directives/considerations:

- Substance use and mental health status will not be factors in determining eligibility
- Families should be sheltered together unless there are concerns about safety
- RW certification process should not be a barrier to these programs
- Referrals to employment, job readiness, and/or financial literacy resources should be made as appropriate to ensure clients are able to maintain housing

Under **Direct Emergency Financial Assistance** which is defined by HRSA as (abbreviated):

Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food, transportation, and medication.

- **Motel vouchers for emergency housing for up to 21 days.**
Special populations for whom this was designed: families with minor children, transgender individuals, and individuals and families fleeing domestic violence and abuse. This is for situations where there are no shelter beds or other appropriate emergency housing available. Client must commit to seeking permanent housing with the assistance of a case manager and/or housing counselor.
 - Weekly phone or in-person check-ins with case manager to work on housing plan and to secure sustainable housing through RW, HOPWA or other housing programs.
- **Emergency rental & utility assistance for up to 3 months** for emergent needs.
Eligible emergencies are medical conditions/recovery that will impact income/ability to work, intensive caregiving that will impact income/ability to work, and other emergent needs that threaten an individual/family's ability to pay for rent and/or utilities for a specific amount of time. The timeframe will be agreed upon at the start of the subsidy period. Documentation will be required as proof of the duration and type of assistance that is required on a case-by-case basis. If longer term assistance is required, then the Part A Rental Assistance program may cover those additional months.
- **A new EFA-Housing limit of \$2500/12-month period**, with ability to extend for extraordinary circumstances for which the individual/household would lose housing or basic utilities without the extension and there are no other funding or resources available.

Proposed Homelessness Prevention Programs for Philadelphia EMA Ryan White Part A

Under **Housing Assistance** which is defined by HRSA as (abbreviated):

Housing services provide limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain outpatient/ambulatory health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services.

Assistance cannot be provided on a permanent basis. Cannot be used for mortgage payments.

- **Rental Subsidy for 6-12 months for PLWH with an income at <300% FPL.**
Eligible individuals will currently have housing or using EFA for 1st/last month's rent to secure housing. A documented plan for attaining sustainable permanent housing at the end of the subsidy period (6-12 months) is required. This program is designed for individuals in a transition period due to change of living situation, change in employment or education, pregnancy/postpartum period, change in family status, or other situations where short-term subsidy will help the individual/family through a transition that threatens their housing stability. Eligible individuals will have a reasonable expectation of income that will support their living expenses once the subsidy ends.
- Limit to a total of 12 months of subsidy within a 5-year period.
- Clients will have monthly contact with case manager/counselor to assess the housing plan and if there is a change in need or eligibility for this or other housing assistance programs.
- Failure of client to pay rent can terminate the subsidy. If a qualifying emergency occurs (see above), then EFA rental and utility assistance may be available. After the emergency period, the rental subsidy may resume.

Proposed subsidies:

For individuals and families with 200% FPL or less income:

Months 1-6 at \$500 rental subsidy a month

Months 7-12 at \$250 rental subsidy a month

For individuals with income of 201%-299% FPL:

Rental subsidy at \$250/month for up to 12 months

Estimated costs and proposed allocations for FY2021:

Rental subsidies:

Rental subsidy for households with <200% FPL: **\$4500 per year per client**
Rental subsidy for households with 201-299% FPL: **\$3000 per year per client**

With an allocation of **\$1.25 million the program could assist at least 300-350 households a year** or about 15-20% of the unstably housed PLWH in the EMA.

Proposed Homelessness Prevention Programs for Philadelphia EMA Ryan White Part A

Motel vouchers:

Average extended stay rate in Philadelphia: \$125/night

\$12,500 would provide 100 nights of emergency housing for vulnerable individuals

Emergency Housing Assistance (Rent and utilities):

If the max per household is \$2500, then **\$125,000 would assist at least 50 households in a year**

Total for proposed programs: \$1,387,500

FY 2020 Allocations (as approved by the HIPC in August 2019):

It should be noted that the NJ region has not allocated funding to any of the three service categories under consideration so the amounts are a total of the PA counties and Philadelphia allocations per service category. Specifics for the regions will be considered when FY2021 allocations decisions are made. For the purposes of this proposal the EMA-wide allocations are used because all PLWH in the EMA would be eligible for services regardless of where they live in the EMA.

Emergency Financial Assistance: \$145,728

Emergency Financial Assistance/Housing (allocation to offset HOPWA funding for EFA): \$228,279

Housing Assistance: \$642,500

Total currently allocated to housing-related services that could support the proposed programs:
\$1,016,507

Difference between funds allocated for FY2020 and proposed allocations: \$370,993*

*Considering patterns of underspending and community need, this amount of money could be reallocated from Outpatient Ambulatory Care with no interruptions to client services.

Supporting evidence:

Current lack of resources to meet need (From the integrated plan pg. 38):

EMA resources are unable to meet current housing needs of PLWH. The waiting list for HOPWA housing was approximately 350 people in January 2016. As of this plan, there were about sixty people on that waiting list for the HOPWA program in the New Jersey counties. Philadelphia's Division of Housing and Community Development estimates that it would need approximately \$3.85 - 4 million in additional funding per year, as well as increased capacity, to end its HOPWA waiting list. The waiting list for the Housing Choice Voucher Program (formerly known as Section 8) has not been open in Philadelphia since

Proposed Homelessness Prevention Programs for Philadelphia EMA Ryan White Part A

2010, and the waiting list will not reopen until the majority of those applications are served.¹ The current wait list has 100,000 people. The wait is estimated to be ten years.²

In an effort to mitigate some of the unmet housing need of PLWH, the RWPC is assessing the feasibility of using Ryan White Part A funds to provide for short term transitional housing. Priority would be given to individuals experiencing homelessness. The RWPC will also explore the feasibility and impact of a Housing First program. The RWPC allocated Part A funds to rental vouchers (for Philadelphia only) in the 2017-2018 fiscal year, should the EMA receive a significant increase in Part A funds.

Housing is Care and Prevention (from the integrated plan pg 48 – 49)

Homelessness creates barriers to access, adherence, and continuity of care. Inability to store or access medications, lack of routine medical care, poor nutrition, and the stress of being unstably housed affects the course of HIV disease. PDPH estimates that there are 2,700 PLWH who are insecurely housed on an annual basis in the EMA. A 2011 match of the surveillance registry and a sample of 592 homeless persons found that 41 individuals or 6.9% of homeless persons were living with HIV or AIDS. The EMA's 2012 consumer survey found that, of the 684 respondents, 3.9% reported living in a shelter or on the street. Analysis of demographic data of persons in the EMA who received any Ryan White services in 2014 indicates that 10.1% of persons with known housing statuses were non-permanently housed.

Consistently, PLWH mention Housing as an unmet need. Half of the PLWH report housing assistance as a need at Ryan White Central Intake. Women of child bearing age (59%) and PLWH who were recently incarcerated (53%) are even more likely to report housing needs. Twenty-seven percent of the 2012 Consumer Survey respondents reported needing housing services.

People experiencing homelessness and housing insecurity are more likely to engage in sexual and drug using risk behaviors than housed individuals. Kidder et al. (2008) found that people experiencing homelessness were far more likely to have ever or recently engaged in substance use and HIV transmission risk behaviors.³ Even after controlling for predicted confounding factors, housing status remained a significant predictor of the number of sex partners in the past 12 months, sex exchange (both lifetime and in last 12 months), unprotected sex with unknown status partners and all drug and alcohol use variables. A study on social instability and HIV risk in low income urban women found that homelessness was the only indicator consistently associated with multiple sex partners, sex exchange, and recent STI diagnosis in controlled models.⁴ Men in the OHP focus groups who had been homeless said that while in active addiction they did not care about their health or STI or HIV prevention and would do what was necessary to secure drugs and/or survive.

¹ Philadelphia Housing Authority (2015). *Housing Choice Voucher Waiting List Update*. Retrieved from <http://www.pha.phila.gov/pha-news/pha-news/2015/hcv-waiting-list-application-update.aspx>.

² *Long wait, high demand for PHA housing*. Philadelphia Tribune. May 16, 2016. Retrieved from: http://www.phillytrib.com/metros/long-wait-high-demand-for-pha-housing/article_d7cde3e7-afde-5026-ba57-aab2b80304f4.html

³ Kidder, D. P., Wolitski, R. J., Pals, S. L., Campsmith, M. L. (2008). Housing status and HIV risk behaviors among homeless and housed persons with HIV. *Journal of Acquired Immune Deficiency Syndrome*, 00(0), 1-5.

⁴ German, D., Latkin, C.A. (2012). Social stability and HIV risk behavior: Evaluating the role of accumulated vulnerability. *AIDS Behavior*, 16(1), 168-178.

Notes from Comprehensive Planning Committee's group discussions around Housing Assistance and EFA at the October 2019 meeting.

EFA:

- Need to set up mechanisms for immediate relief for emergent needs rather than waiting until 2-3 months late with bill or rent.
- Need to set up way to document "couch surfing" as temporary stop gap from street homelessness so getting shelter doesn't harm an individual's ability to get re-housed
- Car repairs and transportation emergencies should be covered
- Families should always be sheltered together – good use for motel vouchers
- Transgender PLWH should be given motel vouchers or other types of emergency housing to ensure their safety. Shelters are not always safe or welcoming.
- The RW certification process should not interfere with a client's ability to get emergency assistance. Should happen simultaneously.
- For medical emergencies that prevent someone from paying rent/utilities – the assistance should cover the amount of time the person is out of work/recovering.
- For other emergencies – assistance should cover the acute need/expense.
- \$2500/year per client – but that should be re-evaluated based on the needs of the individual and exceptions made for extraordinary circumstances to prevent homelessness
- Priority for lowest income RW clients, 200% FPL or less

Housing Assistance:

- There is a lack of awareness about housing programs for both providers and clients
- Market issues due to "fair market rent" and rising rent
- What housing is available is not always acceptable or good for client
- Specialized training is needed for case managers and others who assist with housing needs for PLWH
- Assistance should be given to PLWH based on their needs, including health status, co-morbidities, age/life stage, etc. – priority given to "aged out youth", transgender people, people with severe mental illness and substance use and chronically homeless
- To Do:
 - Review housing acuity scales for other jurisdictions
 - Sustainability plan/tool
 - Decide on a reasonable and feasible time frame for rental assistance program
 - Finding housing for clients
 - Identifying housing programs in the EMA

Document Feedback Worksheet – Housing Assistance Proposal
Comprehensive Planning Committee
Thursday, November 21, 2019

1. What does the proposal do well? What do you like?
2. What is missing?
3. What do you need more information about?
4. Are there any subpopulations or barriers not considered?
5. What are the potential challenges in implementation or use of the programs in your opinion?

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