

HAHSTA Meeting Attendees  
April 29 – 30, 2014

<b>District HOPWA Providers Meeting - April 29, 2014</b>	
Michael Kharfen	HAHSTA
Lawrence Frison	HAHSTA
Donald Chamberlain	Consultant, Enterprise Community Partners
Patrice Bailey	HAHSTA
Sherita Grant	HAHSTA
Cathy Batson	CFLS
Tim Fretz	Miriam's House/N Street Village
Marty Mellett	Jubilee Housing
Greb Mims	RAP
Cheryl Pack	Homes for Hope
Scott Sanders	Joseph's House
April Wells	CFLS

<b>HOPWA Accounting Meeting - April 30, 2014</b>	
Lawrence Frison	HAHSTA
Baron Bell	Consultant, HHAHSTA
Donald Chamberlain	Consultant, Enterprise Community Partners
Mark Hill	HAHSTA
Princess Johnson	HAHSTA
Elena McCoy	OCFO Accounting
Rony Mohram	HAHSTA
Barbara Roberson	OCFO Accounting
Joseph Schmitz	OCFO Accounting
Anthony Young	HAHSTA

<b>HOPWA Regional Administrative Agent Meeting - April 30, 2014</b>	
Michael Kharfen	HAHSTA
Lawrence Frison	HAHSTA
Sherita Grant	HAHSTA
Donald Chamberlain	Consultant, Enterprise Community Partners
Sharmaine Anyabouille	PWC OHCD
Stephen Clark	FAHASS
Julie Riddle	Northern Virginia Regional Council (NVRC)
Michelle Simmons	NVRC
Danielle Trump	NVFS

**Whiteboard notes from DC EMSA provider/Admin. Agent meetings – April 29-30, 2014**

**Agenda:**

1. Welcome and introductions
2. Purpose of TA and goals
3. Data gathering process
4. Brainstorming “Key Ideas”
5. Other business

**A. Process for Community Input** (for use in developing the 2015 HOPWA Con Plan section)  
*AKA: Needs Assessment and Planning*

- Review existing data
- Project sponsor input
- Consumer input
- Administrative Agent input
- Research and best practices

<i>Three levels of Planning Attention Required:</i>	<i>Systems &amp; Programs to be Considered:</i>
<b>System</b>  <b>Provider</b>  <b>Client</b>	HOPWA
	Ryan White
	Medicaid
	Behavioral health
	Employment & training
	Benefits (federal, state and local)
	Homeless continuum
	Mainstream housing & services
	Data systems: HMIS, CAREware & others

**B. Successes of the DC HOPWA Program**

*From 2014 Con Plan Executive Summary:*

1. Fiscal Capacity
2. Access to Housing
3. Use of Housing Information and Referral
4. Options for Housing Quality

**Additional Topics Added by Participants:**

- Inclusion of HOPWA funds in 2014 DCHD capital production NOFA

- HOPWA services are well integrated with other HIV services\*  
(VA = developing common language with RW, esp. with CMs re: housing)
- Clients are following through more with better staff support
- Improved health outcomes – undiagnosed MH now getting treated
- More involvement in rehabilitation services, esp. accessing employment in TH
- One client was placed into a newly constructed multifamily building
- Better integration with a wide range of services
- Acceptable service data in CAPER reporting
- DC HOPWA funding is able to assist undocumented PLWHAs

### **C. Improving/Enhancing Service Delivery Priorities**

*From 2014 Con Plan Executive Summary:*

1. Direct Housing Supports (allowable: TBRA, STRMU & Facility Operations/Construction)
2. Coordination and Collaboration (see table above)
3. Data Collection & Needs Assessment
4. Tools for Communication & Empowerment (of PLWHAs)
5. Capacity Building through TA and Outreach

#### ***Additional Topics Added by Participants:***

- Permanent Housing Plan
- More emphasis on tenant incomes and employment
- Access to units required by inclusionary zoning (DCHC database)
- Citing of facility-based housing, both within and beyond District boundaries\*
- Access to mental health and substance use treatment-oriented permanent supportive housing (PSH) and linkage to Homeless Continuum of Care (CoC) resources\*  
(MH issues impede success in multiple ways, including funding for units)\*
- Utilizing abandoned and foreclosed properties
- Vocationalizing housing programs, plus access to benefits and education
- Addressing Barriers to Care / Housing Stability
- Administering the HOPWA grant across multiple jurisdictions
- Addressing the complexity of clients' needs
- Slow approvals for SSI and SSDI applications
- The two-year limit on transitional housing (TH) assistance, esp. when in school/training
- Reality of the DC (and surrounding area) housing markets (High & increasing rents)  
(Prince William County and Fredricksburg have lower housing costs)
- Functional illiteracy among clients (many need assistance with simple forms)
- Criminal histories (esp. related to zoning), as well as credit issues
- HOPWA construction restricted to SRO & community residences
- Clients' histories of homelessness
- Stigma that some HIV+ clients face, esp. with families

- Difficulties within the HIV clients own families
- Physical disability – access for wheelchair users is frequently limited or impossible
- PLWHA aging – mismatch for placement in existing nursing facilities
- Mental health & substance use issues, esp in congregate settings\*
- Issues related to transgender individuals (primarily MTF)
- Non-documented HOPWA clients – being outed by ACA requirement to get insurance\*
- Barriers to receiving STRMU if getting other subsidies
- Placement in multifamily housing can lead to isolation, esp depending on location of unit
- Finding the right source for case management (CM) funding (and skill set) in ACA world\*
- Implementing peer models of support – employment and access to services\*
- Good screening/assessment tools for MH/SA (seeing issues due to shortage of treatment)\*
- Managing client confidentiality when using multiple care & data systems (RW)\*
- Explore cost issues related to enabling VA to use CAREware for HOPWA reports\*
- Client expectations re: TBRA locations near Metro (not a bus stop) & not wanting to share\*
- Confidentiality of status, medications, etc. related to privacy in shared living arrangements\*
- Transportation is a big issue in suburban, exurban and rural areas\*
- Lack of HOPWA-funded housing CM's related to managing clients' Housing Plan\*
- Clients' entitlement mentality\*

### **Proposed Provider & Administrative Agent Meeting Schedule:**

April/May	First meetings: meet, confirm Con Plan info & get the lay of the land
July 28 - 31	2 <sup>nd</sup> mtg: confirm needs and gaps identified – begin discussing strategies
Early September	3 <sup>rd</sup> mtg: finalize strategies, data and Con Plan development process

Whiteboard notes  
 WV & PGC Kick-off meeting brainstorming session  
 May 14, 2014

### **HOPWA Program Goals:**

- Housing Stability
- Access to Services
- Homelessness Prevention

### **HOPWA Eligible Activities**

1. TBRA/PBRA
2. STRMU
3. Facility-based (a) construction (b) operations
4. Permanent Housing Placement
5. Supportive Services
6. Resource Identification
7. Information and Referral
8. Homeless Management Information System (HMIS)
9. Grant administration

### **Successes of the HOPWA Program**

- Maximized Fiscal Capacity
- Maximized Access to Housing
- Optimized Housing Information and Referral
- Ensured Housing Options & Housing Quality
- Excellent HAHSTA Program Officer
- Support for stable health outcomes
- Referrals to employment
- Helping households access non-HOPWA housing
- Flexibility to look at individual solutions (sometimes outside the norm)
- Ensuring individual housing plans developed & client involvement
- Responsiveness to needs of clients (plus immediacy of the response)
- Grasping outcomes and moving forward = more structure and support services for clients
- Opening doors to care (sometimes for the first time in clients' lives) and beyond medical services to include mental health, chemical addiction treatment, as well as benefits
- Systems in place to collect and report out client-level data
- Participants benefit through "cross pollination" of funding sources & programs
- The success of consolidated TBRA program with one sole provider
- Opportunity now to better plan across jurisdictions within the DC EMSA

## Barriers to Care

- Administering the HOPWA grant across multiple jurisdictions
- Addressing complex client needs
- Transportation, esp. in rural areas where public transportation options are few to none
- Decreases in HUD-determined FMRs (WV) while utility costs continue to increase – leads to landlords opting out of taking HOPWA tenants and more instability for residents
- Low pay for most rural WV employment – low wages, plus limited hours and no benefits)
- Poor credit histories
- Increasing utility costs mean unpaid bills, frequently resulting in termination of services
- Growing gap between wages earned and housing costs across the EMSA, not just in DC proper
- A large number of HOPWA-eligible households don't meet the new HEARTH definition of homelessness because they are doubled up. Impacts access to homeless programs and may be contrary to HOPWA reporting guidelines. A potential issue for tracking eligibility when HMIS is implemented as data tracking tool
- HOPWA TBRA program does not have housing case management attached. (Issue raised by multiple participants)
- Requests for live-in aides may trigger request for larger unit sizes and therefore higher program costs
- Lack of skilled nursing and assisted living options in the EMSA (WV cited specifically)
- Increasing dementia and other complications associated with aging of PLWHA population
- Lack of emergency and transitional housing resources
- Globally – both insufficient resources to solve the structural issues and ineffective prioritization processes to assure appropriate targeting and utilization of limited resources.

## Service Priorities

- Prioritize direct housing supports
- Improve collaboration and cooperation
- Data collection, analysis and reporting, as well as needs assessment & planning
- Communication tools and empowerment of clients
- Building capacity through technical assistance and outreach
- Supportive housing (PSH) as a solution for those with complex needs
- Housing stabilization & TBRA case management
- Homelessness prevention
- Services getting to those most in need and at greatest risk  
SPDAT tool used in WV and DC. Not yet implemented in PGC
- DC also uses RW acuity scale.
- Vocationalizing the HOPWA program
- Specific approaches for mental health and chemical addiction treatment

**Link to “Getting to Work” HOPWA initiative** (See also attached file on GTW resources):

<http://www.vpi.org/tap/webinars/gettingtowork/gettingtowork/>

**Schedule of Dates for Upcoming Site Visits and EMSA-wide Planning Sessions:**

Meeting #1 – April 30 & May 14

Follow-up on-site meetings in DC, VA & PGC – June 23-24

Meeting # 2 – July 28 & 31

Meeting # 3 – Sept 16 & 20

2015 Con Plan due – May 15, 2015

## Sample Discussion Questions for Small-group Breakout Sessions – DC HOPWA EMSA – 9/8/14

### INSTRUCTIONS

- Meeting participants are asked to form four working groups based on the sub-areas of the EMSA: DC, MD, VA & WV.
- Each group is requested to address those HOPWA-eligible activities that are offered in your “state” and consider the questions posed below and/or other similar questions that may be more specific or appropriate to the way housing assistance is offered in your area.
- We will spend about 10 minutes talking about each HOPWA activity. Please identify both a “recorder” and a “reporter.” After 10 minutes, each group will briefly report out the primary ideas and suggestions discussed and agreed upon.

### DISCUSSION TOPICS

- A. Strive to distribute the anticipated FY 2015 funding cut equitably across all activities and the EMSA
- B. Focus on increasing client incomes to promote housing stability and reduce their risk of homelessness

#### ***Topic A. Strive to distribute the anticipated FY 2015 funding cut equitably across all activities and the EMSA***

#### **1. Tenant-based Rental Assistance (TBRA)**

Potential discussion questions:

- a. How many new TBRA admissions have there been over the past 12 months?
- b. How has the turnover rate differed, if at all, in 2014 versus prior years?
- c. How many turnovers would you estimate might occur naturally in 2015?
- d. Other than the anticipated reductions in TBRA expenses, what impacts would reducing new admissions bring in your area?
- e. Assuming that reducing admissions (or closing access to TBRA temporarily) would not bring enough savings, which other activities would you look to reduce, and why?

#### **2. Time-limited facility-based housing**

Potential discussion questions:

- a. What has been the vacancy rate for each emergency and transitional housing site?
- b. How has the vacancy rate differed, if at all, in 2014 versus prior years?
- c. How have new admissions differed in 2014 versus prior years? If fewer, why?
- d. What would you expect the demand to be in 2015, and why?
- e. How would you suggest reducing emergency/transitional housing funding in your area?
- f. What impacts would reducing these resources in your area bring?
- g. Assuming that reducing TBRA, emergency and transitional housing would not bring enough savings for your area, which other activities would you look to reduce, and why?

#### **3. Short-term Rent, Mortgage & Utility Assistance (STRMU)**

. Potential discussion questions:

- a. What has been the housing stability rate at exit for households assisted with STRMU?
- b. What percentage of 2014 beneficiaries also received STRMU assistance in 2013? In 2012?
- c. How would you suggest reducing STRMU outlays in your area, if necessary?

#### **4. Permanent housing units developed with HOPWA funding**

Potential discussion questions:

- a. What has been the vacancy rate of these units in recent years?
- b. What range of services is available to residents?
- c. How would you describe those who would most benefit from living in this type of facility?
- d. What has been residents' degree of satisfaction with the housing itself, surrounding neighborhood, and access to transportation and needed services?
- e. What changes, if any, would you propose to improve residents' experience and/or outcomes living in this type of facility?
- f. Under what circumstances would you recommend reducing these expenditures?

#### **5. Permanent Housing Placement Services**

Potential discussion questions:

- a. How closely has demand for PHP met availability in recent years? Has it changed?
- b. Given that this is one-time assistance to help beneficiaries who lack adequate resources get into permanent housing, does it make sense to make budget cuts here? Should it be increased instead?
- c. Can you tell, based on outcome data, whether PHP in your area is properly targeted to assist in assuring long-term housing stability? If not, what additional data do you require?
- d. If your data tell you that providers could improve targeting of PHP, what changes would you propose to the way the program is operating?

#### ***Topic B. Focus on increasing client incomes to promote housing stability and reduce their risk of homelessness***

Potential discussion questions:

- a. How – and when in the continuum of contact – do housing and service providers in your area discuss employment goals with HOPWA beneficiaries?
- b. To what extent are programs in your area focusing on increasing income through employment as a long-term housing strategy for PLWHAs?
- c. What successes in linking PLWHAs with employment have been achieved in your area? What are the barriers providers and clients face? How have they been addressed?
- d. What information and/or training would HIV/AIDS housing and service providers require in order to expand such efforts in your area?
- e. If a higher priority were placed on populations with an interest and ability to increase their income through employment, what changes would be required for current HOPWA providers? How would each category of housing change? What impact would this have on other services currently provided?

Notes from Employment training

Sept 12, 2014

- Already doing informal employment counseling because without employment and income you can't afford to live in DC
- Just because you apply for SSI it doesn't mean you're going to get it
- Disability is not very cooperative
- No one in room had specific linkages to systems re: employment except N Street
- N Street has 5 specialists across programs. Culture of employment as an expectation has already taken off. Would like to develop more streamlined system
- See also Jubilee Housing. Employment. Jubilee Jobs. Takes referrals from other providers
- Weaknesses in existing Housing plans. Call it a "Life Plan". Make it a requirement.
- Housing First/Work Fast model has been good for N Street. Often too easy as clients not eligible or something to be addressed "far down the road." (LA Provider?) Start where they are at. Shifting the mindset of Case Managers. Employment can be step 1, not step 10.
- Different entry points for where HOPWA clients start with employment. Harder, but also essential, is those who have been on the program for a long time. Didn't have a lot of success. Then did those interested in work at the shelter level. (CARES, NY)
- Volunteering is a good first step to getting engaged and wanting to live. People isolate. Helps with a reason to live.
- Role of depression due to isolation. Too much sitting around. Keeps them from wanting to go to work.
- Issue of early survivors who are at retirement age already. They have a good quality of life even without a lot of money. This is a problem, esp. for TBRA programs
- How to partner with employment agency to know more about HIV/AIDS issues. Example of case management program for veterans. Many programs they can be connected with. When they walk through the door, there are specialists to work with them. Not the same for PLWHA. Need to educate them, and it should be incentivized.
- Transgendered clients getting jobs is a problem as they present themselves. Do okay over the phone but don't get hired after interview. There's a TG group in DC. Two people on the project might have resources. HIP has a peer advocate.
- Employment assessment tools are on the website. Also "Working Positive Coalition".

[www.vpi.org/tap/webinars/gettingtowork/gettingtowork](http://www.vpi.org/tap/webinars/gettingtowork/gettingtowork)

Five lessons learned:

1. Vocationalize the whole agency
2. Create an employment specialist position
3. Conduct intake and assessment re: "ready, willing & able" status of all clients
4. Develop strong interagency collaborations and partnerships
5. Develop knowledge of benefits, rules and regulations – debunk myths

HAHSTA Consolidated Plan Consultation Meeting #1 – January 28, 2015		
Goals	<p>The Primary Goals for this planning session include:</p> <ul style="list-style-type: none"> <li>• Introduction to HAHSTA’s 2015 approach to Con Plan process &amp; goals</li> <li>• Proposed changes to the HOPWA program, particularly:                             <ul style="list-style-type: none"> <li>○ Modernized Housing Assistance Continuum</li> <li>○ Increased emphasis on Housing Case Management &amp; Housing Plans</li> </ul> </li> <li>• Short presentations by invited advisors re: their agency’s / service system’s programmatic goals &amp; the role of housing</li> <li>• Identifying specific gaps &amp; resources related to HOPWA and the housing and service needs of PLWHA in the EMSA</li> </ul>	
	<b>Planning Session Agenda</b>	<b>Presenters</b>
9:05 – 9:25	<p>1) <b>Kick-Off:</b>  <b>Handout:</b> <i>HUD’s ConPlan Guide re: HOPWA program</i></p> <ul style="list-style-type: none"> <li>a) Welcome &amp; Introductions</li> <li>b) Overview of the two-meeting format</li> <li>c) Overview of DC’s Con Plan process</li> <li>d) Role of HAHSTA, personal vision, agency goals</li> </ul>	<ul style="list-style-type: none"> <li>a) M. Kharfen</li> <li>b) D. Chamberlain</li> <li>c) L. Patton</li> <li>d) M. Kharfen</li> </ul>
9:25 – 9:55	<p>2) <b>Introducing proposed changes to the HOPWA program:</b></p> <ul style="list-style-type: none"> <li>a) <b>Overview of Current HOPWA-funded activities, outputs &amp; outcomes</b>  <b>Handout:</b> <i>DC FY 2013 HOPWA Performance Report</i></li> <li>b) <b>Modernized Housing Assistance Continuum</b>  <b>Handout:</b> <i>The Connection Between Housing and Improved Outcomes Along the HIV Care Continuum</i></li> <li>c) <b>Housing Case Management</b>  <b>Handout:</b> <i>Housing Plans, Case Management &amp; Service Coordination</i></li> </ul>	<ul style="list-style-type: none"> <li>a) D. Chamberlain</li> <li>b) D. Chamberlain</li> <li>c) C. Barnes</li> </ul>
9:55 – 10:10	<b>Question &amp; Answer Opportunity</b>	
10:10 – 10:25	<b>Break</b>	
10:25 – 10:45	<p>3) <b>Short presentations by invited advisors re: their agency’s / service system’s programmatic goals &amp; the role of housing</b></p>	Moderator: M. Kharfen
10:45 – 11:05	<p>4) <b>Small group discussions related to key attributes (or system components) of the HOPWA housing &amp; services continuum</b></p>	Moderator: D. Chamberlain
11:05 – 11:20	<p>5) <b>Report back from groups</b></p>	Moderator: D. Chamberlain
11:20 – 11:30	<p>6) <b>Closing &amp; Invitation to Next Meeting – Wed. March 4<sup>th</sup> 9:00 – 11:30 am</b></p>	M. Kharfen

<p><b>HAHSTA Consolidated Plan Consultation Meeting #1 – January 28, 2015</b></p> <p><b>Breakout Session Handout</b></p>									
A.	<p><i>Primary Goals for the HOPWA program include:</i></p> <ol style="list-style-type: none"> <li>1) <b>Increasing housing stability</b></li> <li>2) <b>Improving access to care and services</b></li> <li>3) <b>Reducing the risk of homelessness</b></li> </ol>								
B.	<p><i>Primary Goals of the National HIV/AIDS Strategy include:</i></p> <ol style="list-style-type: none"> <li>1) <b>Reducing the number of people who become infected with HIV</b></li> <li>2) <b>Increasing access to care and improving health outcomes for people living with HIV</b></li> <li>3) <b>Reducing HIV-related health disparities</b></li> <li>4) <b>Increase the percentage of Ryan White HIV/AIDS Program clients with permanent housing from 82 percent to 86 percent.</b></li> </ol>								
C.	<p>Under the goal of “Increasing Access to Care and Improving Health Outcomes for People Living with HIV (PLWHA), the <b>National HIV/AIDS Strategy</b> recommends several actions that are meaningful to the systems of housing and services in the DC EMSA:</p> <ol style="list-style-type: none"> <li>1. <b>Establish a seamless system</b> to immediately link people to continuous &amp; coordinated quality care when they are HIV diagnosed.</li> <li>2. <b>Facilitate linkages to care</b> – HIV resources should be targeted to include support for linkage coordinators in a range of settings where at-risk populations receive health and social services.</li> <li>3. <b>Promote collaboration among providers</b> – All levels of government should increase collaboration between HIV medical care providers and agencies providing HIV counseling and testing services, mental health treatment, substance abuse treatment, housing and supportive services to link people with HIV to care.</li> <li>4. <b>Enhance client assessment tools and measurement of health outcomes</b> – Federal and State agencies should support case management and clinical services that contribute to improving health outcomes for people living with HIV and work toward increasing access to non-medical supportive services (e.g., housing, food, transportation) as critical elements of an effective HIV care system.</li> <li>5. <b>Address policies to promote access to housing and supportive services</b> for people living with HIV – Federal agencies should consider additional efforts to support housing assistance and other services that enable people living with HIV to obtain and adhere to HIV treatment.</li> <li>6. <b>Support people living with HIV with co-occurring health conditions</b>, as well as those who have challenges meeting their basic needs, such as housing.</li> <li>7. <b>Reduce stigma and discrimination</b> against people living with HIV.</li> <li>8. <b>Increase the coordination of HIV programs</b> across the Federal government and between federal agencies and state, territorial, tribal, and local governments.</li> <li>9. <b>A commitment to innovation</b> is needed to keep pace with an evolving epidemic, a scarcity of resources, and to support communities for which HIV is just one of many major challenges.</li> </ol>								
D.	<p><b>Small Group Discussions – 30 Minutes ( or until 11:05 )</b></p>								
	<table border="1"> <tr> <td>What do your clients need most (gaps in service)?</td> <td>What conditions most reduce their functioning?</td> </tr> <tr> <td>What are your primary goals for those clients?</td> <td>...and how would stable housing improve things?</td> </tr> <tr> <td>...and how does housing fit with these goals?</td> <td>How do your clients access case management ?</td> </tr> <tr> <td>How does this differ from clients’ stated goals?</td> <td>...what gaps in care/services coordination exist?</td> </tr> </table>	What do your clients need most (gaps in service)?	What conditions most reduce their functioning?	What are your primary goals for those clients?	...and how would stable housing improve things?	...and how does housing fit with these goals?	How do your clients access case management ?	How does this differ from clients’ stated goals?	...what gaps in care/services coordination exist?
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...and how does housing fit with these goals?	How do your clients access case management ?								
How does this differ from clients’ stated goals?	...what gaps in care/services coordination exist?								
E.	<p><b><i>Please identify someone to give a brief report back to the whole group!</i></b></p>								

<b>HAHSTA Consolidated Plan Consultation Meeting #2 – March 16, 2015</b>		
	<b>Planning Session Agenda</b>	<b>Presenters</b>
9:35 – 9:55	<p>1) <b>Kick-Off &amp; Catch-up for Newcomers:</b>  <b>Handout:</b> <i>HUD's ConPlan Guide re: HOPWA program</i></p> <p>a) <b>Welcome &amp; Introductions</b></p> <p>b) <b>Review of content covered at the Jan 28<sup>th</sup> meeting</b></p> <p>i) <b>Overview of Current HOPWA Housing Assistance Continuum: funding, activities, demographics and outcomes</b></p> <p>ii) <b>Tenant-based Rental Assistance (TBRA) programs</b></p> <p>iii) <b>Role of Housing Case Management vis-à-vis housing stability</b></p> <p>c) <b>Goals for today's meeting:</b></p> <p>i) <b>Garner stakeholder input re: strengths and weaknesses of 3 housing program components of the DC HOPWA program</b></p> <p>ii) <b>Identifying specific resources &amp; opportunities across the EMSA related to HOPWA and the Employment and Healthcare systems</b></p>	<p>a) M. Kharfen  b) D. Chamberlain  c) M. Kharfen</p>
9:55 – 10:30	<p>2) <b>Continuing Discussion of proposed changes to the HOPWA program:</b></p> <p>a) <b>Short-term Rent Mortgage and Utility (STRMU) assistance</b></p> <p>b) <b>Facility-based Housing:</b></p> <p>i) <b>Permanent Housing with on-site/delivered services</b></p> <p>ii) <b>Transitional / Emergency Housing</b></p> <p>c) <b>Housing Referrals &amp; HOPWA Tenant-based Assistance Waitlists</b>  <b>Handout:</b> <i>Housing Plans, Case Management &amp; Service Coordination</i></p> <p>d) <b>Goals:</b></p> <p>i) <b>Identify strengths &amp; weaknesses, as well as new opportunities</b></p> <p>ii) <b>What similar services are available through other systems?</b></p>	<p>Moderator:  D. Chamberlain</p>
10:30 – 10:45	<b>Break</b>	
10:45 – 11:15	<p>3) <b>HOPWA &amp; Employment</b></p> <p>a) <b>HOPWA-funded Employment Program development tools:</b>  <a href="http://www.vpi.org/tap/webinars/gettingtowork/gettingtowork">www.vpi.org/tap/webinars/gettingtowork/gettingtowork</a></p> <p>b) <b>Five lessons learned:</b></p> <p>1. <b>Vocationalize the whole agency</b></p> <p>2. <b>Create an employment specialist position</b></p> <p>3. <b>Conduct assessments re: "ready, willing &amp; able" status of all clients</b></p> <p>4. <b>Develop strong interagency collaborations and partnerships</b></p> <p>5. <b>Develop knowledge of benefits, rules and regulations – debunk myths</b></p> <p>c) <b>Goals:</b></p> <p>i) <b>What has worked/is working in DC EMSA re: Employment?</b></p> <p>ii) <b>What services are available through other systems</b></p>	<p>Moderator:  D. Chamberlain</p>
11:15 – 11:50	<p>4) <b>HOPWA &amp; Linkages to Ryan White, Physical &amp; Behavioral Healthcare.</b></p> <p>a) <b>Goals:</b></p> <p>i) <b>What is underway in DC EMSA re: improved healthcare connections?</b></p> <p>ii) <b>What opportunities exist to increase access resources of other systems?</b></p>	<p>Moderator:  M. Kharfen</p>
11:50 – 12:00	<b>Closing &amp; Invitation to Next Meeting – TBD</b>	M. Kharfen



**Government of the District of Columbia  
Department of Health**



HIV/AIDS, Hepatitis, STD and TB Administration

**Agenda Provider**  
Meeting Thursday, April  
14, 2016  
10 AM – 3 PM

**5-Year Consolidated Plan**

- |   |                         |
|---|-------------------------|
| <b>I. Introductions</b>   | <b>10:00 – 10:20 AM</b> |
| <ul style="list-style-type: none"> <li>a. HAHSTA Staff</li> <li>b. Baron Bell</li> <li>c. Jurisdiction representatives</li> <li>d. Provider representatives</li> <li>e. Others</li> </ul> |                         |
| <b>II. Housekeeping items</b>   |                         |
| <ul style="list-style-type: none"> <li>a. Gaudenzia (formerly RAP)</li> <li>b. HOPWA Program TA/Training for Providers (Date TBD)</li> </ul>  |                         |
| <b>III. Overview - Consolidated Plan components</b>   | <b>10:20 – 10:30 AM</b> |
| <b>IV. Detailed Walk-through</b>  | <b>10:30 – 12:00 PM</b> |
| <ul style="list-style-type: none"> <li>a. For Providers</li> <li>b. Next Steps for Providers</li> </ul>   |                         |
| <b>LUNCH BREAK</b>  | <b>12:00 – 1:00 PM</b>  |
| <i>Detailed Walk-through, continued...</i>  |                         |
| <ul style="list-style-type: none"> <li>c. For Jurisdictions</li> <li>d. Next Steps for Jurisdictions</li> </ul>   |                         |
| <b>V. Actions/Next Steps</b>  | <b>2:50 – 3:00 PM</b>   |
| <ul style="list-style-type: none"> <li>• As listed above, HOPWA Program TA/Training for Providers (Date TBD)</li> <li>• Next Provider meeting, July 21, 2016 at 10 AM</li> </ul>          |                         |

## **Regulations references and topics to cover from the Consolidated Plan**

### § 91.205 Housing and homeless **needs assessment**

- (a) General.
- (b) Categories of persons affected. **(H) Persons with HIV/AIDS and their families**
- (d) Other special needs.

### § 91.210 Housing **market analysis**

- (a) General characteristics
- (d) Special need facilities and services.

### § 91.215 **Strategic plan**

- (a) General.
  - (1) Indicate the general priorities
  - (2) Describe the rationale
  - (3) Identify any obstacles
  - (4) Summarize the priorities and specific objectives
- (e) Other special needs.
- (k) Institutional structure.
- (l) Coordination.

### § 91.220 **Action plan**

- (a) Standard Form 424
- (b) A concise executive summary
- (c) Resources and objectives
  - (1) Federal resources.
  - (2) Other resources.
  - (3) Annual objectives.
- (d) Activities to be undertaken.
- (e) Outcome measures.
- (f) Geographic distribution.
- (i) Homeless and other special needs activities.
- (l) Program-specific requirements—(3) HOPWA.**

### § 91.225 Certifications.

- (a) General
- (e) Housing Opportunities for Persons With AIDS.**

### § 91.230 Monitoring.



**Government of the District of Columbia  
Department of Health**



## **HIV/AIDS, Hepatitis, STD and TB Administration**

Provider Meeting Notes  
5-Year ConPlan

Thursday, April 14, 2016  
10 AM – 3 PM

Anthony Fox opened the meeting.

### **I. Introductions**

HAHSTA Staff, Baron Bell (HAHSTA's IDIS Technical Assistance Consultant), Jurisdiction Representatives, Provider Representatives, Others.

Andre Taybron, HAHSTA's HIV Housing Planner, gave an overview of the agenda.

### **II. Housekeeping Items**

**Gaudenzia, Inc.** Mr. Warren of Gaudenzia, Inc. gave an overview of the new Gaudenzia program in Washington, DC.

Gaudenzia, Inc. was originally established in 1968 and has become one of the largest non-profits in Pennsylvania. Gaudenzia has grown, as a result of jurisdictional needs. It employs 1,500 staff. The organization offers programs for:

- Women with children in need
- Transitional housing
- Shelters
- A full range of behavioral health treatment, including, mental health, substance abuse detox, outpatient as well as a long term residential treatment facility in Baltimore.

Gaudenzia purchased RAP, Inc., a Washington DC facility based organization, previously funded by HOPWA. Open house for Gaudenzia facility, (formerly RAP) located at 1959 4<sup>th</sup> Street, NE location is scheduled for Wednesday, April 20, 2016 at 8:00 pm.

Gaudenzia, Inc. will provide transitional and emergency housing in DC, using the same facilities RAP, Inc. previously occupied. HAHSTA/HOPWA will inform Housing Counseling Services (HCS) once clients can be referred to the facilities.

**Shelter Plus Care.** Services provided by Community Connections, the Continuum of Care program funded by HUD/S+C, will transition to TCP. Effective May, 1, 2016, TCP will provide TRA, SBRA and Supportive Services.

**HOPWA Technical Assistance/Provider Training.** Providers have requested technical assistance for their specific programs. HOPWA is reaching out to the HUD TA provider to request an overview and training for the HOPWA programs to providers within the Washington, DC EMSA. If they are unable to provide training, the HAHSTA Housing/HOPWA team will conduct the trainings and technical assistance.

*(See Section VI for explanation of acronyms and for select definitions)*

### **III. Overview - Consolidated Plan components and IV. Detailed Walk-through of the ConPlan components for Providers and Jurisdictions**

**Planning Process.** Baron Bell discussed the planning process of the Consolidated Plan (ConPlan). Baron explained that the ConPlan applies to four federal entitlement block grants: Community Development Block Grant Program (CDBG), The HOME Program: HOME Investment Partnerships (HOME), Emergency Solutions Grant (ESG) and Housing Opportunities for Persons with AIDS (HOPWA) Program. These are entitlement programs, meaning that the states, cities and urban counties are entitled to the money but they still have to submit a plan to the federal government describing how the money will be used. CDBG, HOME and ESG are based on a formula. The formula is based on the number of low and moderate income persons that reside within the jurisdiction. HOPWA is based on HIV cases from various data sources like the CDC. Also, it is not based on one individual city or county but based on the state level. In the urban counties and cities, the money is based upon the EMSA. The plan documents the proposed use of HOPWA funds for a five (5) year period. It is based upon needs, facilities and services that are located within the EMSA.

Federal regulations require HOPWA to consult with public and private agencies when preparing the plan. Summarized steps are:

- Determine need
- Accumulate and examine data
- Consultation with public and private agencies about the needs
- Develop Strategic Plan
- Marketing analysis

**Institutional Delivery Structure.** HAHSTA Housing/HOPWA team will send providers and jurisdictions electronic copy of a program descriptions form to fill out.

Note. In determining need, it is not restricted to the HOPWA funding source. Sherita Grant used HCS and Community Family Life as examples of agencies that can report services provided by HOPWA and other funding for all HIV/AIDS clients served.

### Market Analysis

Market Analysis is a list of descriptions of housing facilities and services that are available in the EMSA.

- Record the number of facilities regardless of the funding source; include the target population and number of units or beds that are available. Beds should be counted as separate units when it's a shared living space and/or when there are unrelated occupants in the unit. One bedroom, two bedroom and greater and SROs are counted as one unit, unless they are considered "shared units".
- Calculate and provide average estimated number of household served per year. Household can be a family or a single person.
- Jurisdictions need to only include the area covered for HOPWA expenditures. Don't include what is outside of the EMSA.

If the jurisdiction is providing services, fill out the form. If a provider is providing the service for the jurisdiction, Do Not fill out the form. This avoids duplicate counts in data. Sherita Grant will email the form and it will be due by close of business, Friday, April 22, 2016.

Needs Assessment should include:

- The number of persons that have a particular need
- Race and ethnicity
- Male/female, transgender
- Mental health

**Chronically Homeless.** Sherita will send out the link to the HUD definition for Chronically Homeless and the document to complete to help define the Institutional Delivery Structure (Market Analysis).

### Strategic Plan

Mr. Bell explained the components of the Strategic Plan. The driver of the Strategic Plan is the DC EMSA goals. Goals - HUD has no predefined goals; however, categories are already defined, such as: Availability, Accessibility, Sustainability, Affordability, Priority needs, Resource identification. The needs must be estimated for a 5 year period. For HOPWA, needs include housing and supportive services, etc. The numbers the DC EMSA come up with is multiplied times (5) five. Essential to know is that if something is not in the Consolidated Plan as a need for the 5 year strategy it would not be funded. To add a need you have to influence HAHSTA to amend the Consolidated Plan. Then, HAHSTA has to discuss with DHCD to amend the plan to include the new need. This would require a public hearing to discuss the need.

Then, the subsequent Consolidated Annual Performance Evaluation Report (CAPER) is looked at by HUD. The CAPER should response to Strategic Plan that is included in the five-year ConPlan. Other components included High Priority Needs and Anticipated Resources. Priority needs are determined by date, census, citizen participation or a combination of those. Resources include how much money the DC EMSA has to service client over a 5 year period. Also, the ConPlan should include other funds that might be leveraged in conjunction with HOPWA funds. The Plan should include a description for monitoring. The monitoring description has to represent the entire DC EMSA. However, narrative about Virginia (NVRC) may need to be separate because of its complex make-up and challenges in administering across jurisdictions.

Because West Virginia (WVA) is represented by Community Network, Inc. (CNI), it is not considered the unit of local government. CNI and the WVA entity report to the Office of Economic Opportunity. HAHSTA can request a copy of the WVA ConPlan from the Office of Economic Opportunity and can work with CNI and Jefferson County proper.

The Institutional Delivery Structure is a summary, and only needs a check mark on the services provided.

#### Action Plan

At the end of the year, the Action Plan will report on how the goals match with the accomplishments.

Annual Action plan deals with what the DC EMSA plans to do this year with the HUD allocated funds. NVRC is a regional commission made up of dignitaries - a quasi-government. HAHSTA cannot dictate what NVRC's local situation is or should be.

#### **Strengths and weaknesses**

Provider and jurisdiction representatives were asked to identify and discuss strengths and weakness of the HOPWA program and support services available to clients. In navigating the discussion, Sherita Grant gave the example of a family with zero income. The scenario includes a household with one qualifying person and 4 adult children. The fact that a family with four (4) adult children is allowed to remain on the TBRA program while claiming zero income is a weakness. Another example of a weakness is a FBRA client that comes in with no income and leaves 24 months later, still, without any income.

Also, the meeting participants were asked to think of anything that inhibits their program or restricts staff in providing services or implementing the program activities. (Ex. No housing case management). Participants were asked to provide solutions after identifying program weaknesses and constraints. The following table lists the strengths and weaknesses identified by meeting participants, not in any particular ranking order.

<b>Strengths</b>	<b>Weaknesses</b>	<b>Solutions/Recommendations</b>
<ul style="list-style-type: none"> <li>• Positive client surveys</li> </ul>		<ul style="list-style-type: none"> <li>• Re-messaging/Rebranding HOPWA (TBRA as a “Bridge” Program)<sup>1</sup></li> </ul>
<ul style="list-style-type: none"> <li>• Collaboration across funding streams</li> </ul>		<ul style="list-style-type: none"> <li>• Speak honestly that funding is changing</li> <li>• Outreach</li> </ul>
<ul style="list-style-type: none"> <li>• DC has a good variety of housing options</li> </ul>	<ul style="list-style-type: none"> <li>• Cannot move people off HOPWA program/subsidy in order to move more people on</li> </ul>	
<ul style="list-style-type: none"> <li>• Relationship with property management and landlords</li> </ul>		<ul style="list-style-type: none"> <li>• Staff Dedicated to LL/Agency Relationships &amp; Resource</li> </ul>
<ul style="list-style-type: none"> <li>• One on one housing case management</li> </ul>	<ul style="list-style-type: none"> <li>• No Housing Case Management</li> </ul>	<ul style="list-style-type: none"> <li>• One on one counseling life evaluations</li> <li>• Better support case managers and those already doing the work</li> </ul>
	<ul style="list-style-type: none"> <li>• Demand – losing affordable housing options</li> </ul>	
	<ul style="list-style-type: none"> <li>• Need of housing location services or assistance</li> <li>• No Housing units to accommodate persons with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Housing Locator Training</li> </ul>
<ul style="list-style-type: none"> <li>• HOPWA support services accessible</li> </ul>	<ul style="list-style-type: none"> <li>• Fear of “other world” outside TBRA and other programs</li> </ul>	
<ul style="list-style-type: none"> <li>• Employment navigation. Navigator helping to get in college and jobs</li> <li>• Employment/Job training programs implemented.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of stipends or incentives toward educational training</li> </ul>	<ul style="list-style-type: none"> <li>• Navigator to help to get in college and jobs<sup>3</sup></li> </ul>
<ul style="list-style-type: none"> <li>• Over all fiscal strength</li> <li>• Housing financial assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Client Don’t know how to budget money</li> </ul>	<ul style="list-style-type: none"> <li>• Financial management skills/counseling one on one</li> </ul>
<ul style="list-style-type: none"> <li>• Financial/Benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Fear of income loss (i.e.</li> </ul>	<ul style="list-style-type: none"> <li>• Fund agencies providing</li> </ul>

<sup>1</sup> Re-messaging HOPWA. Having a message that everyone is using. Talk about the program as a bridge program and not a permanent program.

<sup>3</sup> NVRA decreased their HOPWATBRA residents from 9 people to currently 2 by staying on target with every housing plan and being honest. Staying in line with the steps to achieve independence.

counseling	SSI)	employment & benefits counseling
	<ul style="list-style-type: none"> <li>• Language barriers</li> </ul>	<ul style="list-style-type: none"> <li>• Spanish/other Language speaking staff</li> </ul>
	<ul style="list-style-type: none"> <li>• Mindset/client complacency</li> </ul>	<ul style="list-style-type: none"> <li>• Must be a paradigm shift/change in strategy<sup>4</sup></li> </ul>
	<ul style="list-style-type: none"> <li>• Longer work hours = decline health</li> </ul>	
	<ul style="list-style-type: none"> <li>• Inadequate substance abuse and treatment options</li> </ul>	
<ul style="list-style-type: none"> <li>• Reporting improved</li> <li>• Successful monitoring outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Portability</li> <li>• Tracking clients throughout CoC</li> </ul>	
<ul style="list-style-type: none"> <li>• Variety of providers</li> </ul>	<ul style="list-style-type: none"> <li>• Avoid concentration of vouchers/poverty</li> </ul>	
		<ul style="list-style-type: none"> <li>• Develop Best Practices<sup>6</sup></li> </ul>
		<ul style="list-style-type: none"> <li>• Professional Staff development<sup>7</sup>; Training and accreditation programs</li> <li>• SSI/SSDI Outreach, Access and Recovery (SOAR) Training<sup>8</sup></li> </ul>
		<ul style="list-style-type: none"> <li>• On-Going training for HOPWA similar to Ryan White “Prof/Staff Development” Accreditation programs</li> </ul>

Anthony Fox briefly discussed the partnerships that are being developed.

Benita from Gaudenzia asked if there are any more day-programs. She stated that people don't want to do anything if they are already receiving some kind of income. They are afraid their benefits, like social security, will be cut.

<sup>4</sup> Residents who don't have job skills must participate in job training. (Food handlers, GED and gaining marketable skills.)

<sup>6</sup> Come together and share successes via in meetings and emails. Information sharing sessions. Improve upon those successes.

<sup>7</sup> Cheryl Pack of Homes for Hope suggested that everyone participate in the employment navigation. A home for Hope has been very successful. Cheryl shared about a resident who “incomed out” of the program as a result of effective employment navigation. However, the resident suffered from separation anxiety.

<sup>8</sup> Substance Abuse and Mental Health Services Administration (SAMHSA)

## **V. Actions/Next Steps**

**Implementation of the HMIS System.** The system should be up and running in June or July. HUD website indicates that HMIS is up for ESG.

Q. What about tracking clients? How about when it crosses jurisdictions.

A. The reporting burden is on the housing provider in the CoC.

Q. Are they still charging the fees for licensing? Will that fall under HAHSTA?

A. There is a set amount of issuance that's already paid for.

Q. Do you have someone set aside to help them with their search when they have criminal issues?

HAHSTA is in the process of working on the providers' trainings. During that process of completing ConPlan data, be cognizant of how different Virginia is structured.

**Next provider meeting is July 21, 2016.**

## VI. Acronyms and Glossary

CDBG	Community Development Block Grant
CDC	The Center for Disease Control
CFLS	Community Family Life Services
CoC	Continuum of Care
ConPlan	Consolidated Plan
DHCD	DC Housing and Community Development
EMSA	Enumerated Metropolitan Statistical Area
ESG	Emergency Solutions Grant
FBRA	Facility Based Rental Assistance
HAHSTA	HIV/AIDS, Hepatitis, STD, & Tuberculosis Administration
HCS	Housing Counseling Services
HMIS	Home Management Information System
HOPWA	Housing Opportunities for Persons With AIDS
Household	Can be a family or a single person
HUD	U.S. Department of Housing and Urban Development
IDIS	Integrated Data Information System
RW	Ryan White
SBRA	Sponsor Based Rental Assistance
S+C	Shelter Plus Care
SRO	Single Room Occupancy
STRMU	Short Term Rent, Mortgage, Utilities program
TBRA	Tenant Based Rental Assistance
TCP	The Community Partnership For the Prevention of Homelessness
TRA	Acronym used by TCP referring to the Tenant Based Rental Assistance program