



HOPWA Webinar

Creating Low-Barrier, Client-Centered HOPWA Programs

July 17, 2023

1:00 pm – 2:30pm EDT

HUD, Technical Assistance Collaborative, Collaborative Solutions



Welcome & Introductions

HUD's Office of HIV/AIDS Housing:

- Rita Harcrow (she/her), Director
- Amy Palilonis (she/her), Deputy Director
- Vanessa Larkin (she/her), Management Analyst

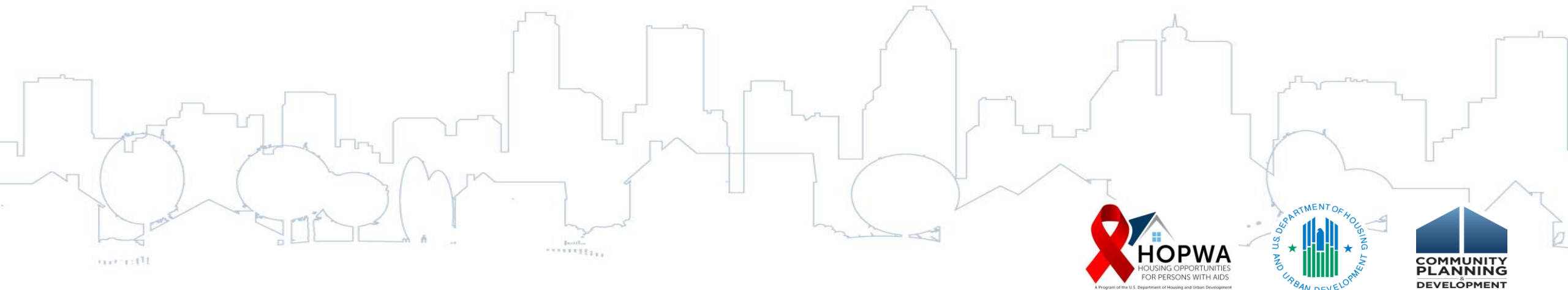
HOPWA TA Staff:

- Ashley Kerr (she/her), Consultant, Technical Assistance Collaborative (TAC)
- Crystal Pope (she/her), Consultant, TAC and Collaborative Solutions
- Christine Campbell (she/her), Consultant, Collaborative Solutions



Webinar Logistics

- All attendees will be muted
- Please submit questions in the Q & A box
- If you have technical issues, please put that in the chat box and send to: **Valencia Moss**
- This webinar will be recorded and posted on the HUD Exchange



Agenda

- Recap from Sessions 1 and 2
- Rita Harcrow, Director, Office of HIV/AIDS Housing
- Community Spotlight: [Positive Link](#)
- Audience Q & A
- Community Spotlight: [The Open Door](#)
- Audience Q & A



Reset, Renew, Recharge - 3R

Reset

Reset program goals taking into account HOPWA Modernization plans and budget projections, and lessons learned through [HOPWA Mod and HOPWA/COVID-19 responses](#).

Renew

Renew program focus to successfully implement HOPWA housing activities that meet the documented needs of PLWHA and incorporate racial and health equity at all levels of program planning and operation.

Recharge

Recharge program efforts to increase program capacity and impact, including training and use of best practices to ensure housing stability and positive outcomes, and active engagement with new and existing community partners.



3R Vision and Outcomes

- **VISION:** HOPWA communities (Grantees and Project Sponsors) will embrace an expanded vision for the HOPWA Program, understand and implement the regulations and the Program, design it to meet the needs in the community, deliver it in an equitable fashion, and be able to tell the story.
- **OUTCOMES:** HOPWA communities will intentionally integrate people with lived experience in all aspects of the work; will embrace an expanded vision for the HOPWA program that shows understanding of the intents of the program; will collaboratively design and implement HOPWA programs that follow the regulations and understand the flexibilities while providing permanent housing and services in an equitable fashion and will be able to accurately report on their efforts.



RECAP TIME!

Session 1: May 15, 2023

Session 2: June 20, 2023



What is Client-Centered Practice?

Client-centered practice **puts the person at the center of everything we do.**

Client-centered practice:

- **Recognizes** that every client is a unique and complex person.
- **Respects** a person's needs and preferences and the knowledge they bring about their health and healthcare needs.
- **Empowers** the person to be an active participant in decision-making related to housing and services offered through HOPWA.



Why is this important for HOPWA?

The use of best practices, particularly for client-centered practices, is strongly encouraged as a means to achieve positive client outcomes.

HOPWA programs should evolve to meet the needs of all eligible individuals in the community, and this means aligning with practices that are low barrier, trauma-informed, and incorporate the voices of lived experience into all aspects of program planning and implementation.



Important Reminders

The HOPWA program:

- Does not require clients to participate in case management, medical or other supportive services to secure or maintain their housing.
- Does not require clients to receive housing, medical or supportive services from a particular provider.
- Respects a client's ability to choose the housing and services that work best for them.
- **All** HOPWA-eligible individuals within a community should have **equal and unfettered** access to HOPWA housing and services.



Housing First – A Definition

An approach and a framework centered on the belief that everyone can achieve stability in permanent housing directly from homelessness and that stable housing is the foundation for pursuing other health and social services goals.



Core Principles of Housing First

Housing is a human right.

Everyone is *“Housing Ready”*: Access to programs is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions.

Programs or projects do everything possible not to reject an individual or family on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of “housing readiness.”



Components of a Housing First Approach

- Few to no programmatic prerequisites to permanent housing entry
- Low-barrier admission policies
- Rapid and streamlined entry into housing
- Supportive services are voluntary, but can be used to persistently engage tenants to ensure housing stability
- Tenants have full rights, responsibilities and legal protections
- Practices and policies to prevent lease violations and evictions
- Applicable in a variety of housing models

[HUD Housing First Implementation Resources](#)



Harm Reduction: Definition



Harm Reduction
Saves Lives

Harm reduction is a set of practical clinical strategies that reduce negative consequences of drug use or other activities, incorporating a spectrum of strategies from safer use, to managed use, to abstinence.

National Harm Reduction Coalition



Harm Reduction Principles

- People have the right to make decisions about their lives and actions. Harm reduction is about educating them to make the best decisions for themselves.
- The user takes responsibility for individual choices and behavior.
- There are no punitive sanctions for what someone chooses to put/not put in their body.
- The individual sets their own goals in collaboration with the service provider.
- Incremental change is normal and to be expected.
- Quality of life and well-being measure success.



Harm Reduction Approach Delivering Services in Housing

- Tenant engagement: A commitment to ensuring **tenants** are actively engaged in influencing housing services and shaping their communities.
- Client-focused services: non-authoritative approach that allows clients to hold the power and take a lead in discussions so that, in the process, they will discover their own solutions.
- Motivational Interviewing: A counseling method that helps people resolve ambivalent feelings and insecurities to find the internal **motivation** they need to change their behavior.



Rita Harcrow
Director
Office of HIV/AIDS Housing

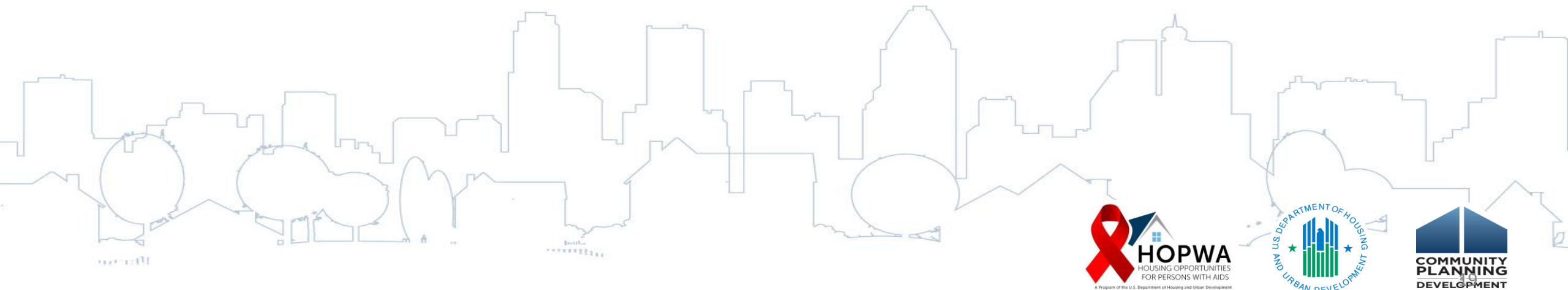


Providing HIV Services in the South



What we learned...

- A “client-centered” approach means we can’t force our own belief system on the resident, **even if we think it’s in their best interest**
- Screening people IN instead of OUT
- Separating case management from operations management
- Eviction is a last resort
- There is no “one size fits all” goal that WE can apply to everyone



Client-Centered Housing Models



Katrina Cottages

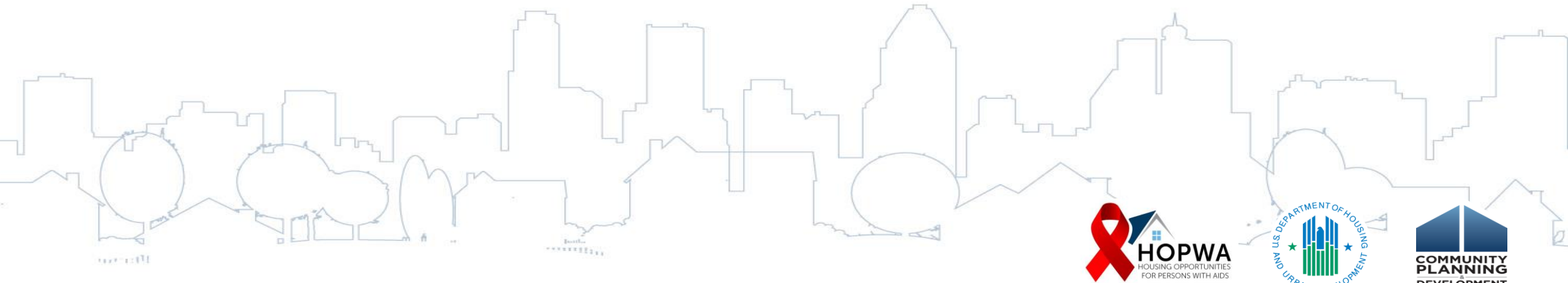
HOME-funded Duplexes



What changed?

- We (the staff) learned from our mistakes and grew
- Our relationship with clients changed
- Residents were more likely to have better health and housing stability outcomes

Community Spotlight: IU Health



IU Health Positive

- IU Health Positive links provides HOPWA services in 3 regions in Indiana: 21 counties total, both urban and rural.
- HOPWA assistance provided - STRMU, PHP and TBRA as well as housing counseling and case management.
- Agency provides a full continuum of HIV services and focuses on collaboration with all team members, including community partners, to provide wraparound services.



IU Health Positive

- Homelessness prevention and housing first strategies are primary activities given IU's goal to keep people housed or to help them get rehoused as soon as possible.
- Low barrier housing. No criteria for housing readiness from the agency, only barriers are from landlords and background checks.
- Termination is a last resort and usually driven by landlord involvement.



Client-Centered Approach

- Understanding our biases and judgement
- Advocating for our clients but also empowering them
- Communication in client's language through bilingual staff and a language line with over 40 languages
- Clients with health and homeless lived experiences on the Community Advisory Board
- Harm reduction approach – meeting clients where they are, not where we think they should be
- Client-driven housing plans



Motivational Interviewing (MI)

- **Engaging:** building the relationship, understanding the client's reality, recognize and affirm strengths, accept without judgement, use open-ended questions, reflections, and affirmations.
- **Focusing:** agenda setting, exploring ambivalence, offering and sharing information with permission.
- **Evoking change talk:** find out more about the client's thoughts about making a change – desire, ability, reasons, need, commitment, activation and taking steps.
- **Planning:** when, what, how? Smart goals, specify what to do if lapse occurs, arrange follow-up. This should be client's choice/goal, not ours.

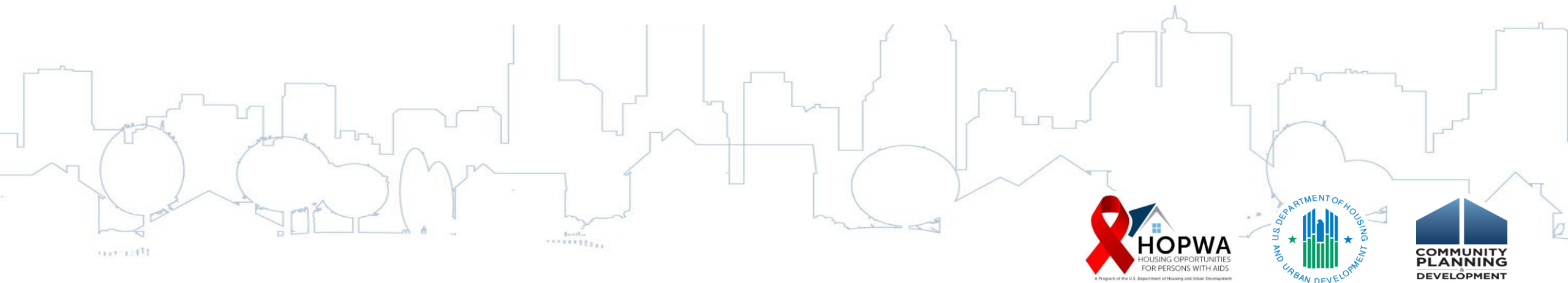


Teamwork

- Supportive team
- Meet once a week as a housing team to review topics/clients we might be struggling with
- Meet once a month with Team Lead for supervision
- Meet weekly/quarterly with social workers that provide HIV care services to collaborate and support clients holistically (internal staff and external agencies)
- Focus on building the housing team's quality of service through trainings that include Motivational Interviewing and Trauma Informed Care



Questions for IU Health



Community Spotlight: The Open Door

A HOUSING FIRST, HARM REDUCTION AGENCY



The Open Door (TOD) Team

Yvette Williams,
Service
Coordinator and
Resource Expert

Mary McKinnon,
Supervising
Organizational Rep
Payee

Shawlane Heffern,
Director of
Programs

Crystal Patterson,
Executive Director



Residential Building



TOD's History

Our program approach is premised on the belief that vulnerable and at-risk homeless individuals are more responsive to traditional and clinical interventions if they are stably housed. The targeted residents of our program are extremely marginalized and historically have difficulty accessing care. Since our inception, TOD has provided support and stability to 300+ individuals who had previously been out of care, to improve their clinical adherence and HIV outcomes. This does not take into account our community program participants.

Involvement with TOD provides a multidisciplinary model of care, safety, security, opportunity and a sense of community.



Barriers to Care

- Many people experiencing homelessness and living with HIV have co-occurring physical and mental health challenges that create barriers to care. These challenges negatively impact health and the ability to retain these individuals in clinical care.
 - These individuals tend to bounce through the healthcare and social services system until they exhaust their treatment options.
- Often, our clients demonstrate behaviors that are socially unacceptable or programmatically inappropriate for traditional housing services and doctors' offices, so they are frequently kept out of the very services that would help them the most.



Barriers to Housing

- PLWHA are living longer lives due to the advancement of combination antiretroviral therapy, which prolongs life and reduces the risk of transmitting HIV to others.
- Unfortunately, negative clinical outcomes persist for people experiencing homelessness and living with HIV.
- In our 17 years of service, there hasn't been a day when we had an apartment available and no one to fill it, which speaks to the need for our services and low barrier housing and service provision.



TOD'S Low Barrier Housing

HOUSING FIRST: HARM REDUCTION: TRAUMA INFORMED: STRENGTH BASED: EMPOWERMENT: LOVE

- **We move you in.** We don't care if you have no money, we will find it.
- **We give you love** and meet you exactly where you are.
- **We understand** and **we encourage** you to rest and let yourself move at the pace that is comfortable for you.
- **We support** you without enabling you and **empower** you to **advocate** for yourself.
- **We understand** that hurt people hurt people and we do not hold it against you or react, but we do process through it with you later.
- When outbursts happen, we **calmly listen** to you, let you vent and then we tell you its okay, we **hug you** if permitted and we tell you we love you and **we talk through it and get to the real issue**, further establishing that trust.



TOD'S Low Barrier Housing

HOUSING FIRST: HARM REDUCTION: TRAUMA INFORMED: STRENGTH BASED: EMPOWERMENT: LOVE

- We understand that individuals mask **trauma** with substances and we do not judge or tell you to stop but we do offer you clean kits, Narcan, test strips and we encourage you to buddy up while using in the residential building for safety reasons. We also help you budget for responsible substance use financially through our rep payee program so that you can budget for things like food as well.
- We have the **harm reduction** and **MAT van** out in our parking lot every Tuesday for your convenience, we remind you of your medical appointments, provide transportation, have community meals, community events and we become your family and biggest fan.



Wraparound Services

REP PAYEE
SERVICES

SERVICE
COORDINATION

HOUSING
NAVIGATION

ADVOCACY

STRENGTH BASED
CASE
MANAGEMENT

RESOURCE
LOCATION AND
NAVIGATION

WARM
HANDOFFS

MEDICAL
TRANSPORTATION

LIFE SKILL
GROUPS

COMMUNITY
MEALS

COMMUNITY
EVENTS

DOCUMENT
PROCUREMENT

SSI/SSDI (SOAR)
APPLICATION
PROCESS

OUTREACH

GIANT EAGLE
GIFT CARD
DONATION

FOOD
SUPPLEMENTATION

EMERGENCY
HOTEL STAYS

GOOD WILL
VOUCHER

FURNITURE
DONATION

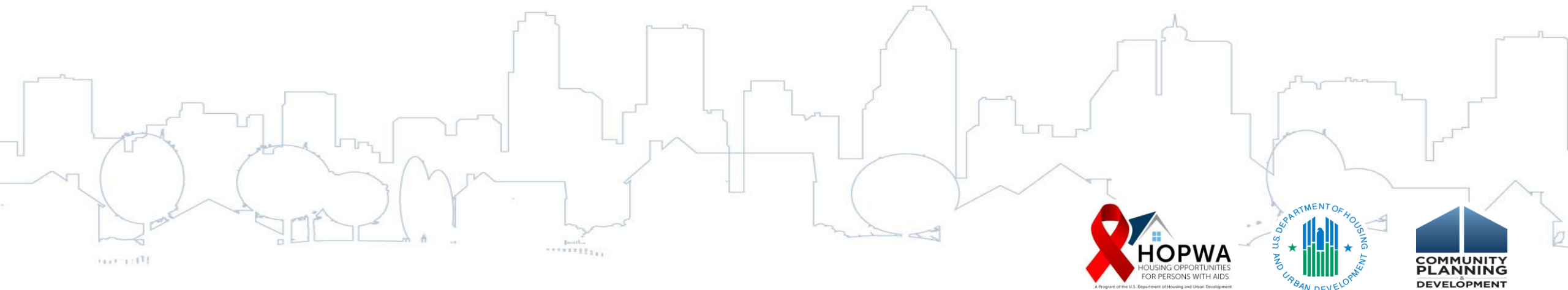
EMPOWERMENT
COUNSELING



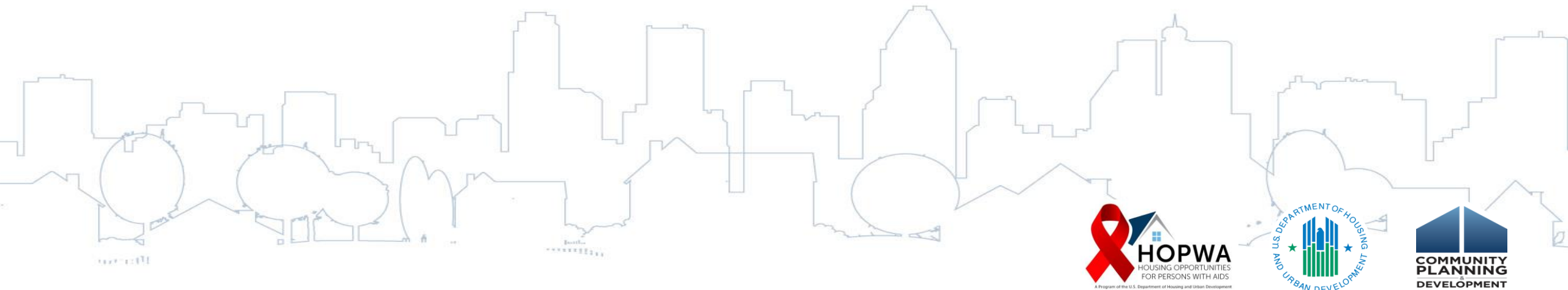
Questions for TOD



DISCUSSION QUESTIONS



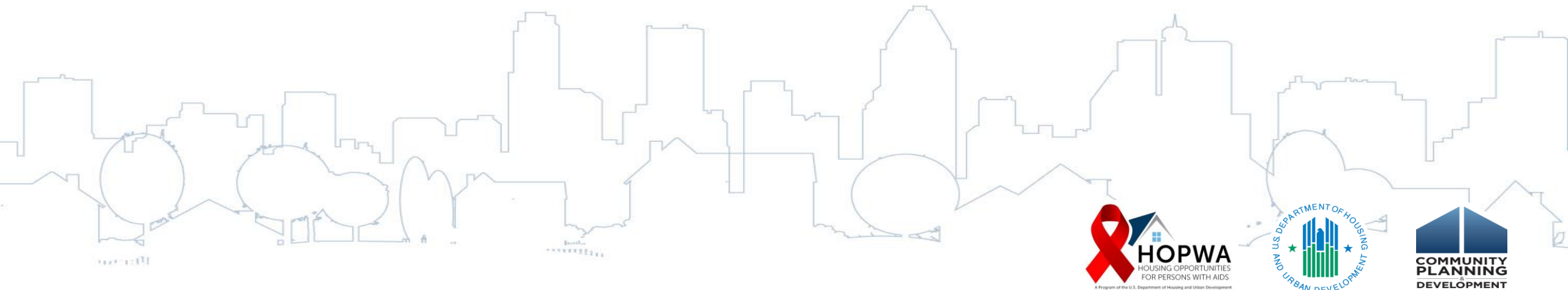
How do you engage a client when they have repeatedly not paid their portion of rent?



What are good practices for providing services to a household that has damaged their housing unit (outside of normal wear and tear)? Is this a reason for termination?



Please speak more about how to [re]train case managers to not make judgements about a client's budget choices or actions.

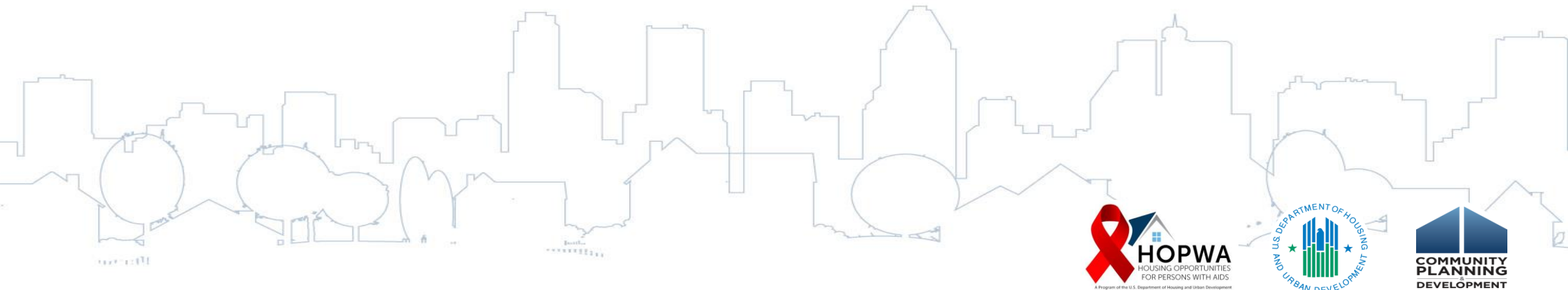


In a facility-based housing situation, how can we effectively serve residents who are trying to remain drug-free while living next to residents who are actively using in the facility? How do you balance competing client interests while also providing the best opportunity for their success?



Poll #1

- What kind(s) of TA, tool, or other support would help you as you implement a more client-centered approach to your HOPWA programs?
- (set answers for open-ended answer)



HOPWA Technical Assistance and Ask-A-Question

Get Assistance!

- **HOPWA Technical Assistance (TA):** HUD is making additional TA available to grantees to support HOPWA/COVID-19 planning, program development, problem-solving. Those needing TA assistance in managing COVID-19-related program issues may submit an online request through the HUD Exchange at: <https://www.hudexchange.info/program-support/technical-assistance/>

Get Answers!

- **Submit a question to the HOPWA Ask-A-Question (AAQ) desk:** Grantees and Project Sponsors may ask program, policy, and COVID-related questions through the HOPWA AAQ: [HOPWA Ask A Question \(AAQ\) Portal](#)



Thank you!

